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Q1 Having acquired a bioengineering degree at the University of Pennsylvania, Philadelphia, USA, what inspired you to pursue a medical degree at the Yale University School of Medicine, New Haven, Connecticut, USA?

I knew I wanted to go into medicine even before college. I had switched from a major in biochemistry to engineering after my freshman year because I wanted a chance to do something different before medical school. I knew that I would still learn about biochemistry in medical school, but I was not going to get a chance to learn about engineering principles in medical school. In addition, I am a problem solver by nature. The engineering discipline is basically applied science to finding solutions to questions and problems. So, I gravitated to that approach, and that view towards research and problem-solving has guided me through medical school and my subsequent career.

Q2 With over 200 publications to your name, which do you believe to be the most impactful and why?

The publications from our clinical trials during the COVID-19 pandemic on therapeutic anticoagulation and hydroxychloroquine were impactful and personal to me. Not only did it inform how we should care for patients in a pandemic, but it was also incredibly challenging to do research during the height of the pandemic. Given the fear and urgency of the pandemic in the beginning, there was a great deal of pressure to use medications that might help rather than doing clinical trials to make

sure there is evidence for benefit. We were able to rapidly conduct and publish the results of clinical trials in the midst of a pandemic, which quickly changed the standard of care and outcomes for patients.

Q3 You were recently appointed as chief of critical care medicine and chief of pulmonary medicine. Could you explain what this position entails, and what you are hoping to achieve?

I was appointed chief of critical care in 2019 and chief of pulmonary medicine in 2020. At Montefiore Medical Center and Albert Einstein College of Medicine, New York City, New York, USA, critical care and pulmonary medicine are different entities as there is a Critical Care Organization that encompasses multiple medical, surgical, and neurological intensive care units. As chief of critical care, I ensure 24/7 intensivist coverage of the intensive care units and rapid response team at three different hospitals. This includes responding to all cardiac arrests and emergent airways in the hospital. That also requires co-ordination of care, resources, expertise, and staff at the different hospitals. Quality and safety initiatives are high priorities and activities for critical care given our role in the hospital. In addition, I also run a clinical research program in acute critical illness, such as sepsis, acute respiratory failure, COVID-19, and influenza. In pulmonary, I oversee respiratory and sleep specialists who provide clinical expertise to patients with respiratory conditions and lung cancer. This includes clinical specialty programs for pulmonary hypertension, sarcoidosis and interstitial lung disease, sleep disorders, pleural



disease, interventional pulmonary, lung cancer, and bronchiectasis and *Mycobacterium avium-intracellulare* infection. As chief of critical care and chief of pulmonary, I aim to deliver high quality, state-of-the-art care to our patients, to continue to support the growth of the Montefiore Healthcare System, and to bring innovation and research to advance the field of critical care. As my division has two fellowship programs, I also hope to train the next generation of physicians with the same high standards.

Q4 How have you attained the leadership skills to perform your various roles at the Montefiore Medical Centre?

My leadership skills develop by having the opportunity and experience to lead. From leading my research group to leading multiple centers in a clinical trials network, I progressively developed skills to motivate, organize, and lead larger and larger teams. From there I also accepted leadership positions in national and international professional societies such as the American Thoracic Society (ATS) and Society of Critical Care Medicine (SCCM), which helped me develop leadership skills on a national and international level. In addition to these experiences, I was also a graduate of the Executive Leadership in Academic Medicine (ELAM) program, which provided invaluable background and experience in management, negotiation, and operations in academic medicine.

Q5 How does the ATS aim to accelerate global innovation in the advancement of respiratory health through multidisciplinary collaboration, education, and advocacy?

ATS has a broad base approach to improving respiratory health and critical illness globally. This ranges from research to professional development, generation of clinical practice guidelines, training and education, advocacy, public policy, and global and health equity.¹

"ATS has a broad base approach to improving respiratory health and critical illness globally."

Q6 As the chair of the Assembly on Critical Care for the ATS, what has been your proudest achievement so far?

After the disruption of the COVID-19 pandemic, I am most proud of helping ATS and the larger community of pulmonary and critical care return to in-person meetings. The pandemic resulted in cancellation or limited in-person meetings for 2 years, which furthered the isolation of the very physicians who were called to respond to the crisis and the financial stress faced by professional societies like ATS. The importance of meeting together to connect with our colleagues, rejuvenate our passion, and refocus our energies on improving care of our patients are vital to preventing burnout.

Q7 What would you describe as the biggest challenge for ATS in their goal to accelerate global innovation?

There are many challenges, but among the biggest is the growing disparities we see in healthcare that spread across race, gender, ethnicity, middle- and low-income countries, and socio-economic status. This was exacerbated and more delineated during the COVID-19 pandemic, but this existed even before the pandemic and is further exacerbated by political divide, climate change, income disparities, and hostility.

Q8 Could you highlight some exciting sessions in the program for ATS 2023?

There are so many that it is hard to highlight just a few. The ATS Plenary Session will be given

by Todd Caulfield, bestselling author, Canadian Research Chair, and professor of health law and science policy at the University of Alberta, Edmonton, Canada. There are presentations of major publications in the past year by the authors. Within the critical care assembly, there are multiple sessions on health equity and diversity in critical care across the world, and presentations from the latest science in cardiac arrest and sepsis, to the future of clinical trials and personalized medicine in acute illness. There is original research presented from all aspects of critical care involving all organs and extending to long term outcomes. It will truly be an exciting conference. ●

References

1. American Thoracic Society (ATS). Homepage. Available at: <https://www.thoracic.org/>. Last accessed: 9 June 2023.

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