

Dear Nominating Committee:

I am honored to be nominated for the BOD, a position that I have not had the privilege to hold. I have been a neurointensivist for 22y working in private practice and academics.

My involvement with NCS has been since its inception. I am a charter member and member since 2004 (19y). I have watched this organization grow and create significant impact in the practice, education, professional growth, and research in NCC. At times, I had a front row seat to its evolution. Over time, I have served on the finance, fundraising, ethics, annual meeting and INCC committees. I spent three years as the WINCC Chair where our initiatives included a women's speakers list, NCSAM drop-off childcare, dedicated breastfeeding spaces and a family night. Ultimately, given the diversity of the growing membership in NCS, it was decided to expand the WINCC network to include those of under-represented minorities and LGBTQ members, and change the name to INCC. I am ENLS certified and gave the first live ENLS program outside of the AM in 2012 at the OSU Stroke/NCC regional conference, certifying 120. My work in NCC and for NCS culminated into being awarded FNCS distinction in 2017 and five Presidential Citation awards.

My strength is that I am a proven builder- of units, programs, committees, and educational programs/curricula. I enjoy working with those who see hurdles and boundaries as challenges. I enjoy mentoring and growing people's careers regardless of background/discipline. If they love the field of NCC, wish to grow within it and show initiative- I will help however I can. My weakness, which has evolved with the wisdom that comes with both age and varied experiences, is a dislike of barriers placed in front of growth. But age brings patience and experience brings flexibility. So, sometimes barriers are necessary as important checks and balances. I certainly became more flexible to barriers during COVID- it was a necessity for all. Plus, with an empty nest and the slower life of New Mexico- I have time to reflect rather than react, in this new season of my life.

Regarding multidisciplinary growth, one cannot truly build an ICU as a complete start-up without that mindset. This allowed me to be successful when growing the OSU unit with my "building" partner, Susan Yeager, DNP. There are many examples I could give of how I support the growth of all professionals in our field, but word counts limit that. Multidisciplinary support is necessary in any critical care society. I think our society has done well by having the guaranteed board seats, leadership opportunities, professional support, discipline specific-educational opportunities and networking. I would continue to advocate for this as a board member.

Vision-wise, I want to hear from the members. Members drive the vision. As such, one initiative I'd like to see is board members, officers, and committee chairs, dividing up the members into groups to "leadership round" on, using mini-town halls to understand the current needs in the field on a quarterly basis. Then members who participate feel like they are a part of the vision, and we can work towards practical, tangible solutions that are member-driven uncovered through this direct communication line. That's one of many ideas I have.

In sum, NCS has been a part of my professional life almost as much as I've been a neurointensivist. It is truly a part of the thread of our family. I look forward to serving NCS in many more ways moving forward.

Sincerely,

A handwritten signature in black ink, reading "Diana Greene-Chandos MD". The signature is fluid and cursive, with the first name "Diana" being the most prominent.

Diana Greene-Chandos MD, FNCS  
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