

# Getting Involved in ATS - The Basics

Lynn M. Schnapp, MD

## Why Should I Get Involved in ATS?

ATS is a member-driven organization; all decisions are driven by members, i.e., you! By becoming an active member of ATS, you can have a direct impact on pulmonary medicine both nationally and internationally through the development of ATS statements, and guidelines, programs and meetings, and other resources. In addition, involvement in ATS provides an outstanding networking opportunity valuable for collaborations, job searches, and letters of recommendation. At first, the organization may seem impenetrable and the International Conference can certainly be overwhelming. However, once you start to understand how decisions are made and understand the structure, ATS suddenly becomes much more manageable and approachable. Our goal is to provide you with insight into how the society is structured and suggest some ways for you to become involved. Without the active input of its members, ATS won't continue to excel and improve.

## ATS Leadership Structure

The Executive Committee (ATS Leadership) is a 5-year commitment, in which an individual starts as Secretary-Treasurer, then works his/her way up the ladder to President (Appendix 1). To begin the process, the Nominating Committee selects two candidates from solicited nominations. The membership votes, and the new Secretary-Treasurer is announced at the International Conference.

**Year 1:** Secretary-Treasurer

**Year 2:** Vice President

**Year 3:** President-Elect

**Year 4:** President

**Year 5:** Immediate Past President

## Assemblies

The Assemblies are the working units for members of the ATS and are directly responsible for the majority of International Conference content. There are currently 13 Assemblies (Appendix 2 and <http://www.thoracic.org/sections/about-ats/assemblies/index.html>), based on clinical and research interests. Each member can have a primary assembly and up to two secondary assemblies. If you haven't already chosen your assembly, you can designate your primary and secondary assemblies during membership renewal or at any time by contacting [membership@thoracic.org](mailto:membership@thoracic.org).

The Assembly Membership Meetings, held during the International Conference, are a good place to get your feet wet. The meetings are generally held on Sunday or Monday afternoon (check the Final Program for time and place). The Assembly Membership Meetings are open to **everyone**. At these meetings, the attendees vote for the Assembly Chair-Elect, Assembly Program Chair-Elect, and Assembly Nominating Committee members. Everyone who is present gets to vote. The Assembly Membership Meeting is also your chance to voice comments/questions directly to the Assembly leadership. There is usually some social time at these meetings, so it is also a good time to meet people in the Assembly.

There are several important Assembly Committees. The committee with arguably the biggest impact is the *Program Committee*. The Assembly Program Committee decides on all Assembly sessions at the International Conference—Symposia, Minisymposia, Sunrise Seminars, etc.—and chooses the topic areas, chairs, speakers, facilitators, etc. The Program Committee Chair is elected at the Assembly Membership Meeting. The Program Committee is appointed by the Program Committee Chair in Jan/Feb and is generally a 3-year commitment. The Program Committee is a great place to get directly involved in conference planning.

The Assembly *Planning Committee* reviews all submitted Assembly projects, including guidelines, and statements. The Assembly Chair appoints the Chair and committee. The Planning Committees of the clinical assemblies are particularly active. The *Nominating Committee* decides on the slate of nominees who are voted for during the Assembly Membership Meeting. The Assembly Chair appoints the Nominating Committee Chair; two

committee members are elected at the membership meetings. Many assemblies also have other committees such as International Affairs or Website committees.

### **How Do I Get Assigned to an Assembly Committee?**

1. Go to the Membership Meeting.
2. Speak up and volunteer for tasks and follow through!
3. Contact appropriate Chair and let him/her know you're interested in a particular committee—*Key Point: committee appointments are made **before** the International Conference—therefore, you need to establish contact in Jan/Feb.*
4. Repeat Steps 1-3 as needed.

### **ATS Committees**

In addition to the Assembly committees, there are a number of ATS Standing Committees. Description of committees can be found at <http://www.thoracic.org/sections/about-ats/committees/index.html>. *There is Fellow representation on all committees!!* Committee membership is appointed by the President-Elect in Jan/Feb **before** the International Conference. It may be helpful to email the President-Elect with requests, although it is important to understand that the President-Elect cannot act on all these requests.

### **How Can I Be More Involved During the International Conference?**

One direct way is to submit your own symposium suggestion to the appropriate Assembly. To increase the chances of acceptance, speak with the Assembly Program Committee Chair/members for advice. Model your submission on successful prior submissions. Look at the Final Program for the correct format. It is important to come up with a creative, exciting program. It is also important to know the submission deadlines, which are posted on the ATS website. Each assembly is allotted a specific number of slots for each type of session. The Program Committee ranks the submissions to fill the slots. Don't be discouraged by rejection; assemblies often receive many submissions for only a few symposia slots. Get feedback and try again. Persistence pays off.

Another strategy is to contact the Program Committee chair in Nov/Dec when chairs and facilitators of sessions are assigned. A simple email stating, "I'm interested in chairing/facilitating a session. My areas of interest are new imaging modalities for COPD and nanoparticle technology," with CV attached, can be effective.

*Timing is important:* Session/project proposals are due shortly after the International Conference.

*Perseverance is a great element of success, if you knock hard enough and long enough, you are sure to eventually wake someone.*

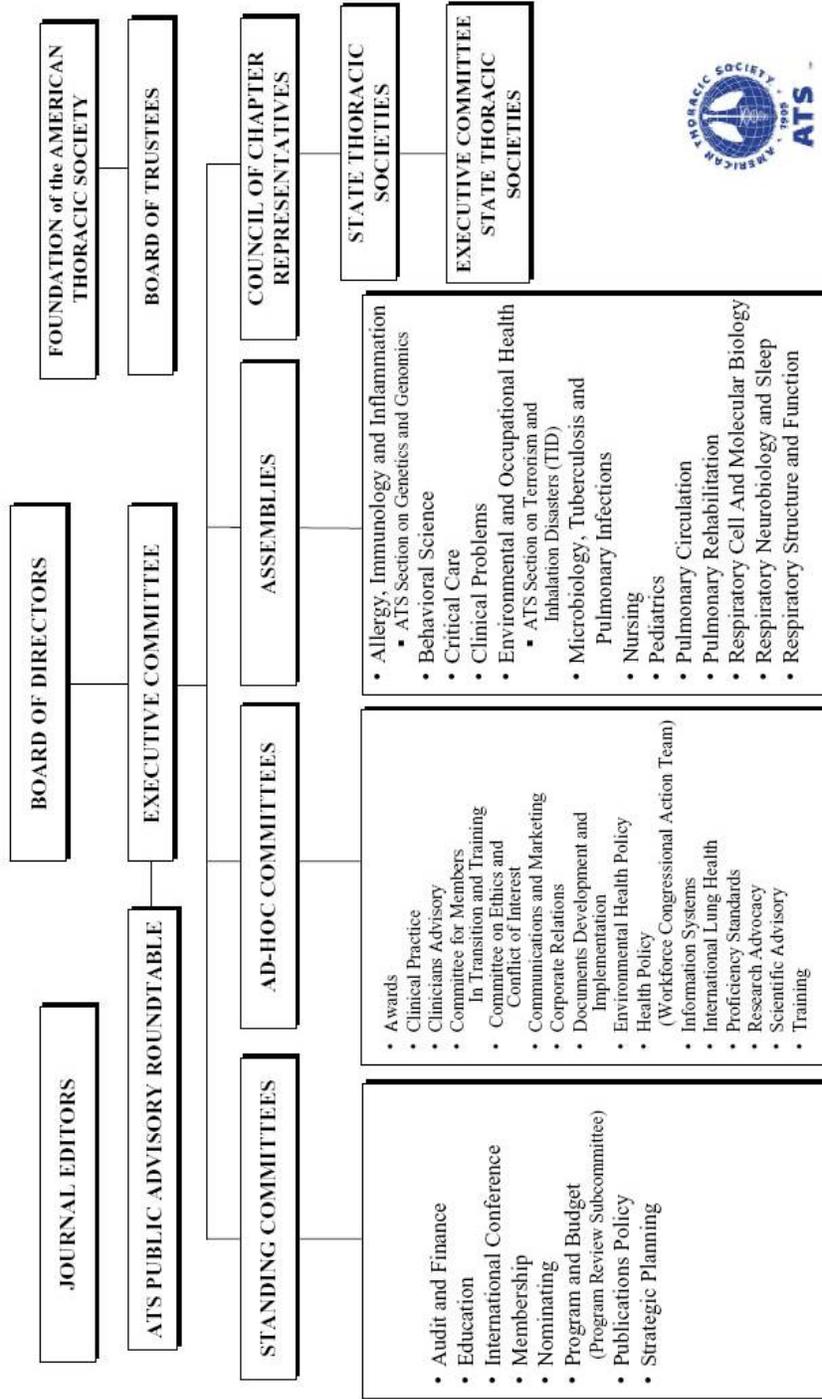
*Henry Wadsworth Longfellow (1807 – 1882)*

### **Final Sales Pitch!**

I've had the privilege to meet incredible people through ATS and learn firsthand from the leaders in our field. ATS leadership is very supportive of Fellows and very interested in encouraging involvement of junior members. There are **lots** of opportunities for involvement, particularly if one is proactive, persistent, and patient. It can be an incredibly satisfying experience, both personally and professionally. I look forward to seeing you at the next meeting!

# Appendix 1

## AMERICAN THORACIC SOCIETY ORGANIZATIONAL CHART



## Appendix 2

### **ATS ASSEMBLIES**

#### **Allergy, Immunology and Inflammation (All)**

##### Goals:

1. To encourage communication among scientists and clinicians concerned with allergic and immunologic mechanisms affecting the respiratory system in health and disease.
2. To collect, interpret, and disseminate information concerning basic immunologic and inflammatory mechanisms in the lung and the effects of these mechanisms on respiratory disease.
3. To promote discussion and evaluation of studies of the relationships between allergic and immunological mechanisms and respiratory systems.
4. To identify unsolved problems relating to effects of allergic, immunologic, or inflammatory mechanisms on the respiratory system in health and disease.

#### **Behavioral Science (BS)**

##### Goals:

1. To facilitate and promote the role of the behavioral and social sciences in lung health.
2. To consider the broad scope of lung diseases and associated behavioral and social determinants, outcomes, and covariates.
3. To encourage rigorous approaches to research among behavioral and social scientists and among researchers from other disciplines who study behavioral aspects of lung disease.

##### Areas of Interest:

- Trends in behavioral epidemiology associated with lung disease (e.g., smoking, treatment adherence).
- Behavioral outcomes associated with lung disease (e.g., quality of life).
- The impact of lung health and behavioral and social science findings on health policy formation (e.g., smoking, provision of health care).

- The costs of prevention and treatment strategies relative to their benefits and effectiveness.
- The influence of behavioral, bio-behavioral, social, cultural, and developmental factors on: the etiology of lung disease (e.g., smoking, occupational and environmental exposures, drug abuse, socioeconomic factors, lifestyle); the prevention of lung disease (e.g., health education, risk perception, health-care seeking); the treatment of lung disease (e.g., health education, treatment adherence, culturally based beliefs).

### **Clinical Problems (CP)**

Goals:

1. To provide forums for discussion and evaluation of studies concerned with clinical problems in respiratory disease.
2. To collect, interpret, and disseminate information concerning these problems and their proposed solutions.
3. To encourage communication among the various health professionals concerned with solving problems in clinical care of patients with respiratory diseases.

Areas of Interest:

- Clinical therapeutics, including pharmacological management, ventilators, physiotherapy, and others.
- Clinical diagnosis, including radiographic, physiologic, bacteriologic procedures, and others.
- Training methods, programs, and efficacy in clinical chest disease for health care personnel.
- Innovative methods for health care delivery, including clinical utilization of automated data processing techniques.
- Evaluation of current clinical practices.

### **Critical Care Assembly (CC)**

Goal: To improve the care of the critically ill through education, research, and professional development.

Critical Care is the largest Assembly with 6,230 primary and secondary members. The membership consists of a diverse group of adult and pediatric intensivists and other allied health care professionals involved in the care of critically ill patients.

New Fellows and Investigators are welcome and actively supported. Check out the Journal Club and Case Histories on the website under the direction of the CC Web Director, David Kaufman, MD. Browse the pages of the website for further information about the other departments.

### **Environmental and Occupational Health (EOH)**

Goals:

1. To promote discussion and evaluation studies concerned with the relation between environmental or occupational factors and respiratory health.
2. To collect, interpret, and disseminate information concerning the effects of the environment and occupation on the respiratory tract.
3. To identify unsolved problems relating to the impact of the environment and occupation on respiratory health.
4. To encourage communication among persons concerned with the impact of the environment on respiratory health.
5. To develop workshops and symposia in environmental and occupational health.
6. To promote the teaching of these subjects to students of the health sciences.

Areas of Interest:

- Environmental lung disease related to air pollution, occupational exposure, tobacco smoke, and other environmental factors.
- Epidemiological and laboratory approaches.

### **Microbiology, Tuberculosis and Pulmonary Infections (MTPI)**

Goal: To focus on all aspects of pulmonary infectious disease and host defense. Although ATPI is not one of the largest ATS Assemblies, its programming at the International Conference and Assembly projects make it one of the most visible. MTPI statements and guidelines continue to be highly cited, and are among the most accessed documents available on the ATS website.

The MTPI Assembly consists of a diverse and enthusiastic group of pulmonologists, infectious disease specialists, and public health and government officials. At present, there are approximately 700 primary and 1,800 secondary members, with about one-third of the membership from outside of North America. They have continued to strengthen their relationships with the CDC and with the IDSA, and have increased international representation on their committees.

## **Nursing (NUR)**

Areas of Interest:

- Respiratory care practice in the prevention and management of lung disease.
- Nursing education and training programs related to the management of persons with lung disease.
- Education and training in the definition and evaluation of respiratory patient outcomes.
- Basic and clinical research related to the care of patients with respiratory diseases such as: disease prevention and treatment, symptom management, quality of life, functional status (e.g., in pulmonary rehabilitation) in both traditional as well as nontraditional treatments of lung disease.
- Health care service delivery to individuals with lung disease.
- Interdisciplinary collaboration in the practice, education, and research of individuals with lung disease.
- Clinical respiratory nursing care issues, clinical practice, patient education, and research, focusing on problems with a comprehensive biopsychosocial approach. Interdisciplinary collaboration is promoted and practiced in the development of projects and programs for practice, education, and research.

## **Pediatrics (PEDS)**

Goal: To promote the respiratory health of children and adolescents and to improve the care of children with respiratory disease through research, education, patient care, and advocacy.

The Assembly has an international multidisciplinary membership that includes specialists in pulmonology, allergy-immunology, neonatology, and pediatric critical care (and related disciplines), nurses, respiratory therapists, and others. The Assembly serves as advisor to the ATS and ALA on child health issues and works together with other national and international organizations toward a common mission of improving the health of children.

### **Pulmonary Circulation (PC)**

Areas of Interest:

- Hemodynamics of the pulmonary circulation and cor pulmonale.
- Pathology of the pulmonary circulation.
- Relation to vasoactive humoral agents.
- Pulmonary capillary physiology and edema.
- Vascular smooth muscle.
- Endothelial cells and lung metabolic functions.
- Thrombo-embolism, clinical and experimental.
- Relations between central nervous and autonomic nervous systems and the pulmonary circulation.
- Inter-relations between respiration and pulmonary circulation.

### **Respiratory Cell and Molecular Biology (RCMB)**

Goals:

1. To promote the long-rang goal of the ATS to decrease morbidity and mortality from respiratory disorders and life-threatening acute illnesses through an improved understanding of the biological basis of lung disease.
2. To enhance our knowledge of the biological basis of lung disease.
3. To promote the attainment of fundamental new knowledge pertaining to the cellular and molecular functions of the normal lung and the pathogenesis of lung disease through high-quality biomedical research using state-of-the-art techniques.

The Assembly includes all scientists studying cell and molecular biology of the lung, including normal developing and pathologic processes and genetic determinants of lung disease. Programs that increase funding for research and training are encouraged.

### **Respiratory Neurobiology and Sleep (RNS)**

Areas of Interest:

- Basic mechanisms of neural control of respiration in sleep.
- Control of upper airways.
- Cardiopulmonary interactions during sleep.
- Clinical aspects of sleep-disordered respiration.
- Control of breathing—neural mechanisms.
- Chemoreceptors—central and peripheral.
- Neurotransmitters/neuropharmacology of respiratory control.
- Neuromechanical interactions in respiratory control.
- Respiratory sensations and dyspnea.
- Alveolar hypoventilation syndromes and other disorders of control of respiration.

The RNS Long-Range Planning Committee has identified their top research priorities as follows:

- Neurobiological basis of cardiorespiratory integration during wakefulness and sleep: implications for disease.
- Developmental aspects of neural control of respiration during sleep in health and disease.
- The genetic basis for respiratory control during sleep and wakefulness.
- Epidemiological and clinical studies of sleep-disordered breathing.

### **Respiratory Structure and Function (RSF)**

Areas of Interest:

- Mechanics of lungs and airways.
- Airway secretions.

- Bronchial circulation.
- Heart-lung interaction.
- Exercise sciences.
- Breathing in special environments.
- Respiratory muscle function.
- Plasticity of the respiratory system.
- Airway smooth muscle function.
- Pulmonary cellular mechanics.
- Pulmonary gas exchange.
- Mechanics of the chest wall.
- Control of ventilation.
- Innervation of the respiratory system.
- Respiratory system anatomy and pathology.

The RSF Assembly promotes scientific excellence in the fields of respiratory physiology, biochemistry, anatomy, and molecular and cellular biology, both in health and disease. To accomplish this, the Assembly promotes scholarly investigation and professional education in these fields, with an emphasis upon integrative approaches to acquiring new knowledge.

### **Assembly on Pulmonary Rehabilitation (PR)**

Goals:

1. To evaluate the role of Pulmonary Rehabilitation in the context of the current health care environment.
2. To promote education for the public and other health care providers about the scientific rationale for, and clinical outcomes of, pulmonary rehabilitation.
3. To work collaboratively with other organizations such as the American Association for Cardiovascular and Pulmonary Rehabilitation, European Respiratory Society, American College of Chest Physicians, and the American Physical Therapy Association to promote optimal utilization of Pulmonary Rehabilitation worldwide.
4. To serve as an advocate for care options for Pulmonary Rehabilitation.

5. To promote continued investigation into the scientific rationale for, and clinical outcomes of, Pulmonary Rehabilitation.
6. To promote integrated chronic disease management.

**Dr. Schnapp** is Associate Professor of Medicine in Pulmonary and Critical Care Medicine at the University of Washington, Seattle.