

Prof. Pedja Kovacevic, MD, Ph.D., FCCP
Pulmonary and critical care specialist
University Clinical Center of Republic of Srpska

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Curriculum vitae

Associate professor Pedja Kovacevic, MD, PhD, FCCP, FCCM, primarijus

Formal Education:

- 2014 – 2016: **Critical Care fellowship**, awarded on September 2016.
- 2002 – 2006: Training from the field of **Pulmonology**, awarded on December 22, 2006. (Resident in University hospital and Clinic for lung diseases in Banja Luka, Address of hospital: Zdrave Korde 1., Banja Luka 78000, Bosnia - Herzegovina)
- 2002 – 2006: **Postgraduates studies (Ph.D.)**; from the field of **respiratory physiology**, awarded December 2, 2006; finished at Medical school University in Banja Luka, Address of Medical School: Save Mrkalja 14. Banja Luka, Bosnia - Herzegovina.
- 1999 – 2002: **Postgraduates studies (M.Sc.)**; from the field of **respiratory physiology**, awarded Jun 15, 2002; finished at Medical school University in Banja Luka, Address of Medical School: Save Mrkalja 14. Banja Luka, Bosnia - Herzegovina.
- 1992 – 1999: **Studies of Medicine (Medical doctor)**, awarded Jun 20, 1999; finished at Medical school University of Nis, Serbia: Address Medical school: Bulevar Dr Zorana Djindjic 81, Nis, Serbia.

Additional education in the field of Critical Care:

- 2021. *Fundamental Critical Care Support (FCCS) instructor, (Society of Critical Care Medicine)*
- 2012 Education in the field of intensive care at **Mayo Clinic Jacksonville**, under supervision of Prof Emir Festic MD.
- 2009. *Fundamental Critical Care Support (FCCS) instructor, (Society of Critical Care Medicine)*
- 2007 (September, fifth weeks) Education in the field of intensive care with main topic of non-invasive ventilation at **Mayo Clinic (St Mary's hospital)**, under supervision of Prof Ognjen Gajic MD. M.Sc. FCCP
- 2005. and 2007. Education in the field of intensive care and pulmonology at **University hospital in Heidelberg** (Im Neuneheimerfel 410), under supervision of Prof. F.J. Meyer MD FCCP. (Coimbra group project).

- 2006 Education in the field of bronchoscopy (especially rigid) at **University hospital in Heidelberg – Rorbach “Thoraxklinik”** (Amalienstr. 5), under supervision of Prof. Heinrich D. Becker MD FCCP (UICC – ICRET project).

Work experience:

- 2014 - present: **Head of Medical Intensive Care Unit** in University Clinical Centre of Republika Srpska (Banja Luka)

University affiliation:

- 2007 – present: **associate professor from the field of physiology and medicine**, Medical School, Universities of Banja Luka and East Sarajevo, Bosnia.
- He is also the **editor-in-chief** of several books and the *Respiratio* medical journal, and has confirmed his scientific work by publishing more than 120 scientific papers.
- **Fellow** of American College of Chest Physicians in 2019.
- **Fellow** of American College of Critical Care Medicine in 2023

This letter is my an my personal statement about the significant contributions I have made in the following areas:

1. Collaborative Multiprofessional Practice and establishment of the first Medical Intensive Care Unit in Bosnia and Herzegovina (December 2008)

I am the head of the Medical Intensive Care Unit at the University Clinical Centre of the Republic of Srpska (Banja Luka). This MICU is the very first and the only Unit of this type in the Bosnia and Herzegovina. Let me begin with a few historical facts about Bosnia and Herzegovina:

Bosnia and Herzegovina (B&H) is one of the countries that emerged after the dissolution of Yugoslavia. As a result of the Dayton Peace Agreement, today Bosnia and Herzegovina consist of two parts, the Republic of Srpska and the Federation of Bosnia and Herzegovina. It is located in South-eastern Europe (West Balkan region). In its recent history, it has endured four years of war, international isolation (sanctions imposed by the international community) and severe social and economic devastation, including numerous refugees and displaced persons. Each of these developments has left a deep scar in B&H’s healthcare system, including critical care medicine. In the early 2000s, B&H had four university hospitals (UCCs) with surgical intensive care units (SICUs) with a very few ICU beds (approximately 1 ICU bed per 100,000 population) and no formal subspecialty training in critical care medicine. Scarce literature sources indicate that less than 10% of critically ill nonsurgical (medical) patients had access to SICU beds. Currently, the World Bank classifies B&H as a low to middle income country (LMIC). At the beginning of the 21th century, B&H has slowly started to open towards developed European countries in terms of collaboration and education.

From 2005 until 2007 I was educated at the university hospital of Heidelberg, Germany and Mayo Clinic, (Rochester, USA) in the field of critical care (<https://www.uni-heidelberg.de/alumni/research-alumni/2020/01/kovacevic.html>). I was the first doctor who was educated abroad in post – war Bosnia and Herzegovina. My education was supported by the European Commission (IMG project), Coimbra Group, and ICRET - UICC Group. During this time, I was awarded a 2006 Scholarship Grant for young Fellows of Developing Countries

from the American Thoracic Society Assembly on Critical Care. In 2018, after I returned to Bosnia, the clinical center of the Republic of Srpska, Ministry of Health and Social Welfare of the Republic of Srpska agreed that the first modern Multidisciplinary Medical Intensive care unit should be established. At that time, critically ill patients (approximately 10 percent) had very restricted access to mechanical ventilation in Surgical Intensive Care Unit, which was at a physical distance from part of the hospital with medical (nonsurgical) patients. A similar project of establishing MICU began during 2009 in Sarajevo (Capital of Bosnia and Herzegovina), but unfortunately failed.

- *Thiéry G, Kovacević P, Straus S, et al. From mechanical ventilation to intensive care medicine: a challenge for Bosnia and Herzegovina. Bosn J Basic Med Sci. 2009 Oct;9 Suppl 1:69-76.*
- *Kojčić M, Kovacević P, Bajramović N, et al. Characteristics and outcome of mechanically ventilated patients with 2009 H1N1 influenza in Bosnia and Herzegovina and Serbia: impact of newly established multidisciplinary intensive care units. Croat Med J. 2012 Dec;53(6):620-6.*
- *Kovacevic P, Meyer FJ, Gajic O. Successful implementation of modern critical care in the low-resources country Bosnia and Herzegovina: Single-center experience. Med Klin Intensivmed Notfmed. 2021 Jan 24;1-6. doi: 10.1007/s00063-021-00778-4.*

I started operations at the end of 2008 and played an important role in the establishment of the first MICU (University Clinical Center of the Republic of Srpska – Banja Luka) with the following structure:

- Staff—two physicians (pulmonologist with critical care medicine education – myself and experienced anaesthesiologist) and ten nurses. All nurses were trained for 3 months in the SICU before starting in MICU. Ten additional physicians who graduated top of their class also joined the team. Each of the junior physicians started their basic residency training in different primary specialties (e.g., internal medicine, anaesthesiology, pulmonology, neurology) and subsequent subspecialty training in critical care medicine.
- Space—The first MICU consisted of three patient rooms capable of treating 8 critically ill patients.

Over the next 10 years, new hospital wing was built for MICU and our staff expended to 20 physicians (10 critical care specialists) and 54 nurses. The primary specialties of these physicians included: pulmonology (9 physicians), internal medicine (8 physicians), anaesthesiology (1 physicians), neurology (1 physician), and infectious diseases (1 physician). The new space and the equipment allowed admission and treatments of up to 28 critically ill patients, with provision of full support to all organ systems including high-flow oxygen, non-invasive and invasive ventilators, veno-venous extracorporeal membrane oxygenation (vvECMO), inhaled of nitric oxide (iNO), targeted temperature management, and continuous renal replacement therapy. I have implemented a significant portion of the modern way of working in critical care medicine in our hospital. For example, I particularly insisted on a multidisciplinary approach in the treatment of the critically ill patients. At that time, our team also included a clinical pharmacist and a clinical microbiologist. MICU today is the only level

III MICU in B&H, certified according to ISO standard 9001: 2015 and declared as a reference centre for intensive care medicine by the Ministry of Health and Social Welfare of the Republic of Srpska.

2. Program Development

When I started training in the field of Critical Care Medicine, this branch of medicine was not recognized in the country of Bosnia and Herzegovina. After the very first MICU was established in post-war country of Bosnia and Herzegovina (2008), I sent the first proposal of critical care curriculum (CoBaTrICE based) to the Ministry of Health and welfare of the Republic of Srpska with the request that this curriculum be recognized and created for use in the first critical care training in Bosnia and Herzegovina.-With this request and the creating of the first curriculum, I received international support from international critical care experts, including: Dr G. Thierry – France; Prof. Ognjen Gajic MD, Ph.D. – Mayo Clinic, USA; Prof. dr Joachim Meyer – University of Heidelberg.

Three years after Critical Care Fellowship began as an official training in Bosnia and Herzegovina, I was appointed as the first Curriculum Coordinator for Critical Care at the Medical School University of Banja Luka. In recent years, I mentored ten critical care fellows and five postgraduate Ph.D. students (critical care specialist from the Medical Intensive Care Unit). Two of them earned Ph.D. degree under my supervision. It helped me establish research in the field of critical care in the post-war Bosnia and Herzegovina. Critical Care education has been supported by the international experts and at the same time, we have launched an exchange program with critical care fellows from the neighboring countries where critical care training existed for many years (Slovenia). One of the very interesting, inexpensive and a successful education program that that we implemented at our MICU was weekly case-based tele-education with Mayo Clinic critical care experts (*Impact of Weekly Case-based Tele-education on Quality of Care in a Limited Resource Medical Intensive Care Unit PMID: 31200761*). Finally, this year Medical School University of Banja Luka founded the Department of Intensive Care Medicine within the Faculty of Medicine, headed by me.

3. Scholarly Activities Related to Critical Care

Education:

As mentioned earlier, I am the first critical care curriculum coordinator at the Medical School University of Banja Luka. In the pre-pandemic period, the Medical School did not include intensive care medicine in its curriculum. I have been teaching physiology for twenty years and first aid for medical students for 10 years. In addition to my university work, I have been involved in the educational process of young doctors and nurses at our MICU since 2009. During these early days, continuous critical care education was provided to all young physicians and nursing staff. Educators were local and foreign physicians (formally trained in critical care medicine) with the support of an international organizations (*The French Society of Intensive Care Medicine, Socie te de Reanimation de Langue Francaise; American Society of Critical Care Medicine, SCCM; Bosnian American Academy of Arts and Sciences, BHAAAS*).

In addition, in 2009, B&H hosted its first SCCM Fundamentals of Critical Care Support (FCCS) course. During this time, we were able to collaborate and network with critical care

physicians and nurses in neighboring countries where critical care medicine training programs have been well established. This newly established partnership between critical care physicians and nurses grew stronger with time, thus enabling transfer of knowledge and practical critical care skills to our MICU.

Since 2016, I have been coordinating official training in intensive care medicine at the Medical Faculty University of Banja Luka. Official education in intensive care (fellowship) is conducted only in our MICU by the patient's bed, as well as through the various educational modules that I have developed over time. During the pandemic, the need for education in the field of intensive care increased significantly. For this reason, at the beginning of the pandemic, medical faculties (Banja Luka and East Sarajevo) hired me to teach formally and informally throughout the Republic of Srpska in the field of critical care. During this time, I visited all general hospitals in the Republic of Srpska (B&H) and evaluated the facilities, equipment and staff for treating critically ill COVID 19 patients. From there I was involved in coordination and training of all young doctors from different parts of the country at the MICU in Banjaluka. At the end of 2020, I applied for a SCCM grant to run an FCCS (Fundamental Critical Care Support) course at our hospital. After receiving the grant, 32 doctors from all over B&H attended the FCCS course.

- *Kovacevic P, Djajic V, Momcicevic D, Zlojutro B, Jandric M, Kovacevic T, Latinovic M, Seranic A, Bokonjic D, Skrbic R, Dragic S. Boosting ICU capacity during the COVID-19 pandemic in the western Balkan region, The Republic of Srpska experience. J Public Health Res. 2023 Jan 25;12(1):22799036231151762. doi: 10.1177/22799036231151762.*

My lifelong dedication and commitment to education has significantly increased the capacity to treat critically ill COVID 19 patients throughout the Republic of Srpska (B&H). This process of training health professionals throughout Bosnia and Herzegovina is recognized, supported and praised by the World Health Organization (WHO).

My involvement, leadership, advocacy and education to the need for critical care was ultimately recognized by the health authorities and the intensive care education curriculum was developed at all levels, from medical students to young physicians and residents.

Research

In parallel with education and training, more and more young clinicians have begun to take an interest in intensive research, including doctoral programs in this area. Since I work and teach in less-than-ideal conditions (Postwar B&H), my research activities have most often been linked and supported by international experts. Some of my research projects were in the field of respiratory physiology, and others more important were in the field of critical care. I believe that my curriculum vitae reflects these statements. My most important and most valuable research publication is: "*Impact of Weekly Case-based Tele-education on Quality of Care in a Limited Resource Medical Intensive Care Unit*" PMID: 31200761 published in medical journal: Critical Care. Preliminary results are presented at ATS meeting in San Diego 2018. (Kovacevic P, Dragic S, Momcicevic D, et al. Impact of Weekly Tele-Education Sessions Based on CERTAIN Platform in a Medical Intensive Care Unit with Limited Resources. [abstract]. Am J Respir Crit Care Med. 2018).

It is important to summarize that establishment research and research projects in postwar Bosnia and Herzegovina are the most valuable research contributions. In addition to my research activities, I am editor – in - chief of the very first medical journal in the field of Pulmonary and critical care medicine called “Respiration” (<http://www.respiratio.info/index.php>). During the two years of the COVID 19 pandemic, I created two large research studies with the goal of completing two PhD theses. Both studies were performed on critically ill COVID 19 patients. I was a reviewer/author in textbook “CERTAIN – Check list for early recognition and treatment of acute illness and injury” by editors: Suzuki R, Moldovan S, Amelia B, et al. Mayo Clinic Rochester, 2018.

I am a member of the International Scientific Committee of the International MEDIS Awards for Medical Research – Committee Member Intensive Care and Anesthesiology - <https://www.medis-awards.com/international-scientific-committee/jury/panelist/pedja-kovacevic/>, and I contributed to SCCM annual Congress by participating in the review of abstracts and case reports for presentation at the 51st Critical Care Congress.

4. Regional and/or National Engagement

Earlier in my career, I worked in a *high-dependency unit* at the Clinic for pulmonary diseases (one year before we established first modern MICU). During this time, I introduced noninvasive mechanical ventilation to this clinic. Despite too many obstacles, I managed to organize the first noninvasive ventilation unit in medical (nonsurgical) department (which was quite unusual at the time). With a lot of international support, I also organized the first noninvasive ventilation workshops in our hospital and at the University hospital in Sarajevo. These workshops were supported by prof. Ognjen Gajic MD. His expertise and knowledge helped us take the first steps toward establishing mechanical ventilation (noninvasive ventilation) in the medical sector (pulmonology). Every year since 2008, I was a speaker and a lecturer at the annual ICU meeting in Bosnia organized by BHAAAS (The *Bosnian-Herzegovinian American Academy of Arts and Sciences*). *Member of this organization is prof. Ognjen Gajic MD from Mayo Clinic who supports all these activities in his home country of Bosnia and Herzegovina* (<https://bhaaas.org/>). In 2016, we implemented CERTAIN Project at our MICU completely and began a pilot project of case-based tele education with Mayo clinic experts. From there we spearheaded these two projects to neighboring countries of Slovenia and Croatia.

- Metric lab at Mayo clinic <https://www.mayo.edu/research/labs/metric/overview>
- I CERTAIN project: https://www.icertain.org/?page_id=30

My lecture activities have significantly enhanced over the last two years, as I was recognized by the Ministry of Health and Social Welfare as a coordinator for critical care medicine. I visited all the general hospitals and gave many lectures with the aim of sharing the knowledge in the field of critical care. In order to train as many doctors as possible on the basics of critical care, I applied for and received a grant from the Society of Critical Care Medicine and organized an FCCS course for 32 doctors in early 2021.

To share the knowledge in the field of critical care, Prof. Gajic of the Mayo Clinic, based on our joint project (Weekly Case-based Tele-education), created a new learning module. This time, it was supported by WHO throughout the Western Balkans area (formerly Yugoslavia).

- *Sakusic A, Markotic D, Dong Y, et al (# 12). Rapid, multimodal, critical care knowledge-sharing platform for COVID-19 pandemics. Bosn J Basic Med Sci. 2021 Feb 1;21(1):93-97.*

I founded the Medical Intensive Care Society (B&H) which is recognized and supported by the European Society of Intensive Care Medicine (ESICM).

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