

Three Years of Medical Education at the American Thoracic Society

Henry E. Fessler, M.D.

Johns Hopkins University School of Medicine, Baltimore, Maryland

Three years of medical education at the American Thoracic Society (ATS) seems to dismiss the preceding century, during which ATS led the world in physician and patient education about diseases of the lung. But it has been just 3 years since the society established the Section on Medical Education. This milestone acknowledged a sector of education that had historically received less emphasis within the society, namely the training and career development of those of us who focus on teaching other physicians and health care professionals. That is, generating research, content, and programming not about *medicine*, but about *medical education*. This third annual *AnnalsATS* Medical Education Theme Issue is just one example of the hand of welcome that the ATS now extends to aspiring medical educators. Here I review some of the rapid progress that the Section on Medical Education has made in its first 3 years, in partnership with ATS committees, and some of the plans that lie ahead.

Resources and activities targeting career medical educators continue to proliferate under the leadership of Alison Clay, the current Section on Medical Education chair, as well as through the efforts of the ATS Training Committee, the Education Committee, and the Members in Transition and Training Committee. For example, I have enjoyed webinars and podcasts on education topics, and the resources for educators that have been posted on the ATS website. One of these, the Best of the ATS Video Lecture Series, is recognized at the ATS International Conference with awards for the best submitted videos. The Training Committee continues to solicit and award examples of best practices in fellowship training

programs. The Members in Transition and Training Committee is supporting a skills session for fellows on developing podcasts and videos.

Recognizing that many fellowship training programs may have just one or two fellows hoping to launch careers as medical educators at any given time, the Members in Transition and Training Committee sponsors a career development networking session at the ATS International Conference. This session allows prospective career medical educators to meet fellows and faculty from other institutions who share their goals, and to identify potential future collaborators. Because this career path is young, many institutions lack established mentors within their pulmonary, critical care, and sleep divisions. To address this need, the Section on Medical Education, with the assistance of its parent assembly, has organized long-distance mentor-mentee pairs for fellows and junior faculty at different institutions.

Also at the ATS International Conference, three consecutive skill-building noon sessions will cover teaching with simulation, videos, and lectures. Another noon symposium will address academic career advancement for a clinician-educator, and another will teach educational leadership skills. Abstracts on medical education programmed at the conference doubled from 42 last year to 82 in 2017.

Medical Education is a section within the Assembly on Behavioral Science and Health Services Research, which has 186 primary members. Membership in the Education Section continues to grow, from 245 in its first year, 767 last year, and 1,194 members now. Thus, the “child” has exceeded the “parent.” Because medical education crosses so many disciplinary

boundaries, most Medical Education Section members have another assembly as their primary home within our organization, a phenomenon demonstrated by many of my fellows. However, given the size of the section and the many activities it has undertaken, the obvious next question is whether we should form an assembly.

The procedures for this are straightforward. The section must have been established for at least 3 years with stable membership. Members must vote in favor of forming an assembly, propose a name, and have written goals and objectives (and no one does that better than educators). They must contribute to the conference program, and undertake a project such as an ATS official statement or position paper. The proposal is reviewed by the Planning Committee, and, if they approve, sent to the board of directors for final approval. Many of these prerequisites have already been met. But a question deeper than *how* to become a section is *why*.

As an assembly, Medical Education would gain permanence, further visibility, and organizational impact. We would have session time programmed into the international conference in proportion to our primary membership numbers. Sessions would then be open to all registrants, without the need to pay fees and hotel charges to attend a postgraduate course or to compete against other lunchtime attractions. Abstracts about medical education would be reviewed by assembly members, more easily tracked, and more easily programmed into thematically coherent sessions. Assembly chairs sit on the board of directors, allowing their voice to impact ATS priorities and policies.

(Received in original form January 8, 2017; accepted in final form January 11, 2017)

Correspondence and requests for reprints should be addressed to Henry E. Fessler, M.D., Johns Hopkins University School of Medicine, Division of Pulmonary and Critical Care Medicine, 1830 E. Monument Street, 5th floor, Baltimore, MD 21205. E-mail: hfessler@jhmi.edu

Ann Am Thorac Soc Vol 14, No 4, pp 485–486, Apr 2017

Copyright © 2017 by the American Thoracic Society

DOI: 10.1513/AnnalsATS.201701-017ED

Internet address: www.atsjournals.org

However, assembly status confers responsibilities, and perhaps some costs. It will be incumbent on members to provide programming and research abstracts of the same high quality that distinguishes the other domains of the international conference. Members must publish important work in the field of medical education, so that we advance that field as the ATS does in so many other fields of medicine. To do any less would cast our young assembly as the undersized child, trying to punch above its weight class. Each assembly provides membership to several different committees, both an opportunity and a task. It may prove challenging to maintain primary membership numbers as robust as the section has demonstrated. Because of the cross-disciplinary nature of

education, most of our members retain primary membership in another assembly, the field of their dominant career direction. I, for example, have been a member of the Assembly on Critical Care since I joined the ATS three decades ago, and it is where I have many friends and colleagues. Even I would have some reservations about changing my primary affiliation, as if I were deserting my family for another.

Finally, I worry philosophically about the fragmentation of our society into multiple separate realms. We can now count 14 assemblies. In the last decade, new assemblies have been founded in pulmonary rehabilitation (210 primary members) and thoracic oncology (298 primary members). Each brings members of similar interests into closer proximity, but places further

distance between them and members with other interests. I worry that this trend may make our society more tribal, and less of an incubator of the cross-disciplinary collaborations from which great ideas are often born.

This transition to assembly will be discussed during the Medical Education Section membership meeting at the ATS International Conference this May. I urge you to attend, listen, and express your opinion. Regardless of the outcome on that issue, we can all take pride in the enormous progress that the ATS has made in just 3 years, serving the needs and supporting the careers of those of us who teach. ■

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