

June 8, 2017



CTS *INSPIRATIONS*

CTS NEWS

President's Letter

Congratulations to those of you and your colleagues who participated in the recent ATS meeting in Washington DC. We had a great turn out from California with very strong overall attendance for ATS. Over 17,000 professionals gathered from all over the world. The meeting included stimulating science, clinical trials and updates by our colleagues from throughout the state. Thanks for those of you who attended the Clinician of the Year awards that celebrated Asha Devereaux MD, as California Thoracic Society Outstanding Clinician of the Year.



Please save the date for the upcoming Fall CTS conference at the UCSD MET Center on Saturday September 30 and Sunday October 1, 2017. An Advanced Ultrasound Skills course will be held at the state of the art UCSD Simulation Center on September 30 and October 1. In addition, an updated COPD Advanced Skills course will be held concurrently on Saturday September 30. Thanks to the Philippe Montgrain, Shazia Jamil, Dan Sweeney, Ni-cheng Liang and the CTS Planning, Education and Multidisciplinary committees for their hard work in coordinating these exciting courses.

WHO'S WHO IN CTS

In Memorium: Dr. James E. Hansen (1926-2017)

Richard Casaburi and Kathy Sietsema

We mourn the passing and honor the life of Jim Hansen: educator, researcher, clinician, scholar, humanitarian and friend.

James Edward Hansen was born September 4 1926 in Green Bay Wisconsin. He was an undergraduate at St. Norbert College, University of Wisconsin and Marquette University, and received his medical degree from Johns Hopkins University. After medical school he served his internship and Medical residency at Letterman Army Medical Center and a one year fellowship in pulmonary medicine at Fitzsimons Army Medical Center. He served in the U.S. Navy for two years, and in the Army for 26 years with service in four continents and in a number of medical leadership positions including Chief of the Physiology Division at the US Army Medical Research & Nutrition laboratory in Denver, Commander and Scientific Director of the US Army Research Institute of Environmental Medicine in Natick and Chief of the Clinical Investigation Service at Tripler Army Medical Center in Honolulu. During his military service he also held academic appointments at the Johns Hopkins School of Public Health and at the Medical Schools of the University of Hawaii and the University of Colorado.



He continued his academic career on separation from the military, taking a pulmonary fellowship at the UCLA Center for Health Sciences, where he worked with Dr. Donald Tashkin. From there, in 1977 he was recruited by Dr. Karlman Wasserman and joined the faculty of the Division of Respiratory and Critical Care Physiology and Medicine at Harbor-UCLA Medical Center in Torrance where he worked for the rest of his life.

At Harbor-UCLA Jim directed the pulmonary physiology laboratories, training and inspiring scores of post-graduate physicians in the physiology of lung function and its application to evaluation and care of patients.

He published widely in exercise testing, and was co-author of 5 editions of the seminal text *Principles of Exercise Testing and Interpretation*. He developed a special interest in arterial blood gas analysis and was one of the founders of the California Thoracic Society's Proficiency Testing Service in the late 1970s and 1980s. He published a dozen papers on blood gas analysis, developing the principles of proficiency testing and served for many years on the Administrative Committee of the CTS Proficiency Testing Program.

Jim "retired" from his Harbor-UCLA position at the tender age of 60 years. He donated his time over the next 30 years, serving as teacher, mentor and collaborator to faculty and trainees alike. Jim published roughly 110 papers over the span of his career. Tellingly, he published 22 papers in his 70's and 29 papers in his 80's. In his late 80's he was the sole author of a text on pulmonary function testing. In his work, he often took an unconventional approach and never hesitated to challenge authority.

Jim was beloved by his colleagues as an utterly genuine and forthright presence. He saw clearly and was known for speaking and acting with a mixture of candor and compassion. His sense of fairness was manifest in his passion for serving the underserved, and speaking for the under heard. He was a vocal promoter of initiatives to make housing available to those in need in his own community in Southern California and to improve the quality of the air we breathe.

Jim was married to his beloved wife Beverly for over 50 years until her passing in October 2016.



MENTORS AND MENTORING

By Angela C. C. Wang, MD - Updated May 2017

Choosing a mentor is one of the most critical decisions you will make during your career. Multiple studies underscore the key role that mentoring plays in career development. The mentor's role is often described as that of a trusted counselor. While a good mentor cannot guarantee happiness or success, they can make life easier and smooth the way by offering support, encouragement and useful information. A good mentor can identify opportunities and open professional doors that might not be otherwise available to a trainee or junior faculty. This can be especially useful for members of under-represented groups. For instance, a mentor can:

- Clearly explain the expectations and criteria for promotion whether it be from fellow to junior faculty or from junior faculty to associate professor.
- Identify and facilitate the acquisition of resources to meet these expectations.
- Provide frequent and honest feedback.
- Alert you to the impediments to progress towards promotion.

This column focuses on helping the (potential) mentee find and choose mentors as well as what needs to be done in order to maximize and promote a longterm, productive relationship with their mentor. The responsibilities of the mentor are only briefly touched upon. For more information regarding this topic, the reader is referred to:

<http://faculty.washington.edu/olmstd/research/Mentoring.html>

WHAT IS A MENTOR?

In its most broadest sense, a mentor is someone who is concerned about you and helping you to succeed.

As cited by the Council of Graduate Schools, 1995: "Mentors are advisors, people with career experience willing to share their knowledge; supporters, people who give emotional and moral encouragement; tutors, people who give specific feedback on one's performance; masters, in the sense of employers to whom one is apprenticed; sponsors, sources of information about and aid in obtaining opportunities; models, of identify, of the kind of person one should be to be an academic" (Morris Zelditch, 1990).

ADVANTAGES AND DISADVANTAGES

A mentor can aid in the development of your career plan, help you to understand your institution's *culture*, its formal and informal norms, values and expectations. A mentor can facilitate the development of a supportive and productive colleague network. On the other hand, a poor mentor or a mentor-mentee relationship characterized by conflict and failed expectations can result in low self-esteem and exacerbate the frustration and isolation experienced by post doctoral fellows and junior faculty. Hence, it is critical that both the mentor and mentee be cognizant of their individual responsibilities and that they be able to communicate effectively.

QUALITIES OF A GOOD MENTOR

A good mentor should be a good, objective listener. They should try not to project their preconceptions/biases onto the mentee's problems or goals but instead, demonstrate sensitivity and empathy regarding cultural, gender, disability and diversity issues. A good mentor should serve as a professional and personal role model in terms of integrity, compassion and enthusiasm for the job. Above all, a good mentor should be approachable and patient.

SELECTING A MENTOR

While accomplishments in teaching and research are important, also consider the following:

- Experience in directing post doctoral fellows and junior faculty.
- Management and organization of his or her research group.
- Reputation for setting high standards in a congenial atmosphere.
- Funding sources and how long they will last.
- Be sure to talk to present and former advisees and to gain personal impressions through face-to-face interviews. A key question is whether a particular mentor's style is compatible with your personality.

Consider having a *team* of mentors to help advise you in various aspects of your personal and professional development. This is especially important if your research takes you outside of your division or department, in which case, you need to find someone who takes primary responsibility for monitoring your career progression.

RESPONSIBILITIES OF THE TRAINEE

1. **What is your vision of life?** The clearer you are on what you want to achieve in your life and work, the better you and your mentor(s) will be able to focus on constructive ways to help you attain your objectives. What type of research do you want to pursue? What are you good at? What skills do you need to develop? On a broader scale, Senge defines vision as *what you want to create of yourself and the world around you*. In addition to work-related goals, what does your vision include? Raising happy, well-adjusted children? Living on a beach? Being very fit and healthy? Visiting every continent? Helping others with their spiritual development? What do you love to do?

2. **Have realistic expectations.** Advisors are only human; no one is perfect. Get to know the faculty members in your department and division. Relationships and trust need to be built over time.
3. **Have multiple mentors.** In addition to a primary adviser, having one or more secondary advisers who have an interest in your research and/or career can be invaluable. What one adviser is lacking in experience and temperament can often be found in the others. For instance, it can be very helpful to have a separate advisor for personal and family matters. This can be especially important for women or members of other under-represented groups.

Avail yourself of mentoring programs offered through your professional society: 12 of the 14 ATS Assemblies currently offer mentoring programs: <https://www.thoracic.org/members/assemblies/ats-mentoring-programs.php>. Melinda Garcia, Coordinator at mgarcia@thoracic.org.

California is home to 10 academic medical institutions with national and internationally renowned faculty. CTS (calthoracic.org) provides accessible, networking opportunities through its conferences, website, membership and more. Don't hesitate to email us through info@calthoracic.org or to contact our Executive Committee.

Other organizations that offer mentoring and leadership development opportunities include:

Association for Women in Science: <https://www.awis.org>

AAMC Women in Medicine and Science: <https://www.aamc.org/members/gwims/>

4. **Optimize communication. Make appointments.** This is especially important if you have a more senior mentor who often travels or has other administrative or professional responsibilities outside of the lab. Making an appointment ensures that you will have your mentor's full attention. Be efficient and organized in your interactions with your mentor. Be on time. Be prepared. It is a good idea to have an "agenda" or list of topics/questions you want to discuss. After the meeting, summarize any agreements. **Tip:** If you need to cancel a meeting, make sure your mentor gets the message. Don't rely on email alone.
5. **When submitting creative work for review or critique, do not submit "rough drafts" for input.** Be sure the manuscript (or proposal) is presentable and free of typos. After rewriting, highlight the changed sections so that s/he does not have to re-read the entire paper.
6. **When requesting recommendations, have an updated CV (curriculum vitae) on hand.** Provide a short description of the grant (fellowship, program) to which you are applying. If you are requesting a letter of support for a grant, provide a copy of your objective and specific aims.
7. **Periodically reassess your needs and goals.** Make sure you update your advisor/mentor on your progress (and struggles).
8. **Respect boundaries.** Don't expect to become friends with your mentor. An advisor may feel that friendship may interfere with his/her ability to honestly appraise and deliver criticism.
9. **Accept criticism gracefully.** It is the mentor's job to objectively evaluate your work and progress. While you may disagree, at least demonstrate that you are willing to consider your advisor's opinions. If, after thinking about it, you still disagree, it is crucial to demonstrate that you can rationally and reasonably defend your own position.

DISAGREEMENTS

Conflicts are a part of life. The key is to remember that it's YOUR life and career in the long run, and you have choices about how to respond. Still it's important to respond with respect for your advisor's opinion. Something like: "Thanks for your excellent ideas. Let me take them into consideration and get back to you with my plan of attack." Most people will appreciate this type of positive, direct response. If you have multiple advisors, they may disagree on how to deal with a particular issue. Obviously, you must be accountable to your boss. He/she is actually more important than your formal mentor, at least in the short run. **Tip:** <http://www.sciencemag.org/booklets/career-trends-building-relationships> - has a section on dysfunctional advisee-advisor relationships, and importantly, points out potential areas of conflict that can be avoided with some foresight and knowledge on the part of the advisee.

WHEN DOES MENTORING NEED TO STOP?

Mentoring is a lifelong activity--like parenthood. While there are times when mentoring may be more important or needed, e.g., during formative years of career building or during times of transition, mentoring can be valuable at any stage. As you progress through your career, your needs will change and your mentor(s) may change as well.

It's important to periodically assess your relationship with your mentor. Also, personality issues, gender/cultural or other conflicts may arise that negatively affect your relationship with your mentor. In that case, it is vital that you be able to discuss them before they impair the relationship to the point where your productivity and self-esteem are jeopardized. If necessary, find a trusted person to help mediate. Realize that conflicts are inevitable in any relationship. The key is to deal with them in a positive, open manner. If you and your advisor feel that these differences are irreconcilable, work on finding a way to amicably find and move on to another mentor.

REFERENCES/RESOURCES:

1. ATS Mentoring Resources: <https://www.thoracic.org/professionals/career-development/mentoring-corner.php>
2. ATS Women in Critical Care: <https://www.thoracic.org/members/assemblies/assemblies/cc/working-groups/women-critical-care.php>
3. California Thoracic Society: calthoracic.org
4. Association for Women in Science: <https://www.awis.org>
5. AAMC Women in Medicine and Science: <https://www.aamc.org/members/gwims/>
6. <http://faculty.washington.edu/olmstd/research/Mentoring.html>: Useful article entitled; "Mentoring New Faculty: Advice to Department Chairs" was published in the CSWP Gazette, 13(1), 1 (August, 1993). The Gazette is the Newsletter of the Committee on the Status of Women in Physics of The American Physical Society
7. <http://www.rackham.umich.edu/StudentInfo/Publications/>
8. <http://www.rackham.umich.edu/downloads/publications/mentoring.pdf>
9. http://academicaffairs.ucsf.edu/ccfl/media/UCSF_Faculty_Mentoring_Program_Toolkit.pdf
10. http://www.medschool.umaryland.edu/media/SOM/Offices-of-the-Dean/Faculty-Affairs-and-Professional-Development/docs/Resource_Guide_Faculty.pdf
11. http://www.sciencemag.org/careers/booklets?_ga=2.101438341.507120027.1496092401-1967708608.1496092401
12. <https://www.aps.org/programs/women/reports/index.cfm>
13. https://oir.nih.gov/sites/default/files/uploads/sourcebook/documents/mentoring/guide-training_and_mentoring-10-08.pdf

ADVOCACY

From Clinic to Congress: How You Can Use Your Skills to Advocate By Shubha Srinivas and Lekshmi Santhosh

It's been a long day at the hospital. Between rounds and writing notes, you've already skipped lunch. In a spare moment, you manage to scroll through the news on your phone, and for once aren't interrupted by a call or page. What you read makes you anxious, confused, or relieved – or all of that and more. You like, re-tweet, share, maybe donate, and then return to your last chart before going home to your family. You're exhausted.

How can we as busy physicians find time to engage more meaningfully in our political process? Maybe you haven't given much thought to it, or maybe you can't find the time, or maybe you don't know where to start. We believe that advocacy is a non-negotiable part of our duty as physicians and we hope to persuade you that it is not as daunting as it seems.

Although more money is spent lobbying Congress on healthcare than on any other topic, physicians are notably underrepresented – pharmaceutical and medical-device corporations spend twice as much lobbying Congress. This asymmetry has problematic implications for healthcare in our country.

To the extent physicians do engage in policy advocacy, we do so primarily through professional organizations. The American Thoracic Society (ATS), our professional organization, represents about 15,000 physicians and other healthcare professionals in the fields of pulmonology, critical care, and sleep medicine. Like other medical professional societies, it lobbies Congress on behalf of its members and patients, focusing on issues with public health impact. In the past, ATS has advocated for improved tuberculosis tracking, regulations on e-cigarettes, clean air and clean water bills, and NIH funding.

We were honored to serve as this year's ATS Hill Day Fellows. In that role, we met with legislators and aides on Capitol Hill, and offered our professional viewpoint on matters of importance to our patients. We lobbied for increased research funding to study the rare lung diseases being diagnosed in veterans returning from Iraq and Afghanistan, who were exposed to burning refuse while serving their country. We offered our views on the Affordable Care Act to Senators and Representatives of all political stripes. And we pleaded about the importance of NIH funding.

If this intimidates you, you're underestimating yourself. Think back to your earliest patient encounters, and the uncertainty and anxiety that came with examining complete strangers. You now handle these interactions with the gentleness, confidence, and expertise they deserve. You've learned to build rapport with patients who look nothing like you and may not trust you -- and you do so quickly.

Meeting with legislators is similar, though in many ways simpler. You walk in, introduce yourself, take the pulse of the room, and draw on your experience to address the condition at hand. You care for veterans, for the elderly, for children, for cancer patients, for the underserved, and for those whose time has come. You care for your patient who has come to you at her most vulnerable, her most afraid. You can't imagine doing anything else. Remember your cancer patient who walked his daughter down the aisle because of an NIH clinical trial? Tell his story. Your patients with asthma who worry about pollution? Share your concerns. Talk about it. You'll be surprised at the breadth of policy insight your work has given you. Through our training and experience, we are uniquely situated to educate our representatives about what matters most to our patients. The world is a better place when we make our voices heard.

Hill Day was enlightening and invigorating. In an era of increasing professional frustration among physicians, it reminded us of the reasons why we chose medicine in the first place.

Of course, advocacy doesn't have to include a visit to Congress, nor must it be about marching and protesting. Instead, it is the simple act of speaking up for those who have entrusted you with their health. And if you can't cancel a day of clinic, or are worried your department chair won't support your politics, or know your children will miss you at soccer games, consider other ways to make your voice heard. If your diabetic patient can't stick to his diet because there are no grocery stores where he lives, write an op-ed discussing the impact of food deserts on public health. If you engage in scientific research, make sure to include women and patients of color in your study population as they are sorely underrepresented in clinical trials.

You're busy, we know. But advocacy is a habit. In medical training, you are taught to make things a habit. It's how you find time to read journal articles and mentor students and attend conferences despite everything else happening around you. You make time for it. After all, your patient came to you at her most vulnerable and afraid. Now speak up for her.

BBA (Breathing Better Alliance)

ATS BBA Advocacy Update – May 30, 2017

Congress is in recess until June 5/6. During this period, many members of Congress will hold in-state Town Hall meetings open to the public. Check <https://townhallproject.com/> to find out when/where your members are holding Town Hall meetings and attend!

Messages for Town Hall Meetings

Attend Town Hall meetings for your members of Congress and ask them:

- If they support will oppose the Trump administration's proposed 19% cut to NIH in 2018 and instead support increased funding for NIH
- If they will support affordable health insurance coverage for all Americans, including those with pre-existing conditions such as asthma and COPD, and oppose the House American Health Care Act

Additional Info/Talking Points about NIH:

- The Trump administration is proposing to cut NIH funding by 19% for fiscal year 2018.
- A 19% funding cut would have a devastating effect on scientific research in the US, resulting in a loss of over 1,900 research grants.
- A cut of this magnitude would also cause thousands of job losses at universities and academic medical centers.
- Funding cuts to NIH will delay research breakthroughs that translate to advances for millions of Americans with chronic diseases.
- The research community's funding recommendation for NIH in 2018 is a \$2 billion increase over the 2017 funding level.
- Current FY2017 NIH funding is \$34 billion.

American Lung Association (ALA)-California

Health Professionals' Declaration on Climate Change

Calling the decision to withdraw from the Paris Climate Agreement a "grave mistake," American Lung Association CEO Harold Wimmer released the following [statement](#). Please see our [graphic on Twitter](#) and share if you are able. We are also recirculating our [Health Professionals' Declaration on Climate Change](#) to urge strong climate action. If you haven't added your name yet, we urge you to consider joining this effort. <http://bit.ly/2rcpCib>

New health professionals sign-on letter to protect Clean Air Act

The American Lung Association is circulating a [health professionals sign on letter](#) calling on members of Congress to protect the Clean Air Act from being blocked, weakened, or delayed. The letter will be shared with members of Congress and administration officials at key moments in the coming months when our public health safeguards are under threat. <http://bit.ly/2qayl46>.

APHA Climate Changes Health webinar available

If you missed the fourth webinar in the American Public Health Association's 2017 [Year of Climate Change and Health](#) series, you can view it [here](#). The webinar highlighted the lung and heart health impacts of air pollution exposure in a changing climate.

ANNOUNCEMENTS:

1. Rare Pediatrics Lung Diseases Conference July 6-7, 2017, San Diego CA

Even if you are not a pediatric clinician, consider joining us for the Rare Pediatric Respiratory Disease Conference in La Jolla in July! Rare diseases often have much to teach us about the basic processes that underlie common disorders. The topics we will cover: genomic diagnosis, personalized medicine, regenerative medicine, modeling lung disease, etc. are a look ahead into 21st-century respiratory medicine. The combination of researchers, clinicians, trainees, and family advocates may reignite your passion for supporting research funding and advocating for those who don't have much of a voice. All of this will take place in a lovely setting with delicious food, and CME! Stay the weekend and take advantage of all that beautiful San Diego has to offer. Discounted rates for trainees and UC Faculty/employees. Single-day registration available. I hope to see you there. <https://cme.ucsd.edu/pediatriclung/>

2. California Society for Respiratory Care Annual Conference June 13-15, 2017

Guest speakers include: Richard Branson MSc, RRT, FAARC, Richard Ford BS, RRT, FAARC, Kaveh Bagheri, MD, Timothy Morris, MD, Mark Siobal BS, RRT-ACCS, RCP, Dennis Bing, RRT, Roy Ramirez BS, RRT-NPS, RPFT, RCP, Chris Joseph RRT, RCP, Mark Rasmus, MD, Kathryn Hansen BS, CPC, CPMA, REEGT, Lisa Knepper RRT, RPFT, Lennard Specht, MD, Richard Nelson, MD, RCP, RRT-NPS, Mary Lester, RRT, RCP

Topics include: CSRC Safe Staffing White Paper Presentation, Inhaled Pulmonary Vasodilator Device, What's New in Chest X-ray, Partnering with Patients and Healthcare Decisions, Lung Ultrasound, ECMO, plus Adult Critical Track, Neonatal/Pediatric Track, Sleep Track and Diagnostics Track.

<http://www.csrc.org/event-2365599?CalendarViewType=1&SelectedDate=6/6/2017>

3. ALA Asthma Educator Institute June 28-29, 2017

This is a two-day preparatory course for those qualified to take the National Asthma Educator Certification Board (NAECB) examination, as well as, anyone looking to learn more about asthma diagnosis and management. Improve your asthma management to better help your asthma patients, network with other asthma care professionals, and earn 10 CEUs provided by the California Society of Respiratory Care. To register or for more information [visit the event page here](#).



For more information go to <https://calthoracic.org/membership/>

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Connect with CTS at <https://calthoracic.org/>

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LINKS AND RESOURCES

SWJPCC

Volume 14, Issue 5							
Title (Click on title to be taken to the manuscript, CME in Bold)	Journal Section	First Author	Year	Vol	Issue	Pages	Date Posted
Medical Image of the Week: Coronary Artery Ectasia	Imaging	Berlinberg A	2017	14	5	253-4	5/31/17
Clinical Performance of an Interactive Clinical Decision Support System for of Plasma Lactate in Hospitalized Patients with Organ Dysfunction	Critical Care	Raschke RA	2017	14	5	241-52	5/28/17
Medical Image of the Week: Lymphangitic Carcinomatosis	Imaging	Dalabih MR	2017	14	5	240	5/24/17
Medical Image of the Week: Type A Aortic Dissection Extending Into Main Coronary Artery	Imaging	Malik AO	2017	14	5	238-9	5/17/17
Worst Places to Practice Medicine (Editorial)	Editorial	Robbins RA	2017	14	5	236-7	5/16/17
The "Hidden Attraction" of Cardiac Magnetic Resonance Imaging for Diagnosing Pulmonary Embolism	Imaging	Harhash AA	2017	14	5	230-5	5/12/17
Medical Image of the Week: Pulmonary Vein Thrombosis	Imaging	Vondrak J	2017	14	5	228-9	5/10/17
Role of Spousal Involvement in Continuous Positive Airway Pressure (CPAP) Adherence in Patients with Obstructive Sleep Apnea (OSA)	Sleep	Batool-Anwar S	2017	14	5	213-27	5/8/17
May 2017 Imaging Case of the Month	Imaging	Prasad PM	2017	14	5	201-12	5/4/17
Medical Image of the Week: A Positive Sniff Test	Imaging	Young R	2017	14	5	199-200	5/3/17
May 2017 Critical Care Case of the Month	Critical Care	Bhatia S	2017	14	5	192-8	5/2/17
May 2017 Pulmonary Case of the Month	Pulmonary	Wesselius LJ	2017	14	5	185-91	5/1/17

BIOBEAT - View the first issue of "BIOBEAT", the Science Newsletter for LA BioMed by clicking on the following link: <https://calthoracic.org/wp-content/uploads/2017/06/BioBeat2017.1.pdf>