

I have been a Neurocritical Care Society (NCS) member since 2005. I was an international member 2005-2008. I have been Emergency Neurological Life Support (ENLS) certified since its inception, and a certified trainer since 2013. As co-author of versions 3.0 & 4.0 of the Airway, Ventilation and Sedation module I helped align this topic with the difficult airway recommendations of major societies and devised a comprehensive airway algorithm specific to neurological emergencies. I am a Fellow of the Neurocritical Care Society (FNCS). I have received five NCS presidential citations.

As a member of the annual meeting committee 2011-2013 I helped develop, and was co-director of, the critical care ultrasound and the tracheostomy/ bronchoscopy workshops. As a member of the former Program Accreditation, Physician Certification & Fellowship Training Committee 2015-2019, I helped conduct the first comprehensive survey of neurocritical care training. A key finding was widespread support for ACGME accreditation and ABPN certification, which NCS has since achieved.

I have served on the guidelines committee since 2017, including as co-chair since 2021. This multidisciplinary group provides stewardship of the primary instrument to define the standard within our field- NCS guidelines. I am the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodologist on the guidelines for neuroprognostication in eight neurocritical care diseases, a pathbreaking international collaboration with the German neurointensive-care society (DGNI). I helped introduce patient and family participation to NCS guideline development, starting with this project. I was part of a group that explored improvements in NCS guideline development, culminating in a 2021 publication. I reached out to, and helped negotiate an agreement with, the GUIDE group, the professional GRADE partners of the Society of Critical Care Medicine (SCCM), to help ensure methodological rigor of NCS guidelines. I also helped shepherd partnerships with the American Epilepsy Society, to develop a combined definitive guideline for the management of status epilepticus, and with SCCM to update our combined guidelines on reversal of anticoagulation.

My strengths include years of experience advancing NCS initiatives through collaboration. My multidisciplinary colleagues can speak to my track record of collaborative work, organizational ability, and commitment to impactful solutions. My weaknesses encompass all the content knowledge, human resource skills, and specialized expertise of my various colleagues that I lack. In a team, we address our weaknesses with the strengths of others. Some may excel at building teams while others may have the content expertise to advance large and challenging projects.

My vision for the society is that NCS- working collaboratively with our partners- should set the standard for the care of the various diseases we deal with, through ambitious initiatives such as the curing coma campaign that develop and support research, provide education, and define standards of practice. As a former international member, I believe that these initiatives must consider all settings of care, resource-intensive and resource-constrained. Our research, educational products and guidelines should routinely expand their scope to low/ middle-income nations. I look forward to developing and fostering the multidisciplinary collaborations that will define the path ahead.

