

CURRICULUM VITAE
KEVIN B. GEROLD, DO, JD, MA(ED)

August 1, 2005

DEMOGRAPHIC INFORMATION

CURRENT APPOINTMENTS

Assistant Professor

Department of Anesthesiology and Critical Care Medicine
Johns Hopkins School of Medicine
Baltimore, Maryland
October 2002 - present

Attending Physician

Department of Anesthesiology and Critical Care Medicine
Johns Hopkins Bayview Medical Center
Baltimore, Maryland
October 2002 – present

Co-Director

Surgical Intensive Care Unit and Burn Intensive Care Unit
Johns Hopkins Bayview Medical Center
Baltimore, Maryland
July 2005 – present

PERSONAL DATA

Department of Anesthesiology, A3W-387
Johns Hopkins Bayview Medical Center
4940 Eastern Avenue
Baltimore, Maryland 21224-2780
Office: 410 550-4557
Facsimile: 410 550-0443
E-mail: kgerold@jhmi.edu

EDUCATION AND TRAINING

University of Maryland School of Law
Baltimore, Maryland
Juris Doctor, May 2000

Health Law Concentration

Health and Elder Law Clinic: 1999-2000

Public Service Award. Presented by the Law School to students making a significant contribution and commitment to the public interest during law school

Geriatrics and Gerontology Education and Research Award. Presented by the Campus to an outstanding student from each of the six professional schools who demonstrated a commitment to the care of older adults through educational experiences at the University.

University of Maryland Baltimore County Campus

Baltimore, Maryland

Master of Arts, May 1991

Education (Adult Education/Instructional Systems Design)

University of Maryland Medical Center

Baltimore, Maryland

1986-7: Fellowship, Critical Care Medicine and Trauma Anesthesiology, R Adams Cowley Shock Trauma Center

1984-7: Residency, Anesthesiology, University of Maryland Hospital

Hospital of the Philadelphia College of Osteopathic Medicine

Philadelphia, Pennsylvania

July 1983 – June 1984

Rotating Internship

Philadelphia College of Osteopathic Medicine

Philadelphia, Pennsylvania

Doctor of Osteopathy, June 1983

Fairfield University

Fairfield, Connecticut

Bachelor of Science, June 1977

PROFESSIONAL EXPERIENCE

Clinical Instructor

Department of Anesthesiology

University of Maryland School of Medicine

Baltimore, Maryland

July 1987 – June 1988

Assistant Professor

Department of Anesthesiology

University of Maryland School of Medicine

Baltimore, Maryland

July 1988 - June 2002

Attending Physician

Departments of Critical Care Medicine and Anesthesiology
R Adams Cowley Shock Trauma Center
University of Maryland Medical Center
Baltimore, Maryland
July 1987 – June 2002

Associate Medical Director

Maryland ExpressCare
(Inter-hospital Critical Care Transport Service)
University of Maryland Medical Center
Baltimore, Maryland
July 1993 – December 2002

Assistant Professor

Department of Surgery
Division of Emergency Medicine
University of Maryland School of Medicine
Baltimore, Maryland
July 1998 – June 2002

RESEARCH ACTIVITIES

PUBLICATIONS

Gerold KB, Dauphinee K, MacKenzie C and the LOTAS Group.
Hypotension in the Acutely Traumatized Patient. In Lois Bready, R. Brian
Smith (Eds.) Decision Making in Anesthesiology, 3rd Ed. St. Louis: Mosby
Yearbook, 1998.

Culotta V, Sementilli ME, Gerold KB, Watts CC. (1996). Clinicopathological
Heterogeneity in the Classification of Mild Head Injury. *Neurosurgery*, 38:2,
245-250.

Gerold KB, Nussbaum EM. Understanding Mechanical Ventilation. In N.
Ciesla (Ed.), "Acute Care of Trauma Patients": Part II. *Physical Therapy
Practice* 3 (2), 1994.

Bernhard WN, Tarantino DP, Gerold KB. Critical care management of the
trauma patient. In Myer Rosenthal (Ed.), *Recent Advances in Critical Care
Medicine. International Anesthesiology Clinics.* 31 (2), 1993.

Gerold KB, Dauphinee K, MacKenzie C and the LOTAS Group.
Hypotension in the Acutely Traumatized Patient. In Lois Bready, R. Brian
Smith (Eds.) Decision Making in Anesthesiology, 2nd Ed. St. Louis: Mosby
Yearbook, 1992.

Gerold KB. (1992). Physical Therapist's Guide to Mechanical Ventilation. A monograph prepared for the annual symposium, Physical Therapy for Trauma and Critically Ill Patients.

Gerold KB, Watts, Clark (1992) A clinical guide for the non-surgical management of the neurologically injured trauma patient. An Institutional monograph on the care of acute traumatic neurologic injury at R Adams Cowley Shock Trauma Clinical Center/Univ. of Maryland Medical Systems.

Gerold KB. (1992). Race Medical Emergencies: General Resuscitative Measures for the Acutely Traumatized or Medically Threatened Athlete. A monograph for Tri-Fed certified race medical directors.

Gerold K, MacKenzie C. Sedation or General Anesthesia for Trauma Patient Resuscitation? ITACCS Special Monograph.

Vanderheyden B., Reynolds, HN, Gerold KB & Emanuele, T. (1992). Prolonged paralysis after long-term vecuronium infusion. *Critical Care Medicine* 20:2, 304-307.

Gerold KB. (1990). The role of the anesthesiologist as member of the trauma team. In M. J. Matjasko & B Shin (Eds.) *Anesthesia and Trauma. Problems in Anesthesia* 4. (3), 423- 430.

Gerold KB. (1990). Is the administration of ethanol the optimal treatment for the abstinence syndrome? *Critical Care Report*. 1 (3), 1990.

Gerold KB, Stene J. (1988). Critical care and anesthetic management of the patient with major cardiovascular injury. *Trauma Quarterly*. Vol. 4: 6-15.

Gerold KB. (1988) Special problems in post-trauma respiratory management: Maxillofacial, head, and chest injuries. *Critical Care Nursing Quarterly*. 11 (2), 59-62.

EXTRAMURAL SPONSORSHIP

Consultant, **MEDICAL NOMADIC COMPUTING APPLICATIONS FOR PATIENT TRANSPORT**. National Library of Medicine, November 1999 to November 2002. Project Manager: David Gagliano, TRW, Fairfax, VA. University of Maryland Principal Investigator: Yan Xiao.

Co-investigator, Role of Granulocyte colony-Stimulating Factor (G-CSF, Filgrastim) in Preventing Nosocomial Infections in intubated patients with brain injury or hemorrhage. Multi-center study. Amgen, Inc., 1994-95. Stephen O. Heard, Principal Investigator, University of Massachusetts Medical Center, 55 Lake Avenue, North, Worcester, MA.

CLINICAL ACTIVITIES

CERTIFICATION

Physician and Surgeon

Maryland Medical License: H-31298

Attorney

Maryland Court of Appeals

Admitted December 12, 2000

Special Qualifications in Critical Care Medicine

American Board of Anesthesiology

Admitted 1989

Diplomat

American Board of **Anesthesiology**

Admitted October, 1987

Aviation Medical Examiner, #25138-9

Federal Aviation Administration

January 12, 2001

Instructor

Fundamental Critical Care Support Course

Society of Critical Care Medicine

Instructor

Fundamentals of Disaster Management Course

Society of Critical Care Medicine

SERVICE RESPONSIBILITIES

Board Member

Maryland Board of Physicians

Maryland Department of Health and Mental Hygiene

Time: 24–32 hours per month; attendance at monthly board meetings and committee meetings

Committee Member

Advocacy Committee

Society of Critical Care Medicine

January 2006—2009

Time: As scheduled

Civil Mediator

Circuit Court for Baltimore City

Time: As scheduled

Circuit Court for Baltimore County

Time: As scheduled

District Court for Baltimore County

Time: 4 hour per quarter

CONSULTANTSHIPS

Tactical Physician

Maryland State Police

Special Operation Division

Jessup, Maryland

September, 1998-present

Program Medical Director

Emergency Medical Technology Program

Community College of Baltimore County

Essex, Maryland

1995–2005

ORGANIZATIONAL ACTIVITIES

INSTITUTIONAL ADMINISTRATIVE APPOINTMENTS

Burn Unit ICU Committee, Chair

Trauma Committee

Vascular Line Service Workgroup

PROFESSIONAL SOCIETIES

Society of Critical Care Medicine, Member

International Anesthesia Research Society, Member

American Bar Association, Member

Maryland State Bar Association, Member

RECOGNITION

AWARDS, HONORS

Hero Award. 1999 and 2000. Presented by the R Adams Cowley Shock Trauma Center in honor of dedication and outstanding contribution to saving lives

OTHER PROFESSIONAL ACCOMPLISHMENTS

As the Deputy Director for the Program Integrity Group, I shared with the Director, all phases of work within the organization to ensure the integrity of agency activities and internal operations. My accomplishments in this role include:

- Managed, with the Director, approximately 80 FTE's employed in four divisions
- In the absence of the Director, Program Integrity Group, acted on his behalf in matters relating to the operation of the Program Integrity Group.
- Developed and drafted policy papers for the Director on matters relating to Program Integrity matters.
- Developed instructional materials describing Program Integrity activities and functions and presented these materials at national health care meetings. These included meetings of the American Bar Association Health Law Section and a University of Maryland School of Law conference on Alternatives to Dispute Resolution.
- Conceived, developed and enlisted the support of CMS stakeholders for a viable solution to the medical review of E/M codes. The medical review of E/M codes represents a major area of criticism by physicians and contributes significantly to the CFO error rate determination.
- Expanded previously developed carrier outreach activities that instructed nurse reviews on how to use clinical judgment to pay claims correctly to include Medicare Part A contractors and Program Safeguard Contractors. The clinical judgment workshops are in popular demand by Medicare's contractors and represent a major voice in Program Integrity's efforts at Contractor reform.
- Devised and implemented a task management tool for division managers that will enable front office managers to prioritize and monitor ongoing staff activities within Program Integrity's four divisions.

As the Medical Officer for the Program Integrity Group, I consulted on matters directly relating to the reduction of payment errors and protecting Medicare Trust funds. My accomplishments in this role include:

- Developed and implemented a Carrier outreach workshop instructing nurse reviewers on how to use their clinical judgment to pay Medicare claims correctly. The nurse reviewers, Medical Review managers, and Carrier Medical Directors who attended these workshops all deemed them valuable. Nearly all concluded their attendance changed the way they would review

future claims. All requested that Program Integrity conduct similar workshops in the future.

- Served as a member of the Physicians Regulatory Issues Team (PRIT). This group works to reduce the regulatory burden faced by practicing physicians by helping CMS develop regulations and policies that are clear, straight forward, and facilitate the delivery of quality health care to Medicare beneficiaries.
- Served as the medical consultant to the Carrier Team. The Carrier Team is responsible for preparing responses to Congressional, provider, and beneficiary inquiries on issues relating to Part B Medical Review. Issues of major interest include: Ambulance claims (including air ambulance services), Chiropractic claims, and diagnostic testing services for beneficiaries with end-stage renal disease (ESRD)/dialysis.
- Consulted with other CMS's payment and coverage groups on matters relating to physician evaluation and management (E&M) services, pre-operative testing, hyperbaric oxygen therapy, and chronic dialysis facility care.

Currently supporting the Maryland State Police by directing, part-time, a tactical medical support program. This program makes available tactically trained state police paramedics and physicians to support increasingly complex and hazardous law enforcement missions. Tactical Medical Units provide medical support to the State Police's Special Operations Division (SOD). SOD is tasked with crisis and consequence management of critical incidents, civil disturbances, and other emergency situations that include the use by criminals of military style weapons and tactics, the taking of hostages, and terrorist activities incorporating the use of explosive devices as well as the possible use of nuclear, chemical, and biological agents.

As an attending physician in a university trauma center for 15 years, I routinely coordinated complex tasks involving superiors and subordinates under critical timelines.

- As an attending physician at a university teaching hospital, I routinely assigned work to a subordinate staff of fellows, residents, nurses, and therapists as it related to patient care in the operating room or intensive care unit. The critical nature of these services required that I hold my staff and myself accountable to high standards required of these services.
- As an academic physician, I was actively engaged in the education and training of approximately 10 post-graduate fellows per year in the multidisciplinary subspecialty of Critical Care Medicine. Collateral efforts included instructing residents, medical students, emergency medical technicians, and others in the cognitive and psychomotor skills associated with the specialties of Anesthesiology and Critical Care Medicine.

- As an attending physician in an academic teaching hospital, I actively participated in quality assurance/improvement programs required by the JCAHO. I completed specialized training in the process of quality management by attending a one-semester program conducted by the University of Maryland.
- As an Anesthesiologist, I regularly managed the schedule for a six-suite operating room that performed emergency and elective surgery. In this role, I was the team leader for a professional group comprised of other physicians, nurse anesthetists, operating room nurses, and technicians.
- As a critical care medicine physician, I was the primary physician responsible for overseeing the care of up to 24 intensive care unit patients. This task required the monitoring and planning of a patient's plan of care, the delegation of tasks to residents and fellows, nurses and therapists, and the coordination of care with other physician and nursing services within the hospital.
- Developed and implemented an advanced resuscitative team (Go-Team) capable of responding from the Trauma Center to the scene of an accident to provide critical care and surgical services to trapped patients. The Trauma Center developed this team in response to an identified need to compliment the resources of Maryland's Emergency Medical System (1997).
- Co-developed and implemented a hospital-based, critical care transport program that now serves as a regional and national model for other health care centers (1993).
- Personal Achievements include:
 - 1995 Hawaii Ironman, Finisher
 - 2004 JFK 50-mile Run, Finisher