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## Transesophageal Echocardiography Use During Cardiopulmonary Resuscitation



*To the Editor:*

We congratulate the authors of the well-done and important study showing the benefits of transesophageal echocardiography (TEE) during cardiopulmonary resuscitation (CPR) and would like to make some comments.<sup>1</sup>

The utility and accuracy of diagnosis using TEE during CPR has been known for greater than 20 years.<sup>2</sup> In addition to shortening the pauses in CPR to maximize the compression fraction, TEE has the additional benefits of giving real-time feedback on cardiac compression, improving hand positioning on the sternum to optimize blood flow and limit left ventricular outflow obstruction.<sup>3</sup> It also can detect subtle ventricular fibrillation that was thought to be asystole, resulting in defibrillation's being applied.<sup>4</sup> We applaud the authors for avoiding the usage of the term "resuscitative" to describe TEE, which, although appearing often in recent publications, is inaccurate and misleading because the TEE is purely diagnostic but obtains vital information that allows appropriate resuscitation strategies and procedures, the therapies that are the actual resuscitation. Because there are already several terms in current use for augmented CPR, such as extracorporeal-CPR for use of extracorporeal membrane oxygenation during CPR and telemedicine-CPR for telephone operator instructions during CPR, we suggest TEE-CPR or alternatively the broader term "TEEGR" for TEE-guided resuscitation.<sup>5</sup>

Last, we would like to highlight that successful practice integration of newer technologies, such as point-of-care TEE, can be difficult for postgraduate physicians. Significant institutional and group support, such as compensation for credentialing, has been shown to be effective in implementing point-of-care ultrasonographic programs.<sup>6</sup>

*Joseph Shiber, MD  
Emily Fontane, MD  
From the UF College of Medicine  
Jacksonville, FL*

*Mark Newberry, DO  
Department of Emergency Medicine  
Mt Sinai Medical Center  
Miami, FL*

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## What We Consider Emergency Medicine Research and Promoting Success of Aspiring Researchers of New Areas



*To the Editor:*

Consecutive articles addressing paths of research pioneers by Coates et al<sup>1</sup> and fragility of randomized controlled trials in emergency medicine by Brown et al<sup>2</sup> in the June 2019 edition of *Annals* illustrate a major hurdle for aspiring researchers of new areas of