

**PERSONAL STATEMENT EXAMPLE #1**

**CLINICAL TRACK ASSOCIATE PROFESSOR**

**TO**

**CLINICAL TRACK PROFESSOR**

## **Productivity**

I am very committed to the productivity aspect of being a faculty member within the Carver College of Medicine (in addition to teaching and service). Ranging from scholarly work to curriculum development to clinical initiatives, I have tried to make a positive impact.

## **Personal Development**

I embarked on a 22-month journey to improve my business and administrative acumen by completing the Executive MBA program at the University of Iowa Tippie School of Management. With the support of my family and our departmental leadership, I attended classes and completed many tests and projects en route to achieving my graduate degree. The experience was terrific and I feel that I have been able to bring some of the skills that I learned to my role as Executive Medical Director. I have continued to enhance my management skills by enrolling in the Clinical Leadership Academy through the office of the Chief Medical Officer. Finally, I will be attempting the Sub-Specialty Board Examination in Emergency Medical Services (EMS) through the American Board of Emergency Medicine (which recently recognized EMS as an official sub-specialty). I hope to become one of the first physicians in Iowa to achieve this sub-specialty designation.

## **Academic Writing**

Since the time of my promotion to Clinical Associate Professor, I have added more focus on producing academic writing for publication. My efforts (in collaboration with co-authors) have produced two review articles, three case reports, and a chapter of questions for the Emergency Medicine section in a Family Medicine Board Examination Review textbook. I authored two chapters for a critical care transport textbook and co-authored another chapter slated for publication in the Principles and Direction of Air Medical Transport, 2<sup>nd</sup> ed. I continue to seek out additional opportunities to write material that will benefit others especially in the area of pre-hospital care and acute stroke care.

## **Research**

The biggest area of weakness in my academic repertoire has always been research and I have taken particular steps to address this. Along the way, I have developed a love for scientific discovery and look forward to learning more about the discipline throughout my career. Added emphasis on my clinical research has allowed me to be a co-author on ten unique abstracts and two peer reviewed journal articles (with another manuscript being submitted). I envision a fairly large boost coming to my research portfolio in the coming year, as I am principal investigator on a research project of my own and co-investigator on three other ongoing trials (one of which is funded by the Injury Prevention Research Center). At the conclusion of those projects, we plan on submitting abstracts and manuscripts to share the results of our analysis.

## **Lecture Presentations**

One of the best things about being an academic faculty is the opportunity to lecture on a multitude of topics to a variety of audiences. It also gives me a chance to learn about the

topics that I am presenting as well as learn from the audiences' own experiences. Since my last promotion, I have developed at least forty new lectures to be given to our residents as well as to external audiences. I continue to revise older lectures and develop new ones as I am a monthly presenter at our Emergency Medicine residency conference and plan to do so until the end of my academic career. This verbal exchange of information is exciting and at the core of who I am as an educator.

#### Curricula Development

I have closely been involved in two significant curricula events within the residency program. First, I developed (with the assistance of Dr. [redacted]) an 18-month administration curriculum addressing the global basics of being a physician to include lectures on executive function, the medical record, the sentinel event, etc. My hope is to equip our graduating residents with the basic fundamentals to be involved in the administrative aspects of their own professional lives, as well as of the organization as a whole. I administered a pre-test to the residents and look forward to seeing their progress on the post-test. Early feedback from the trainees is that they appreciate the education, which is quite different from the clinical education that they receive. Second, I was one of four faculty members who revamped our residency's evidence-based medicine (EBM) curriculum from something that was static and passive to an environment that was more organized and hands-on. The lead faculty was tasked with developing short lectures on focused EBM topics as well as interactive activities to stimulate discussion while leading the monthly journal club on a quarterly basis. Finally, I am working on establishing an international rotation and exchange with an Emergency Medicine residency program located in Hyderabad, India. I have met with their department chair and residency director who has agreed in principle to host our residents for one month at his program in India, which would be an amazing opportunity for our trainees.

#### Committee Work

I have already highlighted my service on the medical school admissions committee, but another committee that I served on which proved to be quite exciting was the Carver College of Medicine CME Committee. We accomplished much under the guidance of Dr. [redacted] of which the penultimate achievement was the first-ever receipt of Accreditation with Commendation given to the CME division. I was fortunate to be a member of such a dynamic and dedicated group and will never forget the notification we received informing us of the wonderful news.

#### Department of Emergency Medicine Initiatives

A fair amount of my time is devoted to helping develop initiatives within our department. In regards to the University of Iowa *AirCare*, I have worked with my management team to assemble a business plan to establish a third helicopter base for the program. This included site visits, analysis of financial data and presentation of the idea to the hospital leadership. The results of our efforts are yet to be determined but the procedure to conduct such an activity was quite time-consuming and strenuous. Also, I have been a core member of the group that is pursuing Commission on Accreditation of Medical Transport Systems (CAMTS) certification for the helicopter program. This is a JCAHO-level certification for the helicopter program and upon achieving this recognition we will

be the first in Iowa, which will be source of pride for the enterprise. At the department level, I wish to highlight the work that I have done with our leadership in regards to developing a telemedicine program to interact with critical access hospitals. We conducted a pilot with Jefferson County Hospital and are in the process of organizing a larger business plan. I was involved in the development of the metrics and paperwork used in the pilot as well evaluated logistical challenges that we faced. Finally, at the system level, I have been a core member of the Super Triage physician group who has worked very hard to enact a cultural shift in how patients flow into and through our hospital. It has been exhilarating to be a part of this needed change in how we conduct our business and I look forward to continued work in this area.

As I look to the future, I see myself pressing ahead with my academic writing as well as research. It's a passion and it truly motivates me to be an academic physician in all aspects of the profession. As far as academic and clinical initiatives, I will be active on many fronts. I have an entrepreneurial spirit that motivates me to improve the processes that we have, as well as possibly develop others to address the needs that exist such as a dedicated Pediatric Emergency Department or a free-standing Emergency Department. Finally, I plan on teaching a section of "Dynamics of Negotiations" in the University of Iowa Tippie School of Business on an annual basis. In preparation for this unique opportunity, I have secured an adjunct appointment in the Department of Management and Organizations and have started to develop my syllabus with the immense assistance of current faculty members in that department.

At the end of my career, I hope to have left the areas that I affected in better shape than when I first started and I pledge to continue being innovative, hard working and collaborative in my work.

## **Academic Service**

As a faculty member here the University of Iowa, I have had the opportunity to provide academic service in a wide variety of venues and platforms within the medical campus as well as at the university-level and beyond. It has been an amazing experience to be part of processes that improves the function of our college and university and enhance our clinicians' and learners' experience.

### **Department of Emergency Medicine:**

In my role as the Department of Emergency Medicine, I work diligently in support of our department chair and faculty members to improve the function of our clinical department. My areas of contribution are listed in my curriculum vitae. A few areas that I want to highlight in particular include my work on the faculty recruitment committee (chair), faculty practice plan committee (chair) as well as my work as our departmental liaison to the University of Iowa Foundation. As the chair of our faculty recruitment committee, I worked with our team to formalize our interview process, which assisted us in successfully recruiting four new faculty members this past year. I also assisted in developing a formal orientation program for them, which was positively received. As the chair of the faculty practice plan committee, I worked with our group to review and revise our practice plan, discuss the changes with our department chair, and present it to the faculty for a formal vote. In regards to my interaction with the University of Iowa Foundation, I have been working to unify our development funds, start a new one to support our SART program and secure funds for an endowed chair. My service to our department is something that I take great pride in.

### **Emergency Medicine Residency Program:**

The two main areas of service to the residency program that I wanted to emphasize revolve around the recruitment the best residency candidates and then fostering their success after arrival. I served for a total of five years on the residency selection committee and now serve on the clinical competency committee that monitors and addresses the milestones that the residents are currently being evaluated with. This takes a fair amount of thought and analysis, as I must wade through procedure logs, evaluations, written comments and clinical interactions to assign values in the areas that I am entrusted to evaluate. In addition, I have spent extensive time engaged in formal mentor relationships with the residents as evidenced by the fact that since my arrival I have mentored seventeen residents formally and many more informally. It's intense but easy work when the residents' best interest is at the center of the encounters.

### **University of Iowa Health Care:**

My service involvement with UI Health Care spans all three aspects of our integrated health system. The two main highlights of my service in the Carver College of Medicine include my tenure on the admissions committee and my participation on the Pediatric Chair Search Committee. The admissions committee work was quite labor intensive but completely fulfilling as it allowed me to better understand our admissions process as well contribute the to selection of our incoming classes. And the search committee process was also quite exciting as we helped bring a leader to the institution to lead the

construction and development of the University of Iowa Children's Hospital. As far as the University of Iowa Hospitals and Clinics, I had the pleasure to serve in an elected position on the Hospital Advisory Committee in addition to being selected to participate in a wide variety of other groups ranging from the Internet Steering Committee to the eHealth Task Force. And finally, I was elected by my peers to serve on the Board of Directors of the University of Iowa Physicians, which allowed me to better understand the physician group and bring back the deliberations and policy decisions back to the front line faculty. While a board member, I served on the search committee that hired the current administrator of the group. My involvement across the enterprise has been very fulfilling and has allowed me to better understand the place that I work in as well as contribute to the function and improvement of how we conduct things.

University of Iowa:

I was honored to serve on the Decanal Review Committee that reviewed Dean Letendre from the College of Pharmacy. Not only did I meet and work with the Provost and his office, but I also developed relationships with members of the College of Pharmacy who work closely with us in the house of medicine. Starting this fall, I will be a member of the Faculty Senate Governmental Relations Committee, which again will allow me to contribute to the University community.

State of Iowa:

In line with my interest and expertise in pre-hospital care, I finished service on the State of Iowa EMS Advisory Council during which time, I chaired the subcommittee for air medical transport. We wrote the initial rules and regulations that govern air medical transport in our state with the hope that codified guidelines would enhance safety and patient care. Starting this fall, I will be supporting the Iowa Medical Society (IMS) as the American College of Emergency Physicians' representative to the IMS Committee on Medical Services.

National:

I have been a national site visitor for the Committee of Accreditation of Educational Programs for EMS Professions (CoAEMSP), which surveys and accredits paramedic education programs across the country to ensure the highest standards in education and medical direction. I am expected to know the standards very clearly, be able to interpret them and conduct the site visits in an efficient and professional manner. I have traveled to programs ranging from Eugene to Philadelphia to conduct my duties. In addition, I serve on the Society for Academic Emergency Medicine International Task Force, which focuses on the advancement of emergency medicine care, education and research around the globe. I serve as a member of the Editorial Review Board for the Air Medical Journal, which serves as the primary peer-reviewed journal for the major organizations in the air medical transport industry. Finally, I have been appointed to be a national oral board examiner for the American Board of Emergency Medicine.

Service will continue to be a cornerstone for the work that I do here at the University of Iowa as advancing the institution is very important to our collective success.

## **Teaching**

An academic practice of Emergency Medicine continues to serve as the central focus of my career here at the University of Iowa Carver College of Medicine. I keep refining my teaching techniques and strategies but the underlying expectation that I have of myself and all level of trainees is that every didactic session, every patient encounter, and every conversation with a colleague can teach us something that will allow us to grow as a person and professional.

I aim to have high quality educational encounters with my trainees and I have worked hard to stimulate them through discussion, didactic lectures and small group sessions as well as bedside teaching. My brand of teaching is relatively "hands on" as I challenge the learners to provide thoughtful care that is based on the many risks versus rewards that is inherent in the practice of medicine. I allow them the freedom to think and act but with the understanding that I am always there to supervise them and mentor them as appropriate. I display a positive attitude and expect a high degree of professionalism from myself; and the trainees that I interact with.

My educational philosophy has resonated with the Emergency Medicine residents and medical students who I have worked with in my time here at the University of Iowa. I have been honored as the "Emergency Medicine Bedside Teacher of the Year" twice as a Clinical Assistant Professor and once as a Clinical Associate Professor as well being recognized by the medical students as "Medical Student Teacher of the Year". The awards are humbling as our faculty is full of gifted educators and to be recognized in such a way affirms the efforts that I devote to educational endeavors.

### **Emergency Medicine Residency Education:**

My focus in the residency program has been split between the clinical and didactic teaching. I continue to attend in the Emergency Department on a regular basis and emphasize core clinical principles as well as efficiency, complex task switching, patient communications and resource management. These are not natural born skills for most learners and require formal training, which I enjoy teaching and affirming with our trainees. On the didactic side, I am in the top three annually in regards to faculty conference attendance hours as I truly believe that conference time is sacred and I attend as often as possible. This has allowed me to not only learn myself but also engage our residents in a variety of discussions in relation to the material presented. I lecture on a monthly basis and my curriculum vita displays the many presentation that I have given at residency conference. In addition, I have organized lecture modules, participated in small group sessions and helped conduct mock oral board sessions.

### **Medical Student Education:**

Medical students rotating through our Emergency Department have been a real boost to our department as they are inquisitive and challenge conventional thinking. Many of the educational principles that I apply to the resident physicians, I am able to apply to the medical students as well. I foster their education in Emergency Medicine regardless of whether they are choosing it as a specialty or are pursuing another specialty because

much of the clinical medicine that we teach is common across the house of medicine. I strive to engender a safe learning environment where the students are free to ask questions, guide their education and share ideas with their colleagues. I work to make them clinicians instead of technicians, and foster good learning skills that will accompany them for a lifetime. Aside from bedside education, I was involved in the development of the M4 Capstone Course that is hosted by our department annually and continue to provide lectures during that session. Also, I have continued my involvement in the FCP curriculum by serving as a FCP IV Clinician Mentor, a FCP I PPD Facilitator as well as being involved in the Physical Exam Sessions. For the future, I have volunteered to participate in the new curriculum by working with students in the Longitudinal Clinical Mentorships as well as continued involvement in the Physical Exam Sessions.

University of Iowa *AirCare* and EMSLRC Education:

As the medical director of both our air ambulance service and our EMS institute, it was my major responsibility to oversee the education of the medical crews and EMS students. I served as the primary educator for our hospital's flight nurses and flight paramedics in areas ranging from flight physiology to the treatment of sepsis. I also lectured to EMT and paramedic students in relation to a wide variety of topics essential for their work in the field. These medical providers serve as an extension of the care that is provided in the Emergency Department and hospital and thus it is essential that we educate them in evidence-based principles of out-of-hospital care. I thoroughly enjoyed the opportunity to interact with this group of learners.

State and Regional Provider Education:

Community medical education has proven to be a wonderful avenue to build bridges with our referring providers as well as enhance the care that is provided outside the walls of the University of Iowa Health Care. At the invitation of community hospitals, ambulance services, and fire departments, I have lectured on a wide variety of topics ranging from traumatic brain injury to burn care as well as a morbidity and mortality conference that I conducted at a local hospital as a means to improve their processes and care in the Emergency Department. In addition to teaching our community colleagues, there is a lot we can learn from them and this has proven true, as my own education has been enhanced with these encounters. I consider community medical education as an essential function of the faculty within the Carver College of Medicine.

National Provider Education:

The two areas of focus for me at the national level have been in the areas of air medical transport topics and acute stroke care. In the realm of air medical provider education, I have been an invited speaker to the national Air Medical Transport Conference (AMTC) on an annual basis since 2008 where I have given six lectures in the past five years. The AMTC is national meeting for air medical directors, flight nurses, flight paramedics, pilots and other associated personnel and the topics that I have covered have ranged from performing research in the air medical environment to necrotizing soft tissue infections. The evaluations that I received from the attendees were quite supportive and I was invited back regularly to present which affirmed to me that the national air medical community welcomed me as national educator for the industry. As far as acute stroke care, the



natural progression of a review article that I co-authored with \_\_\_\_\_a (vascular neurologist in the University of Iowa Department of Neurology) was the development of a course for presentation at the national American Academy of Neurology annual meeting. \_\_\_\_\_ and I developed course content that included didactic material, case studies and video vignettes for presentation to a national audience of neurologists. The 3-hour course proved to be quite successful as we presented the material at the national meeting for four years and it allowed me to interact with neurologists from around the world in an area of interest for me, which is acute stroke care in the Emergency Department. Finally, I have been invited as a visiting professor at Spectrum Butterworth Hospital/Michigan State University as well as to St. Alphonsus Medical Center in Boise, Idaho, where I had the pleasure of presenting a lecture on managing intracranial catastrophes. I continue to seek out other opportunities to lecture at a national level in addition to my other academic pursuits of research and curriculum development.

To improve my teaching skills, I am contemplating pursuing a Certificate in Medical Education and possibly advancing that education into the Master's in Medical Education degree. It is important to continuing learning how to teach and these formal avenues provide the skill set to interact with learners in a dynamic sense while understanding the science behind medical education.

Practicing medicine in an academic environment is truly a privilege and I will continue to emphasize the importance of gaining knowledge in multiple environments and via multiple modalities. Medical knowledge is exploding and the learners of today are much different from the learners of yesterday. American poet Robert Frost summarized it best with the saying, "I am not a teacher, but an awakener" and that sentiment rings true for me as I look to motivate the next generation of physicians to make the most of every educational opportunity afforded to them.

**PERSONAL STATEMENT EXAMPLE #2**

**CLINICAL TRACK ASSOCIATE PROFESSOR**

**TO**

**CLINICAL TRACK PROFESSOR**

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Assoc → Full

## Annual Review 2013- Personal Statement

I have now completed ten years as a faculty member in the Cardiovascular Division at the University of Iowa. The following outlines my faculty activities in teaching roles, research and professional productivity and my administrative service.

### **Teaching**

My housestaff and fellow teaching evaluations are available in my divisional file and have been uniformly positive. I twice received the Lewis E. January Clinical Teaching Award by the cardiology fellows and have, in the past, been nominated as a finalist for Faculty Teacher of the Year by the Internal Medicine residency. I previously co-directed the Combined Cardiovascular-Cardiac Surgery conference and am, currently, the director of the Cardiovascular Division Journal Club conference series. I continue to provide clinical research project mentoring for junior faculty, cardiology fellows, and others.

I also serve as the fellowship director for the Interventional Cardiology fellowship. I am directly responsible for the clinical and didactic education for the Interventional fellows as well as all GME related considerations.

### *Direct clinical teaching and supervision*

1. Cardiac Catheterization Laboratory
  - a. Daily supervision and instruction of general cardiology fellows in diagnostic catheterization, hemodynamic assessment and management
  - b. Daily supervision and instruction of interventional cardiology fellows in the performance of cardiac and peripheral vascular interventions
2. Cardiovascular Intensive Care Unit/Inpatient Cardiology Services (1-2 months/year)
  - a. Daily supervision and instruction of general cardiology fellows, internal medicine residents and rotating students in basic and acute care cardiology as well as general medical intensive care
  - b. Daily didactic teaching sessions based in acute care cardiology
3. Cardiology Clinic
  - a. Weekly supervision in the direct management of a general clinical cardiology practice of two general cardiology fellows.
  - b. Weekly supervision of third year medical students in Cardiology clinic.

### *UI Conferences*

1. Weekly attendance and didactic contribution to Cardiology Cath Conference and Interventional film review
2. Co-Director: Combined Cardiovascular-Cardiac Surgery clinical conference (2010-12)
3. Director: Cardiovascular Division Journal Club conference (2010-present)

### *Lectures/Educational Seminars*

I am invited to give multiple yearly educational seminars on the subjects of acute coronary syndromes, structural heart disease and congestive heart failure to our Cardiovascular fellows, Internal Medicine residents, trainees from other departments and medical students. From 2010- 2012, I lectured at the American College of Chest Physicians national Critical Care board review program on the topics of ACS, heart failure and ECG training. I have also contributed a chapter to the published Critical Care Board Review textbook for this group. Additionally, I have been invited to speak at regional and national Cardiology meetings on the subject of structural heart disease management.

- *Examples of recent lectures have been included for review in the supplemental promotion materials.*

***Research Mentoring (since last promotion)***

I have provided primary mentoring for a number of trainees (Cardiovascular Fellows/junior faculty, PharmD students) over the last few years. These projects have resulted in numerous published abstracts and manuscripts (*please see CV for details of published work*).

1. Vitamin K reversal of warfarin anticoagulation prior to invasive cardiac procedures. Abstract presented at regional meeting; national abstract in preparation
2. (Cardiology Fellow/Cardiology Faculty)- Mentoring committee member. Mentored project- Hospital specialization and outcomes after CABG. Published- Circulation CVQO 2010
3. (Cardiology Fellow)
  - a. Insulin resistance in acute myocardial infarction. Abstract presented- AHA BCVS, 2012. Manuscript published ATVB 2013
  - b. HgBA1c fails to predict extent of atherosclerosis in acute myocardial infarction patients. Abstract accepted- AHA Scientific Sessions 2012. Manuscript in preparation
  - c. Metaanalysis/systematic review of single vs. double stenting for left main coronary stenosis. Abstract accepted- TCT 2012. Manuscript submitted CCI
  - d. Metaanalysis/systematic review: ostial/trunk vs. distal unprotected left main stenting. Abstract accepted- TCT 2012. Manuscript submitted JIC.
4. (Cardiology Fellow)
  - a. Published book chapter (Ed. Chatterjee)- Percutaneous Valve Therapies
  - b. Published book chapter (CCBR)- Management of Acute Coronary Syndromes.
  - c. Book chapter (Ed. Chatterjee, Horwitz) Advances in structural heart procedures. Chapter submitted
5. Project to reduce waste of anticoagulants during interventional procedures. Abstract presented at regional meeting, project with planned manuscript ongoing.

### **Professional Productivity**

I have continued to maintain a busy interventional cardiology practice, weekly interventional/structural heart and general cardiology office practice session and continue to attend in the Cardiovascular Intensive Care Unit and Cardiology inpatient services for approximately 6 weeks per year.

Outside of routine clinical activities, I direct or co-direct a number of other clinical and research-related clinical initiatives:

1. Transcatheter Aortic Valve Replacement (TAVR) program- along with my other co-directors in interventional cardiology (M. ... n) and cardiac surgery (M. ... s), we have built an active percutaneous valve replacement program. In two years, the program has evaluated approximately 200 patients, placed 50 percutaneous valves and brought in a large volume of additional clinical activities and surgical valve replacements. I am PI of the ongoing PARTNER 2 trial of TAVR vs. surgical valve replacement.
2. Percutaneous Hemodynamic Support program- I am responsible for bringing percutaneous ventricular assist devices (TandemHeart and Impella) to the institution. I provide consultation and perform the device implants to support the cardiac surgery and heart failure/transplant programs.
3. Invasive stem-cell/ gene therapy research programs- I am PI or Co-PI on all cardiology related clinical trials and perform the study related procedures for therapeutic stem cell trials in chronic myocardial ischemia and congestive heart failure. We currently have two active protocols enrolling.
4. Structural heart disease clinical and research programs- I perform all structural heart procedures such as PFO/ASD/left atrial appendage closures, paravalvular leak repair, pulmonary artery/venous procedures and other structural heart procedures. I am currently or have been the University of Iowa PI on numerous device trials in this clinical space. This has been a successful referral program and area of clinical growth for the invasive cardiology program.

Many of these innovative programs have been the focus of marketing and the subject of a number of local media print, radio and television presentations over the last few years.

### **Clinical Trial Activity**

I have continued as PI of the ... al Research Program. I direct three full time research coordinators. We currently have 11 active clinical trials that have brought in over \$2 million in grant support (approximately \$5 million in total grant support since 2006). I am the site Principal Investigator in more than twenty-five completed or ongoing clinical trials and registries (*see CV for list*). The program has also provided a platform for mentoring junior faculty in clinical trial research; I have made two of my colleagues (Girotra, Zahr) PI on upcoming trials and will provide direct supervision and nursing support.

### **Academic Publications since last review**

Since 2008, I've published 13 peer-reviewed papers (plus 3 currently in submission), including 8 as senior author (2 currently in submission). In addition, I've written 3 book

chapters and have been named as a book editor for an upcoming textbook, *Recent Advances in Cardiology*. Please see included annotated CV for book chapters, published/accepted abstracts, publications and manuscripts accepted or submitted my last promotion.

*Other Academic Activities*

**Peer Reviewer**

1. **American Journal of Cardiology- Reviewer (2007-present)**

**Service**

My administrative and service responsibilities have increased greatly since my last promotion.

I have continued in my role as the [redacted] Program and maintained a profitable and busy, primarily industry-funded, program. I was subsequently named the [redacted] and manage all the clinical, educational and GME activities related to this program.

In 2011, I was named the [redacted]. In this role, I manage all aspects of the Cardiology division's UIHC and outreach clinical programs. Responsibilities and goals for this position include the growth and management of our clinical enterprise, clinical finances and supervision of quality improvement programs.

Last year I accepted the position of [redacted] [redacted] (a [redacted] VC). The UIHVC is a financial and clinical center which encompasses the clinical programs, space, finances and personnel (both faculty and staff) of the Division of Cardiovascular Medicine, the Division of Vascular Surgery and the Department of Cardiothoracic Surgery. Along with my administrative director, the Associate Director of the UIHV [redacted] and the departmental executive officers of Surgery, Medicine and CT Surgery, I direct the financial and clinical programs for the entire UIHVC enterprise. I am directly responsible for UIHVC strategic planning, finances, space planning, clinical growth, marketing and quality programs. In this role, I report to the UIHVC board, which includes the VPMA, Dean, UIHC CEO and the Chairs of involved departments.

In addition to the above roles, additional academic and UIHC service responsibilities since my last promotion include:

1. Member, Capital Budget Committee, 2011-present
2. Medical Director [redacted], 2004-11
3. Medical Director of the [redacted] [redacted], 2004-2011
4. Member, UIHC Critical Care Subcommittee, 2004-11
5. Coordinator of the joint [redacted] conference, 2004-2006, 2010-2012
6. Coordinator, [redacted] on Journal Club, 2010-present