



COMMENT

ECI biocommentary

Tamorah Lewis ¹*Pediatric Research* (2019) 85:586; <https://doi.org/10.1038/s41390-018-0273-8>

As a “frequent flyer” of the pediatric emergency room, and my pediatrician’s office between ER visits, I knew as a child with asthma that I would become a pediatrician. Growing up in Columbus, Ohio I attended an alternative high school where one day per week we interned at a local institution. I spent three years at the Ohio State University Medical Center. This time on the Labor and Delivery wards and in the Neonatal ICU cemented my plans to pursue medicine, and led me towards neonatology. Neonatal clinical pharmacology is a research niche for which my mentors saw the potential before I did. As the first physician in my family, I was excited to finish residency and progress toward becoming a neonatologist, but my mentors Estelle Gauda and Craig Hendrix had loftier goals! After completing my

pediatric residency, I embarked upon a three-pronged fellowship including two clinical fellowships in Neonatal/Perinatal Medicine and Clinical Pharmacology and a PhD in Clinical Investigation. The Clinical Pharmacology fellowship afforded me unique exposure to pharmacology research and drug development experiences. I spent three months part time at the FDA with the pediatric group in the Office of Clinical Pharmacology. During this time, I joined in evaluation of pediatric research plans for drugs submitted by pharmaceutical companies and attended many forums and workshops on pediatric therapeutics. As a clin pharm fellow, I attended the annual meeting of the American Society of Clinical Pharmacology and Therapeutics, and met academic pediatricians who were doing important work in pediatric therapeutics.

My PhD program at the School of Public Health was geared toward clinician researchers. In addition to completion of research projects, the curriculum was focused around clinical and translational research methodology and grant and biomedical writing expertise. Completion of this PhD combined with my dual training positioned me well for launching an academic career. My dual appointments in Neonatology and Clinical Pharmacology at Children’s Mercy Hospital foster a continued interplay between my clinical and research roles.

As a fifth year academic faculty member, I can attest that this career path is not an easy one—but oh so rewarding when things

finally begin to gel! Through excellent mentorship in my early career from scientists such as Steve Leeder (clin pharm), William Truog and Jeff Reese (neonatology), I have secured a K23 award from the NICHD, allowing me protected time to advance my research in Neonatal Precision Therapeutics. It saddens me that an increasing number of pediatric trainees are shying away from academic careers, and I hope that a renewed emphasis by the NIH on early stage investigators and changes in the paradigms of academic medicine will slow this trend. I would advise trainees that perseverance is really the key ingredient. “Failure” is a growth opportunity in science, and finding the joy in the day to day will allow you to become resilient when the inevitable challenges that accompany scientific discovery arise. Lastly, staying connected to the patients whose lives you aim to improve is a great motivator for academic perseverance.

**ADDITIONAL INFORMATION**

Competing interests: The author declares no competing interests.

Publisher’s note: Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

¹Children’s Mercy Hospitals and Clinics, Pediatrics, Kansas City, MO, USA
Correspondence: Tamorah Lewis (trlewis@cmh.edu)

Received: 11 December 2018 Accepted: 13 December 2018
Published online: 14 January 2019