



# LAURA FRYE, MD

## BOARD OF DIRECTOR NOMINEE

University of Utah



Re: AABIP BOD Nominations

To Whom It May Concern:

I am writing in response to the call for nominations for the AABIP board of directors. I have recently transitioned into a new faculty role at the University of Utah with my clinical time divided between my Interventional Pulmonary and Lung Transplant practices. My appointment includes protected time for medical education and initiatives at the national level which advance the fields of IP and lung transplant. As such, I have no significant concerns related to the potential time commitment to effectively serve on the board if selected.

My current clinical/research interests are in lung cancer diagnostics, procedure-related quality improvement initiatives and palliative procedures in airway obstruction, both benign and malignant. Given my combined trainings in lung transplantation and IP, I have a unique niche in the world of cardiothoracic transplant. My advanced trainings have also provided me with insights into two non-ACGME fellowships and the resources available to fellows and practicing physicians within these two distinct realms. I'm familiar with the obstacles fellows face when making the decision to pursue advanced training beyond traditional pulmonary and critical care and in the fellow to faculty transition in a small (but growing) field. As the number of interventional pulmonary fellowships continues to grow and the number of physicians practicing IP and advanced diagnostic bronchoscopists increases, it will be important to distinguish the role of the AABIP to our members and delineate the unique benefits of membership from those provided to trainees and clinicians in practice by other organizations such as the AIPPD, SAB, and CHEST. The organization currently provides great educational content via podcasts, the journal, and annual meeting, promotes scholarly projects, and provides additional legitimacy to our training via fellowship accreditation and board examinations. The volume of offerings has increased dramatically since my initial exposure as an IP applicant and is growing yearly. The board has the ability to shape the direction of the organization and ultimately our field and I would enjoy the opportunity to be a part of this and I believe my work ethic and unique clinical skillset makes me well poised for the role.

I am actively involved in the educational endeavors including content creation for the American College of Chest Physicians with content design for annual meetings, live learning opportunities at the national headquarters, and in the last two years working with the covid-19 taskforce with topics related to bronchoscopy and with the transplant network to update broad membership on changes in organ allocation and transplantation in the era of COVID. This requires not only expertise in a clinical field and strong skills in medical education but requires significant attention to detail and a task-oriented work ethic. My dedication to providing access to high quality education materials which are relevant to our changing field was a large driving force behind the pivot which allowed CHSET to be one of the earlier societies returning to live learning in 2021. While my role within the AABIP is smaller, I have been actively involved as a member of the certification committee and have also assisted with the skills component of the new certificate of advanced qualification. If given the opportunity, I would bring my organization skills, efficiency, and leadership experience as the vice chair of the bronchoscopy domain task force of CHEST to the AABIP to continue to move forward the mission of the association.

I appreciate your time and welcome the opportunity to discuss my potential contributions in the role further. My CV is available for your review.