Tales From the Road Less Traveled: From the Executive Director

By Kenneth M. Slaw, PhD

As Executive Director of SVS, one of my priorities, and great joys, is to find opportunities to meet and talk with SVS members locally in their own communities and practices. I hear a lot of ideas expressed at meetings of course, but seeing things first-hand, and talking to partners and team members about their local issues and practice environments and their needs, helps me to understand how SVS can best help. The Crawford Lecture at this year’s Vascular Annual Meeting in San Diego focused on the growth opportunities and challenges with Office-Based Endovascular Centers.

In the months since the 2017 VAM, I have had the privilege of visiting Clem Darling in his practice in Albany, N.Y., Carlo D’Allomo in his practice in Flint, Mich., and Krishna Jain in his practice in Kalamazoo, Mich. In each visit I received a tour of the practice facilities, often in multiple locations, and learned about the wide range of procedures and services offered. I was able to catch a glimpse of the "vascular team" in action and how the vascular surgeons, PAs, nurses, and technologists all work together to provide care for patients, and how they are all supported by the practice "administrative team." It was also clear that while each practice was different, each was an interesting mix of clinical practice and academic pursuits from research, to education, to training.

I was grateful that in each visit the partners and team members were willing to spend a couple of hours talking with me about their careers, the local practice environment and their hopes and aspirations for SVS. Some of the common themes included:
• Defining and setting standards for appropriateness of care, and taking a strong stand on the side of appropriateness and optimal quality.

• Strengthening and supporting the entire vascular team and how it functions, on both the clinical and administrative sides, through membership opportunities, networking and education.

• Branding vascular surgery in the community to differentiate the level of training, philosophy and approach from interventionalists.

• Providing support for local education and outreach activities in the community.

• Exploring the office-based setting as an opportunity to expand fellowships and train more vascular surgeons.

All of these themes and issues are in active discussion with the leadership of SVS.

I continue to be inspired by the commitment and dedication of vascular surgeons to their patients, their specialty and SVS. It is clear, moving forward, that commitment to specialty also means commitment to team – a team of which I am proud to be a part.

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