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Permalink

<https://escholarship.org/uc/item/69d3b9hz>

Journal

American Journal of Respiratory and Critical Care Medicine, 193(9)

ISSN

1073-449X

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Publication Date

2016-05-01

DOI

10.1164/rccm.201603-0562ed

Peer reviewed

QA1 Looking Back at My American Thoracic Society Presidency Attracting and Retaining the Next Generation

As I reflect on my American Thoracic Society (ATS) presidency, I am proud of what we have achieved. With my colleagues on the Executive Committee and ATS staff and volunteers, we have committed to focusing on the next generation. The ATS has been working to attract and retain the best and brightest into our field; time will tell whether we have been successful in paving the way for future leaders. This editorial will summarize some of our efforts.

1. *ATS Global Scholars Program*: In June 2015, we started our new webinar-based lecture series to build capacity among trainees around the world. We started our efforts in Mozambique and Uganda, but we are now at 11 sites in 8 countries involving more than 130 trainees and growing. We have identified local champions at each site to help facilitate completion of a pre- and posttest for all participants. At the completion of our 25-lecture curriculum, participants will receive a certificate designating them as Global Scholars of the ATS. The top students will be awarded a free trip to our international conference. Students are also offered mentors in the United States who help navigate the program and provide advice more broadly. Peter Moschovis, Stephen Altobelli, and Erin Marie Nabel have helped in our efforts to achieve this goal. This program is generating considerable excitement and, it is hoped, will yield benefits for years to come (1). See <http://www.thoracic.org/advocacy/global-public-health/global-scholars-program/>.
2. *ATS Student Scholars Program*: We have developed a program to allow local students to attend our international conference for free. The program was started at the 2013 ATS International Conference in Philadelphia and has grown from local medical students to include nursing students, respiratory therapy students, graduate students, and others. Each student is assigned a mentor/mentee to help them navigate the meeting and meet key opinion leaders. Thus far, more than 50% of our attendees expressed interest in joining our field as a direct result of this program. The student group is diverse and has been equally distributed across pulmonary, critical care, sleep, pediatrics, and nursing, allowing for a broad impact for many years to come. The program primarily targeted local students, but more recently it has extended throughout North America and around the world. Thanks to Eileen Larsson and all of the local champions for helping us show the next generation how exciting our field can be (2–4). See <http://conference.thoracic.org/program/early-career-professionals/student-scholars-program.php>.
3. *ATS Resident Boot Camp*: This program started at the 2014 ATS International Conference in San Diego under the leadership of Laura Crotty Alexander, M.D. The idea was to invite residents who were matched in pulmonary fellowships in July to come to the ATS to learn the basics of respiratory medicine so they would hit the ground running at the start of their fellowship. The speakers have included top-notch faculty from throughout the ATS; they have received superb reviews. This program grew rapidly from an anticipated 20 participants to more than 300 applications for the 2016 ATS International Conference in San Francisco and is now under the leadership of Brendan Clarke, M.D. The program has created considerable loyalty to the ATS, which it is hoped will encourage life-long membership. See <http://conference.thoracic.org/program/early-career-professionals/resident-boot-camp.php>.
4. *ATS Fellows Track Symposium*: We have a long-standing goal to provide didactic education to fellows in training in pulmonary and/or critical care medicine. The program includes more than 200 participants who are given financial support to attend the ATS conference. The program has received excellent feedback and continues to grow in popularity. See <http://conference.thoracic.org/program/early-career-professionals/fellows-track-symposium.php>.
5. *ATS Remote Mentoring Programs*: We have developed remote mentoring programs for trainees both in the United States and around the world by pairing hundreds of junior people with mentors from outside institutions. Such relationships have resulted in important friendships and funded grant applications, and have fostered robust collaborations. The feedback has been strongly positive from all parties involved. See <https://www.thoracic.org/members/assemblies/ats-mentoring-programs.php>.
6. *ATS Foundation Grants*: We have expanded ATS Foundation grants considerably. Working with Public Advisory Roundtable groups, we provided joint funding in various areas of interest. We are helping our Public Advisory Roundtable colleagues on innovative approaches (e.g., using crowdsourcing) to fund new grants to support young investigators and generate excitement about scientific investigation. We have also expanded our bridge awards to help investigators at all stages (in National Institutes of Health [NIH] terms: pre-K, K to R, and R to R for the range of scientific experience) remain in academia and have leveraged considerable NIH support. In fact, we estimate a more than 10-to-1 return on investment for our research funding initiatives. Furthermore, we are now working on joint programs with the NIH for bridge funding, which will help support the pipeline of physician scientists. Many ATS grants are available to people around the world and are not limited to U.S. participants. See <http://foundation.thoracic.org/>.

7. *Advocacy*: We have done considerable work through our Washington, D.C. office to advocate for increased research funding, clean air, Medicare reimbursement, and other issues. Perhaps most exciting for me is the Next Generation Researchers Act, a bill that just passed the Senate Health, Education, Labor, and Pensions committee. Aimed at increasing opportunities for young investigators, it would create a “Next Generation of Researchers” initiative in the NIH Office of the Director to coordinate policies and programs for new researchers. Fingers crossed . . .
8. *Respiratory Sleep and Pediatric Pulmonology*: These two areas are both small and underrepresented. It is concerning that the pipeline into these small areas is diminishing, leading to uncertainty regarding the future (5–7). We have allocated funds through the ATS Foundation to encourage individuals to join academic programs in these areas. These programs are still evolving but will, it is hoped, create rich networks for sharing resources, delivering didactic training, and providing financial support to draw new leaders into these fields, ultimately helping us identify our replacements.
9. *Scholarships*: We have increased research prizes for meritorious abstracts in various areas. These awards include international scholars from various countries in partnership with various sister societies around the world. We have also expanded research prizes in critical care through the Critical Care Societies Collaborative, a group that is working to advance the field of critical care (<http://ccsonline.org/>). Our abstract awards will help to encourage and recognize junior people involved with critical care research.
10. *Methods in Epidemiologic, Clinical, and Operations Research (MECOR)*: Our MECOR program, in place for more than 20 years, involves approximately 2,000 students on five continents. The program provides intensive training for students in underresourced areas to build research capacity locally and, ultimately, to become self-sustaining so that over time the students become the teachers. The program has graduated many outstanding future leaders and has been one of the crown jewels of the ATS. Please join us at the opening ceremonies in San Francisco when we honor Sonia Buist, M.D., with the Vision Award and thank her for her leadership of this program. See <https://www.thoracic.org/advocacy/global-public-health/mecor-courses/>.
11. *Pulmonary Board Review book*: Our Pulmonary Board Review book, edited by Tao Le, M.D., M.H.S., was extremely popular. We recorded approximately 10,000 downloads in the first month it was released and more than 60,000 unique downloads to date. The book was offered for free to members, and we are still hearing great feedback from readers. We are now working on a Critical Care Board Review book and will plan a Sleep Board Review book in the future.
12. *Best of the ATS videos*: Under the leadership of Nitin Seam, M.D., we are collecting educational videos to help disseminate knowledge about various topics in pulmonary, critical care, and sleep medicine worldwide. Other educational initiatives for millennials, including Instagram images and so forth, are ongoing. We are also keen to emphasize that teaching and education is not just about clinical medicine but also will involve clinical, translational, and basic research training.

This list is not exhaustive but represents a good illustration of all of our ongoing activities. At the beginning of my president’s year, I charged all of the ATS committees to address how they might impact the next generation, a theme that was echoed by my predecessors and successors. The results have been a huge success, and my guess is that we will see the dividends for years to come. I thank the other members of the ATS Executive Committee for their leadership on these important issues and the countless people involved in executing these exciting programs. ■

Author disclosures are available with the text of this article at www.atsjournals.org.

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AUTHOR QUERIES

- QA1** If you provided an ORCID ID at submission, please confirm that it appears correctly below the authors of this article. If you or your coauthors would like to include an ORCID ID in this publication, please provide it with your corrections. If you do not have an ORCID ID and would like one, you can register for your unique digital identifier at <https://orcid.org/register>.
- 1** AU: Please double-check spelling of “Erin Marie Nabel”; could not confirm in web search. Perhaps meant Erin Marie Nebel?
 - 2** AU: OK as “ATS Remote Mentoring Programs”? At the website provided, it just says “ATS Mentoring Programs.”
 - 3** AU: In the sentence beginning “Our MECOR program. . .” please confirm that 2,000 is the correct number of students; another version of this editorial stated 1,400.
 - 4** AU: Perhaps amend “Our Pulmonary Board Review book” as “Our *ATS Review for the Pulmonary Boards*”?
 - 5** AU: At the end of point 11, perhaps insert “See <http://www.thoracic.org/professionals/education/review-for-the-pulmonary-boards.php>”?
 - 6** AU/Editor: Please verify formatting of affiliation.