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SAMPLE CHAIR'S LETTER FOR ASSOC PROF BY CLINICAL EXPERTISE AND INNOVATION

George Q. Daley, M.D., Ph.D.
Dean of the Faculty of Medicine
Harvard Medical School
25 Shattuck Street
Boston, Massachusetts 02115

Dear Dean Daley:

We write to enthusiastically propose the promotion of _____ , **M.D., PhD** from Assistant Professor of Anaesthesia to Associate Professor of Anaesthesia (full time) at Harvard Medical School. Dr. _____'s Area of excellence is Clinical Expertise and Innovation. His Significant Supporting Activities are Investigation and Administrative and Institutional Service. This appointment was approved by the Massachusetts General Hospital Department of Anesthesia Critical Care and Pain Medicine Academic Appointments and Promotion Committee on July 13, 2009 and Harvard Medical School Department of Anaesthesia Executive Committee on July 23, 2009.

Background

Dr. _____ received an M.D. from the University of Munich, Germany in 1993, and PhD in Physiology/ Medicine in 1994. From 1993 to 1994 he served as a resident in internal medicine at the University of Cologne. He then immigrated to the USA and spent the years 1994-1996 as a research fellow in Cardiology at Harvard Medical School followed by a research fellowship in the Cardiac Unit at Massachusetts General Hospital. Following an internship in Internal Medicine at Faulkner Hospital in Boston he completed a residency in Anesthesia at Massachusetts General Hospital. In 2001 he was selected as Chief Resident and he completed a fellowship in Critical Care in 2002. Dr _____ was certified in Anesthesiology by the American Board of Anesthesiology in 2002 and became a Diplomat in Critical Care Medicine in 2003. He was appointed as Instructor in Anaesthesia at Harvard Medical School in 2002 and promoted to Assistant Professor of Anaesthesia at Harvard Medical School in 2003.

Current Activities

Dr _____ currently serves as Medical Director of the MGH Surgical Intensive Care Unit, the MGH Respiratory Acute Care Unit and the MGH Respiratory Care Services. Importantly, he has conceived, conducted and published investigations in these environments that have changed the management of critically ill patients and patients requiring mechanical ventilation nationally and internationally.

Area of Excellence: Clinical Expertise and Innovation

Dr. _____ has used his combined training as an anesthesiologist and intensivist to develop innovative programs and techniques to improve the care of patients with artificial airways. He was instrumental in developing the MGH Respiratory Acute Care Unit, one of the first established in the nation, a national recognized center for the care of patients with artificial airways. He developed protocols for care of mechanically ventilated patients, validated them and published the results in peer-reviewed journals. For instance, Dr _____ introduced a protocol for cervical spine clearance of mechanically ventilated patients that was associated with reduced morbidity, length of mechanical ventilation and length of stay. (Journal of Trauma CV # 44). The guidelines he developed and published are now used in Trauma Centers around the world and have been incorporated into international guidelines for care of multi-trauma patients.

Dr _____ established the importance of standardized tracheostomy care for clinical practice. His tracheostomy care protocols have been shown to decrease complications, improve outcome and decrease time on the ventilator and in the ICU. This work has been published in Critical Care Medicine (CV #46), Chest (CV # 47, and Respiratory Care (CV #52). His approach has been adopted by numerous medical centers in Canada and the US and widely discussed in the literature.

Dr _____ conducted a landmark study that demonstrated the benefit of staff supervision of trainees for emergency airway management. Supervision was associated with a decreased incidence of complications by 72%. (CV # 50) His work was cited as the most influential paper by Respiratory Care and on-line by Faculty of 1000 Medicine in 2009. Following Dr _____'s publications, many centers in the US and abroad changed their guidelines for airway management.

The success of his inter-disciplinary approach for the care of patients with artificial airways stimulated him to develop and introduce guidelines for glucose control and decreased blood drawing for laboratory testing. The guidelines he developed were associated with decreasing the number of phlebotomies in the ICU by 30% and fewer blood transfusions (Critical Care Medicine, CV #48). These guidelines have been adopted and are now standard in many medical centers throughout the USA. More recently Dr _____ was instrumental in introducing at MGH a hospital wide multi-disciplinary rapid response system for patients at risk of cardiopulmonary collapse. This system has decreased the incidence of cardiovascular resuscitations and number of ICU admissions.

Reputation

Dr. _____ has gained a national and international reputation for his work in airway management. He has been invited to speak at national and international organizations in Critical Care Medicine including the American College of Chest Physicians, the American Society of Respiratory Care, the Society of Critical Care Medicine, the American Society of Anesthesiologists and the German Society of Cardiology. He is regularly invited to lecture at leading centers, which have included the Mahidod University in Thailand, Universities of Munich and Cologne in Germany, UCLA, Yale and Tufts Medical Center.

Dr _____ has been appointed to important national committees of Critical Care Societies. He is member of the Critical Care Institute of the American College of Chest Physicians and was recently appointed as Chair of the Research Committee of the Society of Critical Care Medicine.

Dr _____ is member of the Editorial Board of Respiratory Care and serves as ad hoc reviewer for high impact peer reviewed national and international journals focusing on critical care medicine. These include Intensive Care Medicine, Anesthesiology, Respiratory Care, Circulation, FASEB, and Hypertension. He serves as annual abstract reviewer for the Society of Critical Care Medicine and the International Society of Simulation. Dr _____ serves on grant review committees for NIH, the Society of Critical Care Medicine and the Association Française contre les myopathies. He was appointed as Chair of the Grant Review Committee of the Society of Critcal Care Medicne, 2010/2011 .

Dr _____'s work has earned awards from national and international organizations. These include the German Reserach Foundation Award for his work on calcium cycling in heart failure in 1994 and an American Heart Failure Society Young Investigator Award in 1997 for his work on the cardiac calcium pumps . He was a finalist for the Society of Critical Care Medicine Reseach Award in 2007 for his work on protection of the cervical spine. In 2009 he was a semifinalist for the Alfred Soffer Research Award by the American College of Chest Physicians for his work on sedation of ventilated patients . He is among the small number of anesthesiologists who have been elected as Fellow of the American College of Chest Physicians.

Another measure of Dr _____'s success is that greater than 75% of his trainees have remained in academic medicine. Among these trainees, Dr. E. Bittner is now Director of the Anesthesia Critical Care Fellowship at MGH. He continues to collaborate with Dr _____ on projects around quality improvement in the ICU (CV # 50-53, 54, 55). Dr Stelfox is Assistant Professor at the University of Calgary. He continues to collaborate with Dr _____ on improvement of care of tracheotomized patients (CV #41, 45, 46, 47, 51, 52). Dr Dhillon directs the post-liver transplant ICU at UCLA and collaborates with Dr _____ on airway management. This work was presented at the 2010 meeting of the Society of Critical Care Medicine. Dr. Newhouse is currently Residency Program Director of the Department of Anesthesia at UCSD. She is a co-investigator on Dr _____'s work on delirium that was presented at the 2009 annual meeting of the American College of Chest Physicians. These and other former

fellows continue to send their own trainees to the MGH SICU to receive further advanced training under Dr _____.

Demonstration of Scholarship

Dr _____'s influence on the field of Critical Care Medicine is also supported by his record of authoring or coauthoring over 50 peer-reviewed articles, most of the related to Critical Care Medicine. In twenty-two of his articles, he was first or senior author. Dr. _____ has published in many high impact general medical and specialty journals including New England Journal of Medicine, Proceedings of the National Academy of Science, Anesthesiology, Circulation, Critical Care Medicine, Respiratory Care and Chest. His articles are widely cited and discussed in editorials. Furthermore he is the first or lead author on 13 book chapters and editorials concentrating on quality improvement in Critical Care. He is also Associate Editor of the Critical Care Handbook of the Massachusetts General Hospital.

Teaching Contributions

At MGH, Dr _____ concentrates his teaching during bedside rounds as well as small group seminars in the ICU and RACU on care of mechanically ventilated patients. His trainees praise him for his ability to transfer findings from recent literature into practical advice on how better to support critically ill patients. In addition to regular teaching of residents, fellows and staff, Dr. _____ has established a multidisciplinary lecture series describing all aspects of the care of patients with artificial airways. Another important contribution was initiating a lecture series on airway management for medical residents. Medical residents have traditionally received little knowledge of airway management. However in the Medical ICU many patients require invasive airway management and Dr _____ felt that a better understanding of airway management would improve patient care. Dr _____'s lectures series closed this knowledge gap and more importantly may have contributed to the fact that no patient in the Medical ICU has died from failure to intubate and mechanically ventilate during the last two years. Dr. _____ also lectures regularly on a regional and national level on airway management and the care of mechanically ventilated patients. Dr _____ is Director of an annual highly praised two-day course on Fundamentals in Critical Care Medicine sponsored by the Society of Critical Care Medicine. Moreover, he organized a symposium sponsored by American Association for Respiratory Care on airway management during their annual international meeting in 2009

Significant Supporting Activities: Investigation

Dr _____ is actively involved as co-investigator in basic research focusing on the care of critically ill patients. Together with Wei Chao, MD, PhD he conducts federally supported investigations of the role of Toll-like receptors in critical illness. These studies are supported by an NIH RO1 grant of which Dr _____ is a co-investigator. These studies have already resulted in manuscripts published in leading journals such as Critical Care Medicine (CV # 43) and American Journal of Physiology (CV # 41, 49). In

2009, Dr _____ (Co-PI) and Dr Chi-Sang Poon from MIT were awarded an NIH Challenge Grant to develop new modes of mechanical ventilation Dr _____ is the Clinical Investigator on this project that has the potential to shorten duration of time on the ventilator and thereby reduce length of stay and mortality. In addition to these NIH funded studies Dr _____ is the Principal Investigator on studies of airway management that are supported by the MGH Department of Anesthesia Critical Care and Pain Medicine. These studies have been published in prestigious peer-reviewed journals (JCA # 42, Critical Care Medicine # 40,45, 48, Chest 47, Critical Care #46, Anesthesiology # 50, 55, Respiratory Care 52 , 54, Anesthesia Analgesia # 53). Dr. _____ has recently presented preliminary results of ongoing studies on airway management at national meetings of the American Society of Anesthesiology, American Society of Chest Physicians, Society of Critical Care Medicine and American Association for Respiratory Care. Based on these successful research investigations Dr _____ has been asked by NIH to review applications for grants on airway management.

Significant Supporting Activities: Administrative and Institutional Service

Dr. _____ is an effective and highly regarded administrator who is exceptionally effective at developing multidisciplinary collaboration. As Medical Director of the Respiratory Acute Care Unit he developed it into a national model for successfully separating long-term ventilator dependent patients from the ventilator. In 2009 he served as Interim Director of the MGH DACCPM Division of Critical Care. During this time he introduced supervision of emergent airway management and actively promoted inclusion of the Division into hospital wide activities. Recently Dr _____ was appointed as Medical Director of the Surgical Intensive Care Unit at Massachusetts General Hospital and for the first time introduced 24/7 intensivist in house attending coverage.

At the hospital level Dr _____ has served as the Medical Director for Respiratory Care since 2009. In this capacity he was responsible for developing a rapid response system that both decreased the numbers of cardiovascular resuscitations and number of ICU admissions. This clearly has benefited patient care. He is serving on or chairing important hospital wide committees including Code and Emergency Response Committee and Critical Care Committee. He is member of the Executive Committee of the MGH Critical Care Center. Dr _____ is leading the hospital wide efforts to decrease the rate of ventilator-associated pneumonia. The hospital charged his group to identify best practices and to facilitate implementation of these practices in all ICU's at MGH with the goal to eliminate this complication of mechanical ventilation.

Dr _____ has also demonstrated important administrative leadership on the national and international levels. He serves on committees of the Society of Critical Care Medicine and the Critical Care Institute of the American College of Chest Physicians. He is currently leading the Research Committee of the Society of Critical Care Medicine.

Review of Solicited Letters

Letters of support were solicited and received regarding the proposed promotion.

Excerpts from referee letters will be added here.

Thus each letter fully and enthusiastically supports the promotion of _____ _____, MD to Associate Professor of Anaesthesia.

Summary

In summary, _____ _____, MD, PhD is an outstanding clinician scientist with an Area of Excellence of Clinical Expertise and Innovation. He has Significant Supporting Activities of Investigation and Administrative and Institutional Service. He has used his combined training as an anesthesiologist and intensivist to develop innovative clinical program, protocols and procedures to improve care of critically ill patients. These have been adopted not only at MGH but also nationally and internationally. The enclosed documentation thus demonstrates Dr. _____'s record of substantial accomplishment as an expert clinician and innovator. Furthermore, he has an outstanding record as an educator, investigator and administrator. He has earned the deep respect of his colleagues and peers, both locally and nationwide. The proposal to promote Dr. _____ was approved unanimously and enthusiastically by the Department of Anesthesia, Critical Care and Pain Medicine Academic Appointments and Promotions Committee on July 13, 2009 and by Harvard Medical School Department of Anaesthesia Executive Committee on July 23, 2009. His achievements clearly merit promotion to the rank of Associate Professor of Anaesthesia. We commend him to you with enthusiasm and look forward to your consideration of this well-deserved promotion.

Sincerely yours,

Carl E. Rosow, M.D., Ph.D.
Provost, Professor of Anaesthesia and
Chairman, DACCPM Promotions Committee

Jeanine Wiener-Kronish, M.D.
Henry Isaiah Dorr Professor of Research
and Teaching in Anaesthetics and Anaesthesia