Dear Colleagues,

I am running for the office of ASA Vice President for Scientific Affairs at the 2018 Annual ASA meeting. I am passionate about serving you in this role because I love our specialty and believe in the ASA’s efforts to facilitate critically needed innovation in education and research. Indeed, I believe the health of our specialty depends on the ability of ASA to support improvements in patient care, which can only occur through discovery and education.

In concurrence with the specific position descriptors, I believe that I am appropriately prepared to excel as the next ASA VP for Scientific Affairs. These include (with examples):

1. **Expertise as an educator and leader in education:** Program director and Vice Chair of Training and Education at Hopkins; Development of Oregon Scholars Program (innovative combined training for residency and fellowship) at OHSU; Past member of ACGME Residency Review Committee; Currently only anesthesiologist member of ACGME Board of Directors; Organizer for the educational programs of three national anesthesia organizations - SNACC, AUA, SAAAPM

2. **Expertise as a researcher:** NIH funded for 15 years; More than 100 peer-reviewed manuscripts, 10 books; International speaker, Member of FAER Academy of Research Mentors and AUA; Past chair of FDA Advisory Committee on anesthetic drugs; Current member of FDA Advisory Committee for anesthesia devices; Journal editorial board; Member grant review study sections (Foundation and NIH)

3. **Expertise as an executive leader in organized medicine:** Past president SNACC, SAAAPM and President-elect AUA; Developed Associate membership for AUA to revitalize the energy of this organization; Developed section of non-physician educators for SAAAPM, Led effort to change SAAA to SAAAPM

4. **Understand the education needs of Anesthesiologists in either community or academic practice:** Academic chair for 15 years; Previous director of Salmon Creek Anesthesia Providers (Southwest Washington), Oregon Society of Anesthesiologists Board of Directors and chair of Haugen Memorial lecture committee for 15 years

5. **Engagement in ASA activities:** Multiple ASA committees; Inaugural chair of ASA Academic Caucus; Academic Director on ASA BOD, Facilitated large donations to FAER and APSF from AUA and SAAAPM; Member Annual Meeting Oversight Committee (AMOC), Incoming Chair Scientific Advisory Committee.
Dr. Beverly Philip and her predecessors have done a fantastic job of advancing the ASA agenda of discovery and education; however, the world around us is changing. ASA is not growing at the rate necessary to assure that all anesthesiologists are members. This has resulted in the “voice” of the ASA not reaching its full potential. Thus, it is critical that the next ASA VP Scientific Affairs be able to work with ASA staff and other ASA leaders to demonstrate high value to those who are not ASA members, including community and academic anesthesiologists and graduating residents/fellows. Some of these individuals perceive greater value in sub-specialty anesthesiology organizations and choose not to belong to ASA as a result. In most of these cases, these individuals were members at one point in time and then let their membership lapse. It is likely that a strategy to strengthen ASA “voice” will be most effective if the next VP Scientific Affairs is seen as not only an effective leader within the ASA community, but also as having the trust of non-ASA anesthesiology organizations. Fostering a future that is positive for anesthesia is dependent on ASA being seen as the authoritative voice of our specialty, effectively working together with our sibling organizations throughout the perioperative space. Our future will be brighter if we collaborate with organized medicine outside of the ASA, rather than using a strategy that only considers internal ASA dynamics and issues.

Thus, my goals as your next VP of Scientific Affairs are to:

1. Further improve the delivery of new knowledge to busy clinical anesthesiologists, engaging the help of professional adult educators to make the transfer of knowledge more efficient and effective.
2. Continue to support the MOCA needs of our members
3. Add additional value to membership in order to encourage membership by many more US Anesthesiologists. For example, developing an expert clinical care consultation service, which is something that I’ve learned through my role on the ACGME, already occurs in other specialties.
4. Implement a graduated membership fee schedule for those who are newly finished with training, military anesthesiologists or for those anesthesiologists working in an underserved area.
5. Work strategically with IARS and subspecialty societies to develop a more collegial partnership which will reverse the splintering of academic anesthesiologists from ASA thus fostering a unified and authoritative voice for anesthesiology in the US.
6. Strengthen ASA presence and voice at FDA
7. Work with the editorial leadership of Anesthesiology to support the educational needs of anesthesiologists who are scientists, clinicians, or educators.
8. Reestablish the Anesthesiology RRC’s ability to limit the department chair role only to individuals who are anesthesiologists.
9. Greatly improve direct funding of ASA PAC and ASA Foundations by academic anesthesiologists.
10. Develop a strategy to engage anesthesiology residents and fellows (research and clinical) as life-long ASA members.
11. Advocate for increased federal funding of research related to anesthesiology, perioperative medicine, pain medicine and critical care medicine.

The future advancement of anesthesiology will require innovation in scholarship and education. I strongly believe that success in this mission will lead to optimal outcomes for Scope of Practice, improved patient care, better adherence to changing rules for new payment strategies, successful professional citizenship and a strong ASA. My experience as an educator, scientist, organizational leader and busy clinician makes me uniquely qualified to be the next ASA VP for Scientific Affairs. I hope to have the honor to work with our members, ASA leaders and ASA staff to help ASA excel, to strengthen its role as the **authoritative voice** within anesthesiology, to meet the evolving educational needs of all members and to support the discovery of new knowledge that will lead to improvements in perioperative care.

Sincerely,

Jeffrey R. Kirsch, MD, FASA