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BOARD OF DIRECTOR NOMINEE

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After being involved with the practice of bronchoscopy for over two decades, I have seen it evolve from a small niche field to a diverse and comprehensive practice that serves as the diagnostic and therapeutic entry point for many disease states. The AABIP has kept pace to usher along this advancement, with efforts aimed at promoting the cornerstones of progress: advocacy, research, training, quality assurance, and field recognition. As such, the diversification and evolution of bronchoscopy has accelerated significantly over recent years. Likely the result of an infusion of new technology with improved reimbursement, we see now more than ever before, bronchoscopy moving into community practices, with critical services no longer needing to be provided at academic centers like it once was in the past. As a result of this massive diversification, the AABIP has an obligation to meet these new needs of its field and membership, both in community practice and academia equally. These needs would include reimbursement, practice support, education, and quality measurement. What once were two separate states, we must now work harder than ever to bridge the academic and community practices, with each providing foundational support for the other. At this critical time for our field, I feel the need to be part of this evolution in a substantial way, and is why I have decided to run for the AABIP Board membership.

I have been involved with bronchoscopy for over 20 years, first in New York City, and for the last 12 years at the Cleveland Clinic. Over the years I've had the opportunity to work on many projects with the AABIP and other organizations which have focused on research, education, training, and development. I have sat on several AABIP committees, including the Board Recertification Committee, and I serve as the Advanced Diagnostic Session Co-Chair for this year's AABIP Scientific Conference. Outside of the AABIP, I have played a part in training new operators in advanced diagnostic procedures in many diverse settings all over the world. I have actively participated in research to advance the science of our field, with many publications, reviews and book chapters over the past two decades. These are important experiences that demonstrate my diligence and organization, and show a longstanding dedication to the field.

I truly believe the primary objectives of the AABIP should align with the needs of all its members across diverse practice settings and specialties. No longer should bronchoscopists work in silos defined by community or academic practices, those fellowship trained or those self-trained. We must bridge these gaps and provide equal and effective representation to all. The keystones of progress: advocacy, education and training, practice support, and quality assurance; these need to be imparted across all practice settings and roles. I believe I am the ideal candidate to help foster this based on my experiences. I am self-trained, yet I work in a practice with IP trained partners. Though I work in an academic setting, over the years I have helped community based bronchoscopists with educational efforts and practice support. As such, I have obtained an innate understanding of these roles and settings that can help bridge our gaps and bring us together as one community. I feel uniquely qualified to be on the Board, to represent all bronchoscopists equally everywhere. I look forward to an opportunity like this, and I would be honored to serve in this role. I truly believe the AABIP can help shepherd a new age of bronchoscopy, and I am eager to play a pivotal role in this.