

EARLY CAREER SERIES

Early career professionals: the mission of a task force

G. D. BARNES* and M. N. LAUW†

*Frankel Cardiovascular Center and Institute for Healthcare Policy and Innovation, University of Michigan, Ann Arbor, MI, USA; and

†Department of Vascular Medicine, Academic Medical Center, Amsterdam, the Netherlands

To cite this article: Barnes GD, Lauw MN. Early career professionals: the mission of a task force. *J Thromb Haemost* 2016; 14:1328–9.

Summary. Early career researchers and clinicians face unique challenges in comparison with more senior colleagues, for instance connecting with expert leaders outside of their own institution to enhance their expertise. As the largest international thrombosis and hemostasis professional society, the ISTH can play a central role in supporting the development of early career professionals. The ISTH Early Career Task Force was formed to improve support for, and encourage collaboration between early career thrombosis and hemostasis researchers and clinicians. These activities include (1) maintaining an online forum for early career ISTH members to connect, promote clinical, research, funding and educational activities, and to generate a sense of community; (2) broaden ISTH's reach with early career professionals in the developing world through promotion of the Reach-the-World fellowships and translating ISTH websites into six languages; (3) encourage early career engagement with ISTH activities, such as guidelines and guidance document processing and online webinar series; and (4) establishing this early career forum series in this journal. The JTH Forum series will highlight the early career perspective on a wide range of issues relevant to this group, and all ISTH early career members are encouraged to contribute.

Keywords: developing countries; education; international educational exchange; mentors; vocational guidance.

The ISTH is the largest international thrombosis and hemostasis professional society, with members in over 90 countries worldwide. The ISTH has been instrumental in supporting and facilitating research and practice guidance

Correspondence: Geoffrey Barnes, Frankel Cardiovascular Center and Institute for Healthcare Policy and Innovation, University of Michigan, 2800 Plymouth Rd, Building 14, Room G101, Ann Arbor, MI 48109, USA.

Tel.: +1 734 763 0047; fax: +1 734 647 33301.

E-mail: gbarnes@umich.edu

Received 25 February 2016

Manuscript handled by: P. H. Reitsma

Final decision: P. H. Reitsma, 4 March 2016

for more than 40 years. Additionally, the ISTH plays an important role in the development and education of early career researchers and clinicians. The challenges faced by early career researchers and clinicians are different from those faced by established clinicians and researchers. For example, many early career researchers struggle to connect with leaders or mentors outside of their home institutions. These mentors often possess unique expertise that would aid the early career researcher's work and professional development. Similarly, early career clinicians may benefit from developing relationships with expert clinical mentors in clinical thrombosis and hemostasis programs at larger institutions, in order to assume leadership positions at their own centers. As the leading professional organization of thrombosis and hemostasis experts worldwide, the ISTH could play a central facilitating role in solving these challenges.

Early career engagement with the ISTH is exemplified by the high demand for travel grants awarded to the ISTH Congress meetings and for the Reach-the-World (RtW) fellowships. However, to better serve early career needs, the ISTH council formed an Early Career (formerly Young Professional) Task Force following the XXIV Congress in Amsterdam in 2013. The Early Career Task Force's mission is to provide support for and encourage engagement and collaboration between all early career thrombosis and hemostasis clinicians and researchers. Consisting of 12 ISTH members from four continents and 10 countries, the task force aims to engage all early career ISTH professionals in a variety of activities. The task force also supports and encourages the development and dissemination of educational activities related to all aspects of thrombosis and hemostasis.

Although it was initially challenging for the task force to establish its role, identify appropriate projects, and actively engage other early career professionals, a number of projects supported by the ISTH council have now been established in order to achieve this mission.

First, the task force is focused on increasing engagement with the ISTH early career community. The task force has developed an 'Early Career' forum on the ISTH website, where early career professionals can connect, collaborate and learn about upcoming activities as well as funding and educational opportunities, both ISTH-sponsored and beyond. The task force is also developing an Early Career

platform on social media to allow for easy connection with early career investigators worldwide. In addition, a new social media presence at the biannual ISTH Congresses and annual Scientific and Standardization Committee (SSC) meetings will be employed to actively engage early career investigators with the meetings, even if they are unable to attend. This social media endeavor will begin with the SSC meeting this May in Montpellier, France. Early career members will be highlighting important presentations and will provide an early career perspective from the meetings. The task force hopes that these and future efforts will generate a sense of community among the ISTH early career members that will lead to lifelong collaborations and engagement with the ISTH, with established professionals, and with each other.

Second, the task force aims to broaden the ISTH's reach with early career researchers and clinicians in the developing world. In addition to supporting and expanding the reach of the ISTH's RtW fellowship program, the task force is also working to make ISTH content more accessible to an international audience, particularly non-English-speaking countries. The task force embarked on this mission by translating the RtW Fellowship application and information webpage from English into six different languages (French, Spanish, Portuguese, Italian, Russian, and Armenian). The task force hopes to continue supporting a broader international impact for many ISTH activities and opportunities by expanding the translations, with the aim of allowing a greater audience to benefit from the educational and training activities.

Third, to facilitate early career member engagement with the clinical and research leaders of the ISTH, the task force supports and leads a number of endeavors. First, the task force is providing a blueprint for early career professionals to develop new proposals for ISTH guidance and guideline documents. By highlighting the experience of prior early career members who have successfully published guidance or guideline documents, the task force believes that it will inspire other early career professionals to propose their own projects. Second, the task force works closely with the ISTH education committee to propose webinar activities that are targeted at a broad range of early career researchers and clinicians. Finally, as mentioned above, the task force focuses on efforts to better engage early career professionals at the ISTH Congresses and SSC meetings. By partnering with the local meeting organizing committees to create and secure activities aimed specifically at early career investigators, and by developing new social media efforts, the task force believes that it will encourage early career and established professionals to develop meaningful relationships that strengthen the careers of early career professionals.

Finally, the task force wants to promote the early career voice across the broader thrombosis and

hemostasis community. To achieve that goal, the task force has initiated an 'Early Career Forum' series with the support of the *Journal of Thrombosis and Haemostasis* (JTH). This series, for which this serves as the inaugural contribution, will highlight the early career perspective on a wide range of issues. The task force hopes that the JTH readership will enjoy learning about the unique challenges faced by basic scientists in developing countries, the impact that the RtW Fellowship has on the trajectory for an early career member, the perspectives of early career physician-scientists who have traveled abroad to gain clinical or research training, and many more topics. Upcoming pieces may provide advice to fellow early career clinicians and researchers on: (i) how best to engage with the ISTH, the ISTH leadership, or our task force; (ii) how to be successful in developing guidance documents; or (iii) how to establish collaborations between basic scientists and clinical researchers to facilitate translational research projects. Finally, as the 'leaders of tomorrow', this series will provide a platform for early career members to describe their vision for the world of thrombosis and hemostasis, in a broad way, over the coming decades. With that mission in mind, we invite all early career readers of the JTH and ISTH members to consider contributing their unique perspectives on any issue related to 'early careers' in thrombosis and hemostasis to this ongoing series.

With the support of the ISTH council, the Early Career Task Force aims to serve and support all early career ISTH members. The task force encourages your ideas, feedback and participation in all of our activities, or to express new project ideas that would benefit early career professionals. Anyone is free to contact the task force via the online forum, by email, or by approaching one of the members at an ISTH meeting. As all early career clinicians and researchers grow in their careers, the ISTH and the Early Career Task Force hope to support their development whenever possible.

Addendum

G. D. Barnes conceived the manuscript idea, created the initial draft, and provided critical revisions. M. N. Lauw conceived the manuscript idea and provided critical revisions.

Acknowledgements

G. D. Barnes is supported by the National Heart, Lung, and Blood Institute grant T32-HL007853.

Disclosure of Conflict of Interests

The authors state that they have no conflict of interest.