

Early career forum

In the spotlight: Early Career Member Awardee 2020, ERS Lung Science Conference 2021, and Sleep and Breathing 2021

Interview with Early Career Member award winner Prof. Dr. Chris Burtin

Since 2019, the ERS has honoured an ambitious and successful Early Career Member (ECM) through granting an ECM award. For the 2020 election, nomination of an eligible ECM could be performed by any ERS member or by self-nomination. 20 eligible candidates were shortlisted and, based on their accomplishments within the field of respiratory medicine/science and active involvement in the ERS, the nominees were ranked by the representatives of the Early Career Members Committee. Prof. Dr. Chris Burtin became the laureate of the second ECM award (figure 1). Two ECMs from Assembly 9 (Allied Respiratory Professionals) (Roberto Martinez Alejos and Samantha Harrison) interviewed Prof. Dr. Chris Burtin *via* teleconference. The interview took place prior to the ERS International Congress 2020.

You are a physiotherapist by training. What made you choose a career in academia and do you ever regret not pursuing a clinical career?

I cannot remember that I actively decided to go for an academic career, because after graduation,

which is 15 years ago now, I initially worked as a clinician for 18 months at the University Hospital in Leuven (Belgium). I was replacing colleagues and at some point there were no immediate job opportunities anymore. Exactly at that time, Prof. Dr. Rik Gosselink was looking for a part-time research assistant. So basically, my transition from clinician to researcher was mainly by coincidence. But I never returned.

For the second question, I do not regret missing out on the clinical career. I am still seeing patients fairly regularly in light of the clinical research and I am still working together with the local hospital. In the near future, I will also perform some clinical work in the local hospital to keep practising my clinical skills.

Can you tell us a bit more about those parts that you particularly enjoy?

Well, do you know these circus artists who have plates turning on a stick, and if they are good, they can have a lot of plates turning at the same time? I like the continuous challenge of combining leadership activities, teaching, mentoring, networking and community service. Let's say I like the fact that every day looks a little bit different. This keeps my motivation high.

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Interview with @EarlyCareerERS Awardee 2020 @burtin_chris, and a preview of #LungScienceConference and #SleepandBreathing 2021 <https://bit.ly/3fUXs1M>



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Figure 1 Prof. Dr. Chris Burtin, the 2020 ERS Early Career Member Award winner, is a 39-year-old Belgian national. He works at Hasselt University, Belgium and has been a member of ERS for 12 years. He is a member of Assembly 9 (Allied Respiratory Professionals) and the chair of group 9.2 (physiotherapists).

Being an academic involves taking on teaching, research and academic leadership responsibilities. How do you prioritise opportunities and manage your time effectively?

This is very challenging in terms of time management. Sometimes it still goes wrong, but I think I already went through a steep learning curve. My general approach is that education is the core business, which ranges from teaching bachelor students to mentoring the PhD students that are in our team now. Other key activities, like research and leadership tasks, are built around the educational part. So, if I need to decide whether I use my time to thoroughly prepare a teaching class for the next day or to write a paper, I will always choose the first one, making sure that the classes are of the highest possible quality. All the other tasks, like community service activities, guest lectures, peer reviews, *etc.*, come last. So, for me these extra tasks are kind of a test case: if I find myself reviewing a paper on Saturday evening, then I know that I need to push the brake a little and say “no” more often. In conclusion, education remains the most important because this is how we build future professionals, whether they will be clinicians, teachers or academics. These are the people who will lead our profession in the future.

What or who has been the biggest influence on your career and why?

There are many people that influenced my career, but from the beginning I have been very lucky to always stand on the shoulders of giants. During my

PhD I was mentored by Prof. Dr. Thierry Troosters and Prof. Dr. Rik Gosselink, and in recent years I have closely collaborated with Prof. Dr. Martijn Spruit. That way, I have always learnt, and I still continue to learn from real leaders in our profession and I realise how tremendously lucky I have been with these opportunities. How many physiotherapists can say that they were mentored by a president of the ERS, right? I am very proud that I was able to convince them of my qualities. But on the other side, I realise that it was also serendipity and I was at the right place at the right time to work with these people.

What has been the biggest hurdle you had to face in your career and how did you overcome this?

I think the biggest issue for academics is the job insecurity. For about 14 years, I have been honestly told that long-term prospects were insecure, despite being an appreciated team member. At a certain point, that insecurity becomes frustrating because, when you are in academia for a long time, it also means that you deviate away from the rest of the professional pathways and it might be tough to make the transition back to other professional fields. Recently, I am thirty-nine now (at the time of interview), I was allowed to enter a tenure track which increases my chances to stay at my current institution, Hasselt University. So my patience was rewarded, but this is not reality for everyone.

Thus, if PhD students or postdocs ask me for advice on the next steps to take in their career, I confront them with the insecurity of this working environment as one of the factors to take into account.

Why did you choose to specialise in the cardiorespiratory discipline? Was it strategic to focus on two areas within the cardiorespiratory discipline, for example pulmonary rehabilitation and lung cancer, or was it opportunistic?

Well, I was clearly more interested in cardiorespiratory and metabolic diseases during my bachelor and master's education. At some point, I did an internship in the pulmonary rehabilitation programme at the University Hospital of Leuven, where I actually started working. The first day at that internship, I decided that this was what I wanted to do based on an immediate click that I had with both patients and the team. And I never left these patients...

The second question is a tricky question. I can say that both are old loves of mine, because these are the two settings that I was working in as a

clinician, the outpatient pulmonary rehabilitation and the inpatient care for patients with lung cancer. I used to have a strong focus on COPD in the context of pulmonary rehabilitation. One of the reasons why I am now shifting my attention to patients with lung cancer is the hospital where we perform our research. The leadership and medical doctors there truly acknowledge the lack of attention given to the extrapulmonary consequences of lung cancer and its treatment. And next to that, it is important to create your own focus as an early career academic. Now the challenge is to merge these two passions, because I am convinced that selected lung cancer patients are excellent candidates for rehabilitation.

Congratulations on receiving the ERS Early Career Member award. Can you please explain what motivated you to apply for this award and what being successful means to you?

Well I did not apply for the award, I was nominated by the ECM representative of our Assembly, and honestly, I doubt whether I would have applied myself. I am an introvert person by nature and typically I do not actively chase recognition. I cannot deny that winning an award like this provides a feeling of success, but for me personally, being successful in the profession means making a difference. It can be at the micro level or on the larger level; for example, I can really enjoy seeing my PhD students pumped with energy after a nice presentation at a Congress or to comfort the same students when things are going rough; or to organise an event and then see people networking and having a great professional time; or to see the energy of clinicians who are stimulated by taking part in research. These little things give me a feeling of success.

You have been very involved in the ERS, for example you were secretary and now chair of Assembly group 9.2. Do you think these roles have helped you to advance your career and if so how?

To give you a little bit of background on that, within ERS there are 14 Assemblies that are further subdivided into groups, which connect clinicians and researchers with common interests together. Assembly 9 connects allied respiratory professionals and currently includes physiotherapists, nurses and respiratory function technologists. I am proud to say that the Physio group is pretty unique within ERS since we have a young group with a high percentage

of people that are actively involved during and beyond the ERS Congress.

Answering your question, I truly think it helped and it still does very directly, as taking up a leadership position outside university is part of the requirements to successfully finish my tenure track. Next to that, as I said previously, I am rather introvert by nature so this position tremendously facilitated my networking skills, as you frankly cannot escape from it.

Due to the situation with COVID-19 this year the ERS Congress will be held virtually. How do you feel about this, what are the potential pros and cons of a virtual format, and do you think it will change the way the Congress is held in the future?

I am sad that we are going to miss a real-life ERS Congress, because the Congress is one of the professional highlights of the year for many people. However, I think that ERS has come up with the best possible solution. We have to face the current situation and we can use this as the perfect test case to see how far we can go with an online platform. I already had a sneak preview of how things will look and I can tell you that the ERS office is really doing an amazing job; it will be a really exciting platform with lots of opportunities and possibilities, even to interact with each other. I am very much looking forward to how it will be evaluated by colleagues; if this is a major success, who knows, maybe in the future we will be able to choose between a full onsite ERS Congress and a light online version, for colleagues with lack of budget or time. Only time will tell.

Staying on the subject of COVID-19: how has it impacted your research and how do you think it will change the direction of respiratory research over the next 5-10 years?

To be short, the impact is huge, all research has been immediately stopped. I guess that in the next 5 years, there will be lots of papers published that will state how many patients were lost to follow-up due to COVID-19. But I also think this is a minor issue, because we all face the same situation and the safety of patients and researchers is way more important. As for how much this will impact future research within 5-10 years, I guess it will depend on whether and when the world gets a grip on this situation. So, I will use my joker for this question. Ask me this question again in a year.

The ERS Lung Science Conference 2021

The 19th ERS Lung Science Conference (LSC) will take place on 11–12 March, 2021 as a fully online event. The LSC offers a platform where the exchange of new knowledge on a specific topic related to basic and translational respiratory science takes place. The LSC provides a unique opportunity for early career and renowned respiratory professionals to network and share cutting-edge research findings. The theme of the 19th LSC will be “Repair and regeneration in chronic lung disease and lung cancer” and will emphasise the important topics of cell plasticity in lung development and disease, stem cell niche and host-matrix interactions, epithelial stem cells in disease, and finally, also include a discussion on the development of novel therapies for chronic lung disease and lung cancer.

Every year the LSC programme includes a career development session dedicated to ERS ECMs. The topic of this year’s session is “Research output for career advancement: When, where and how?” and will include presentations about “The use of pre-prints to publish your science”, “How to measure research output”, and a discussion with the editors of two respiratory journals which will provide insights into “How to make me like your paper”. This session will provide an excellent opportunity to learn more about recent advancements in publishing and evaluation of research output, which is a very relevant and important topic for ECMs. Following the presentations, a panel discussion will take place during which the audience and specifically all ECMs can pose any questions they may have and share experiences related to research output for the advancement of their career.

In addition to the session dedicated to ECMs, the LSC provides unique opportunities for early stage researchers to present their research as a thematic poster presentation or an oral presentation. The presentation format will be selected based on the quality of the abstracts and the five best abstracts submitted by ECMs will be presented in the Young Investigator Session and are thus nominated for the prestigious William MacNee award. In addition, the best oral presentation will be awarded with the Geoffrey Laurent award and all poster presenters are eligible for a distinguished poster prize. Selected abstract authors will also be assigned a mentor with whom they can discuss various aspects of their research and a career in respiratory medicine. Taken together, the set-up and programme of the LSC facilitates interactions between early career and more senior respiratory professionals, and thus provides an excellent opportunity for ECMs to establish networks with current and future leaders in the field of respiratory science. Moreover, there will be many opportunities to discuss your future

involvement in ERS activities with ERS officers and ECM representatives. We look forward to welcoming you to the 19th (and first virtual) LSC in March 2021.

The Sleep and Breathing Conference 2021

The Sleep and Breathing Conference (SBC) is the largest pan-European meeting of its kind and offers an integrated approach to the investigation and treatment of sleep disorders focusing on professional development and education. Its aim is to support the exchange of knowledge among the international scientific community in this field. The SBC is organised by the ERS and the European Sleep Research Society (ESRS) and will take place online for the first time, from 16–17 April, 2021.

This conference will provide the opportunity for interested ECMs to update their knowledge and skills, and network with pulmonologists, basic researchers and other respiratory professionals specialised in sleep respiratory medicine and science. ECMs will have the chance to present abstracts in thematic poster sessions as a way to communicate their novel scientific research or clinical practice. Accepted abstracts will be published in *ERJ Open Research* after the conference.

This upcoming 2021 conference will provide interesting and novel insights into most sleep disorders. It includes several symposia that will present state-of-the-art, meet the expert, hot topics debates and workshop sessions dedicated to advances in respiratory and non-respiratory sleep diseases in both adults and children, new technologies for their management and current therapeutic strategies based on this new world of digital health.

The main topics which will be covered during the conference are detailed in the following sections. The complete programme can be found at www.sleepandbreathing.org.

Respiratory sleep conditions/diseases

Several symposia will provide new insights into the management of sleep-disordered breathing, including obstructive sleep apnoea (OSA), central sleep apnoea, nocturnal hypoventilation, dental aspects of sleep disordered breathing, obesity hypoventilation syndrome, sleep apnoea overlap syndromes and neuromuscular disease. In addition, an update on sleep-disordered breathing in children will be presented.

Non-respiratory sleep diseases

Other important updates in sleep disorders not related to respiratory conditions will be covered, *e.g.* insomnia, narcolepsy, sleep deprivation and psychiatric disorders, among other related diseases.

Diagnostic techniques

The SBC will offer various sessions about new approaches to OSA diagnostic criteria and severity grading, as well as diagnostic techniques used in the sleep medicine field, especially polysomnography and assessment of daytime sleepiness in both adults and children. In addition, the role of telemonitoring in the management of sleep-disordered breathing will be discussed in depth.

Clinical assessment/examination

There will be space for debates on hot topics in differential diagnosis, comorbidity assessment

and ENT (ears, nose and throat) aspects of sleep-disordered breathing. The links and distinctions between OSA, cognitive fatigue and sleepiness will be presented. Also, basic mechanisms of sleep apnoea and translation to clinical practice will be debated. For instance, different sessions will demonstrate the association between sleep apnoea and neurodegeneration, cancer, metabolic comorbidities and cardiovascular disease, among others. Furthermore, due to the COVID-19 pandemic, the connection between OSA and COVID-19 infection will be discussed in a promising session.

Treatment

The SBC will provide a state-of-the-art overview of current insights into OSA and hypoventilation treatment considering both continuous airway pressure and bilevel positive airway pressure, as well as high-flow oxygen. In addition, a comprehensive summary of the status of non-continuous positive airway pressure therapies and upcoming personalised treatment of sleep apnoea will be presented.

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Conflict of interest

None declared.