

Curriculum Vitae

Name: James A.L. Glenn

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Citizenship and/or Visa Information: USA

Education (Beginning with Baccalaureate Degree):

<u>Institution/Location</u>	<u>Years</u>	<u>Degree/Date</u>	<u>Field of Study</u>
University of S. Carolina	1959-1963	B.S./June 1963	Pharmacy

Internship:

<u>Place</u>	<u>Dates</u>	<u>Department</u>
Ohio State University Hospital Columbus, Ohio	07/1967-06/1968	Internal Medicine

Residencies or Post Doctoral:

<u>Place</u>	<u>Dates</u>	<u>Department</u>
Ohio State University Hospital Columbus, Ohio	07/1968-06/1969	Internal Medicine

University of Missouri Medical Center Columbia, Missouri	07/1969-06/1970	Chief Resident – Internal Medicine
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University of Missouri Medical Center Columbia, Missouri	07/1970-06/1971	Cardiology Fellowship
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Medical University of South Carolina Charleston, South Carolina	07/1973-06/1974	Cardiology Fellowship
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Specialty/Board Certification:

American Board of Internal Medicine	Date: 06/20/1973
ABIM – Cardiovascular Diseases	10/19/1977

Licensure: South Carolina License # 005366	Date: 07/15/1967
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Military Service: Honorable Discharge

Faculty Appointments (Begin with initial appointment):

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
07/1970-06/1971	Instructor	Univ of Missouri Medical Center Columbia, Missouri	Medicine

Hospital Appointments/Privileges:

<u>Years</u>	<u>Active/Inactive</u>	<u>Institution</u>
07/1971-06/1973	Inactive	Raymond W. Bliss Army Hospital Fort Huachuca, Sierra Vista, Arizona
07/1974-present	Active	Roper Hospital 316 Calhoun Street Charleston, South Carolina
07/1974-present	Active	Bon Secours St. Francis Hospital 2095 Henry Tecklenburg Drive Charleston, South Carolina
1995-present	Active	East Cooper Regional Medical Center 1200 Johnnie Dodds Boulevard Mt. Pleasant, South Carolina 29464 Medical University of South Carolina 171 Ashley Avenue Charleston, South Carolina 29425

Other Experience:

<u>Years</u>	<u>Position</u>	<u>Institution</u>	<u>Department</u>
7/1971-06/1972	Chief	Raymond W. Bliss Army Hospital	Medicine
1980-present	Financial officer and Managing Partner	Private Practice	Multispecialty Practice

Membership in professional/scientific societies (include offices held):

National Societies

Fellowship in the American College of Cardiology

Local Societies

Medical Society of South Carolina – Elected to Board of Directors 1/2001, resigned 9/30/2001 pending the anticipated move to MUSC.

Charleston County Medical Society

Awards, Honors, Membership in Honorary Societies: Excellence in Teaching Award, MUSC 1986; Excellence in Teaching Award, MUSC 1987; Alpha Omega Alpha Elected 1998

Major Clinical Interests and Responsibilities:

General Clinical Cardiology – outpatient and inpatient care responsibilities
Internal Medicine – outpatient and inpatient care responsibilities
Active in Echocardiography Laboratory – interpretation
Active in Electrocardiography Laboratory – interpretation
Active in the performance and interpretation of nuclear cardiac studies

Community Service:

Served as attending Crisis Ministry 1996-1999

Personal Statement

I have been in the private practice of Internal Medicine and Cardiology since 1974. I am seeking a change in venue with the hope of preventing a decline into irrelevancy. It seems to me that I have witnessed such a decline by physicians who were my seniors, as life became almost too easy. The long hours are deceptive, allowing one to believe that one's efforts are remaining at the same level as the years go by. Questions are answered more from a personal belief system than from the strength of observational data and I am concerned that clinical decisions are made the same way.

For several years I had the privilege of serving as attending for junior and senior medical students who chose to do a clinical rotation in the private sector. This opportunity allowed me to see a way that the feared irrelevancy could be avoided. Questions that were put to me in that role and the answers that the students demanded required support from other than a belief system.

I am hoping to integrate my current practice into the academic setting. I anticipate that the demands of this community will allow me to upgrade the care that I am currently providing. I anticipate that this will come by way of a significantly heavier reliance on the current literature, a routine of regular conference participation, and clinical teaching responsibilities. There remains also the hope that I might even make an original contribution to the literature. As presumptuous as that might sound it seems to be not unreasonable to have that as a declared goal.