



Congress Interviews

In these interviews, we speak with Natasha M. Ruth, Chair of the American College of Rheumatology (ACR) Division Directors Committee; and Marcy Bolster, Chair of the ACR Committee on Education. These leaders reflect on the ACR Convergence 2025 and how education is prioritized by the organization. Their perspectives offer a snapshot of how the rheumatology community is strengthening leadership and learning.

Featuring: Natasha M. Ruth and Marcy Bolster



Natasha M. Ruth

Chair, The Division Directors Committee, American College of Rheumatology (ACR); Professor of Pediatrics, Division Chief and Program Director, Medical University of South Carolina, North Charleston, USA

Citation:

AMJ Rheumatol. 2025;2[1]:50-52.

<https://doi.org/10.33590/rheumatolamj/HJXX1493>

Q1 As Chair of the American College of Rheumatology (ACR) Division Directors Committee, what are some key strategic priorities you are bringing forward this year? How do you plan to engage both pediatric and adult rheumatology division directors in advancing them?

This year, our committee is prioritizing several strategic initiatives, with particular emphasis on the Division Director Mentorship and Coaching Program. Considering the significant transformations occurring within the healthcare landscape, we, as leaders within the ACR, are presented with a valuable opportunity to assist new division directors both in adult and pediatric rheumatology through our mentoring program. Furthermore, we are equipped to address the specific needs of both novice and seasoned division directors via our coaching program.

In 2025, this initiative was refined to incorporate coaching and

ad hoc matching, allowing division directors to apply for mentorship or coaching at any point throughout the year. Matches are meticulously curated by a dedicated group of Division Director Committee members to ensure compatibility in skill sets, division types, and personal preferences. Presently, we have established seven active mentorship pairs and one coaching relationship.

Looking ahead, we aspire to broaden the reach of this program to a larger segment of our membership. We aim to provide enhanced resources through direct mentorship and coaching, as well as through our Division Director Toolkit, which includes a wealth of resources on specialized topics pertinent to managing an academic division in both adult and pediatric rheumatology. Additionally, we intend to improve our communication strategies through public relations efforts to ensure that our membership is fully aware of these valuable resources.

Q2 In your view, what have been the major challenges facing academic rheumatology divisions (adult and pediatric) that the Committee should address?

I believe that the most significant challenge we face is the rapidly evolving landscape of healthcare in recent years. We are grappling with issues related to compensation plans, work relative value units, and, crucially, research funding, all while striving to maintain a robust workforce to support our missions. These challenges are further complicated by the diminishing trust in medicine and science. Our aim is to continually support division directors as they navigate these changes by providing them with safe spaces to discuss concerns and share best practices, all with the overarching goal of delivering the highest quality care to our patients.

Q3 How is the ACR working to prepare the next generation of division chiefs and ensure smoother transitions in academic leadership roles?

Certainly, the Mentorship and Coaching Program offers valuable support to division chiefs in this area. Additionally, the Division Directors Committee organizes several Town Hall meetings throughout the year, aimed at educating and facilitating discussions on the most pressing challenges faced by division directors. Our most recent Town Hall topics included: "Budgeting and Contract Negotiations" and "Leading through Uncertain Times." These Town Halls not only enhance communication among members but also contribute to the cultivation of a stronger community.

Q4 What emerging unmet need or clinical gap in pediatric rheumatology currently drives your own clinical and research interests?

The clinical gap in pediatric rheumatology, which informs my research interests, pertains to the health disparities affecting access to quality care for young women with lupus. These young women are at a pivotal stage in their lives, navigating the challenges of completing high school, applying for college, and developing their individual identities, all while managing a chronic disease through no fault of their own. As a researcher, my primary objective is to identify strategies to improve access to high-quality care. As a clinician, I am dedicated to instilling a sense of hope in these young women regarding their futures. I strive to empower them with the confidence necessary to succeed in their personal and professional lives.

Q5 What upcoming projects or data trends from your recent work with the Childhood Arthritis Rheumatology Research Alliance (CARRA) and the Pediatric Rheumatology Care and Outcomes Improvement Network (PR-COIN) do you think could have the most immediate implications for patients?

The CARRA Registry stands as the cornerstone of CARRA's mission, and the utilization of its extensive data to enhance diagnoses and treatments for our patients is paramount to advancing care for children with rheumatic diseases. Harnessing the potential of the registry will also pave the way for advancements in AI, data

Harnessing the potential of the registry will also pave the way for advancements in AI, data analytics, and biomarker studies in the future

analytics, and biomarker studies in the future. PR-COIN serves as an exceptional platform for institutions across North America to exchange best practices and facilitate improvements in the quality of care provided to our patients. Notably, two of our esteemed pediatric rheumatology faculty at the Medical University of South Carolina (MUSC), North Charleston, South Carolina, USA, in collaboration with Children's Healthcare of Atlanta (CHOA) and Levine Children's Hospital in Charlotte, North Carolina, USA, are diligently working to improve the mental health of our patients by implementing a comprehensive change package focused on depression screening for those with rheumatic diseases.

Q6 Physician well-being is a significant focus in your role at MUSC. What institutional or cultural shifts are most needed to sustain fulfilment and prevent burnout, and when can this be achieved?

This year at the ACR Convergence, I had the privilege of attending Tait Schanfelt's [Stanford Medicine, California, USA] presentation on the institutional changes required to foster a culture of wellness. As a pioneer in wellness

transformation within the healthcare sector, he eloquently delineates nine organizational strategies aimed at enhancing engagement and mitigating burnout. These strategies encompass: acknowledging and assessing the problem, leveraging the influence of leadership, developing and implementing targeted interventions, cultivating a sense of community within the workplace, wisely utilizing rewards and incentives, aligning organizational values and strengthening culture, promoting flexibility and work-life integration, providing resources to enhance resilience and self-care, and facilitating and funding organizational science. At MUSC, I have witnessed a remarkable cultural transformation over the past 5 years. We have established an integrated center of excellence dedicated to advancing wellness within the healthcare system and increasing support for interventions that lead to professional fulfillment and a thriving workforce. I had the opportunity to contribute to a Duke Endowment Grant, a collaborative

initiative with the South Carolina Hospital Foundation, focusing on this important mission. My specific area of the grant concentrated on faculty development and enhancing mentorship. I piloted an automated mentorship software within our department, which is increasingly vital as our healthcare system expands and our workforce becomes more geographically dispersed.

Q7 Looking ahead 5–10 years, what do you most hope will change in pediatric rheumatology and what role do you personally hope to play in driving that change?

In the next 5–10 years, I hope to enhance our understanding of the diseases that afflict our patients, supported by the steadfast commitment of the outstanding science that is coming out of research organizations within our pediatric rheumatology community, such as the ACR Rheumatology Research Foundation, CARRA, and the Pediatric Rheumatology Collaborative Study Group

(PRCSG), along with the continued support of our international research partners. These entities play a crucial role in advancing the field of pediatric rheumatology. Furthermore, I hope to witness a new generation of aspiring pediatric rheumatologists drawn to our specialty. I trust that my efforts in medical education and faculty development will contribute meaningfully to this objective. I envision that the intrinsic allure of our field, the deep connections we cultivate with our patients and their families, and the camaraderie we experience among colleagues will inspire these young individuals to perceive our discipline as a pathway to a life imbued with purpose and fulfillment. I firmly believe that embracing a life driven by passion and purpose is fundamental to fostering genuine wellness.

