
Zoom On: J. Christopher Farmer, SCCM Past President



[Prof. J. Christopher Farmer, MD](#)

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Christopher Farmer is a critical care physician at Mayo Clinic Arizona, and serves as Professor and Chair, Department of Critical Care Medicine. He served as President of the [Society of Critical Care Medicine \(SCCM\)](#), the largest international professional medical society dedicated to the care of critically ill and injured patients, from 2014-2015. He previously served at Mayo Clinic in Rochester, Minnesota as Critical Care Medicine Fellowship Program Director; Associate Dean, Mayo School of Graduate Medical Education; Associate Chair for Education, Department of Medicine; and, Associate Director for Education, Program in Translational Immunovirology and Biodefense.

We put our 7 Zoom On questions to Prof. Farmer:

1. What are your key areas of interest and research?

I try to focus on projects that I believe will make a difference. At this stage of my career, my energy is more directed at improving healthcare processes rather than specific research content areas. Improving access to critical care in resource limited areas is very important to me. I work with colleagues in Southeast Asia, largely focused on education, infection control and getting casualties to vital care in a more timely manner. I am also fortunate to co-lead a joint ESICM-SCCM project directed towards improving sepsis care in resource-limited nations. We are heavily engaged with the initial pilot project for this initiative, working with colleagues from all around Africa and elsewhere, and directed to Gitwe, Rwanda. Finally, for many years I have worked in the area of disaster medical response. Every day in a busy ICU can be a disaster, and it's funny how the lessons of disaster medical response can be so broadly applied. We have incorporated these problem-solving approaches and techniques to many things, like our improving sepsis care in resource-limited nations project.

2. What are the major challenges in your field?

During 2014 as the SCCM President, I travelled a lot and met many amazing people. What a huge opportunity and honour. This provided me the opportunity to deliver and repeat key messages in many places. Simple, direct, and (hopefully) memorable. I had two messages. First, critical care is not a place. Second, our future in critical care is prevention. There are many, many issues and challenges embedded in these two slogans—too many to discuss here, that's an entire commentary. Suffice it to say, critical care is much more expansive than an ICU, and even a hospital. We must take ownership of the processes that impact actual and "to be" ICU patients, wherever they are. We must put in place more reliable systems to find people, before they need our critical care services. We must also do a better job preventing harm and improving recognition of "to be" physiological deterioration. Rapid Response Teams/ Medical Emergency Teams (RRT/MET) are already too far along the "badness" continuum. Very importantly, we really must stop the preventable post-ICU debility that we in critical care cause for our patients.

3. What is your top management tip?

I have three actually...

- It's not about you.
- Project management skills development. You can't be an effective manager with post-it notes. Find a system that works for you and then use it. Take the necessary time each week and then update "to do" lists, etc.
- Self-delusion is defined as pulling in your stomach when you step onto the scales...actively listen to others and always solicit their candour

4. What would you single out as a career highlight?

I was very fortunate during my time in the U.S Air Force to participate and lead the development of the Critical Care Aeromedical Transport Team (CCATT) program. This started out simply— a bunch of folks trying to making things better on a small scale that ultimately grew to be something huge. I was so lucky to be there and to learn along the way, I will treasure that opportunity and those people always.

5. If you had not chosen this career path you would have become a...?

Not sure? It's a boring answer, I'm service oriented, what I do has worked for me...so I don't think that I would have landed anywhere else.

6. What are your personal interests outside of work?

I grew up in the Southwestern U.S. I moved within the Mayo Clinic system from Minnesota to Arizona about two years ago and there are so many great, year-round outdoor things to do here. I really enjoy hiking and mountain bike riding. There are great trails and scenic spots everywhere.

7. Your favourite quote?

"A leader is best when people barely know he exists, when his work is done, his aim fulfilled, they will say: we did it ourselves"--Lao Tzu

Prof. Farmer has also served as an SCCM Council Member and Treasurer; Program Chair, SCCM Annual Congress; Founding Editor-in-Chief, Multidisciplinary Critical Care Knowledge Assessment Program (MCCKAP); and, textbook editor, Fundamental Critical Care Support (FCCS) and Fundamental Disaster Management (FDM) programs. He additionally served as the Supplements Editor for the SCCM masthead journal [Critical Care Medicine](#).

Dr. Farmer currently serves as a Critical Care Medicine Board member for the [American Board of Internal Medicine \(ABIM\)](#). He has also served as a member of the ABIM Critical Care Medicine Test and Policy committee. He served as Chair, ABIM Maintenance of Certification Program, Critical Care Medicine.

Dr. Farmer is disaster medicine section editor for the European journal [Critical Care](#), and serves on the editorial boards of other disaster medicine journals as well. He is the editor and author of numerous books related to critical care, education, and disaster medical response.

For more than twenty years, Dr. Farmer has been an active leader and developer of efficient and safe inpatient systems of care for critically ill and injured patients. This work includes building necessary care teams, developing infrastructure for monitoring/improving quality and safety, optimising patient flow and throughput in the hospital, developing infrastructure for fiscal monitoring and accountability of ICU care systems, and systematising provider communications and care protocols. This work also includes scholarly investigations into these same focus areas.

He also serves as a senior healthcare management consultant, assisting academic and other medical centres with strategic planning, personnel management, quality improvement programme development, programmatic education initiatives, resource utilization-efficiency, service line development, and fiscal management. He is also recognised as a disaster response planning and education expert, and serves as a consultant in these areas as well.

He is a retired Air Force Colonel and Professor of Medicine and Surgery, Uniformed Services University of the Health Sciences, F. Edward Hébert School of Medicine. He has more than twenty years of military healthcare experience, including as a senior physician executive in the hospital, health plans-insurance, supply chain management, and homeland security sectors. He is the founder of the Department of Defense [Critical Care Aeromedical Transport Team \(CCATT\)](#) programme, now the largest critical care transport system in the world. While in the Air Force, Dr. Farmer served as Chief of Inpatient Services at Wilford Hall, the largest Air Force academic medical centre, and as Chief Medical Officer for TRICARE Southwest, a multi-state Federal HMO. He Farmer also served as the Special Assistant to the Air Force Surgeon General for Homeland Defense and Medical Preparedness.

Dr. Farmer has received numerous national awards and citations as an internationally recognised educator and leader in critical care medicine. He was recognised as the outstanding physician in the Air Force as well as the Department of Defense for his work developing the CCATT programme. He has received numerous awards for teaching excellence from the Mayo Clinic College of Medicine.

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