The Clinical Exercise Physiologists Interview Series: Barry A. Franklin, PhD, ACSM-CEP, ACSM-PD, FACSM, FAHA, MAACVPR, FASPC, FPCNA (Hon)

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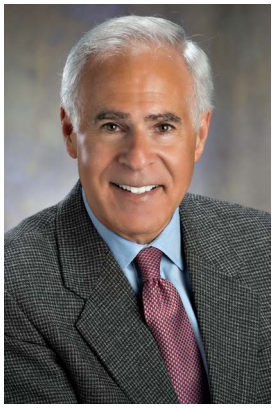

INTRODUCTION: Thank you, Dr. Franklin, for your willingness to be interviewed. This is the first in a series of interviews with individuals who are clinical exercise physiologists (CEPs) and/or have contributed to the field of clinical exercise physiology. Many of our readers certainly are familiar with Dr. Franklin and his many contributions to our field. One might even consider Dr. Franklin's tenure to span the emergence of CEPs in clinical roles in the 1970s in the United States to the current widespread use of CEPs worldwide. I first met Dr. Franklin when I took the practical examination for ACSM Exercise Specialist (now Clinical Exercise Physiologist) in 1985. Dr. Franklin was the site lead at Sinai Hospital in Detroit, Michigan. Even almost 40 years ago Dr. Franklin had established himself as a leader in cardiac rehabilitation. Today I consider him a friend and colleague and am honored to have him sit for this inaugural interview for the *Journal of Clinical Exercise Physiology*.

Hi Barry. Let me begin by asking you to briefly give us a little background on where you grew up, went to school, and what might have influenced you during that time to move toward a focus on clinical exercise physiology? What was your route through college that led you to achieve a doctoral degree? And how did that shape your future career?

I grew up in Cleveland, Ohio, attended Brush High School, participated on their gymnastics team (primarily still rings), and graduated in 1966. Thereafter, I attended Kent State University, Kent, Ohio, where I majored in Health and Physical Education and received my B.S. degree in June 1970. I continued participating as a member of the gymnastics team at Kent State, representing the team and university in competitive events throughout the year. During my tenure at Kent State University, two professors, Lawrence A. Golding, PhD, and Paul Ribisl, PhD, had a profound and favorable impact on my career, both in the classroom and in the exercise physiology laboratory where I served as a subject in numerous studies, learning my Vo_2max through progressive treadmill testing and my relative body fatness via underwater weighing. Clearly, I was hooked on the field of exercise science/physiology!

When I graduated from Kent State University, I decided to pursue a Master's degree at the University of Michigan, under the direction of Merle Foss, PhD, who strongly encouraged me to join and become active in the American College of Sports Medicine (ACSM) in 1970. Accordingly, I've now been a member of the College for 53 years! I graduated from the University of Michigan in December 1971 with an M.S. degree in Health and Physical Education, with specific emphasis on applied physiology. Although my research there primarily involved animal studies (impact of anabolic steroids

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on rats), I wanted greater research experience on the effects of regular moderate-to-vigorous physical activity and improved cardiorespiratory fitness on preventing chronic disease and disability and identified the "top program in the country" at that time—the Pennsylvania State University Laboratory for Human Performance—and enrolled there with a full scholarship in 1972, under the direct of Drs. Elsworth Buskirk and Karl Stoedefalke. The experience at Penn State was a gamechanger for my professional career, and a springboard for my interest in research, teaching, and publishing in clinical exercise physiology. I graduated from Penn State University in August 1976 with my PhD in physiology and published my doctoral dissertation 3 years later, "Effects of physical conditioning on cardiorespiratory function, body composition, and serum lipids in relatively normal-weight and obese middle-aged women" in the *International Journal of Obesity*.

Wow! You have been in the presence of some legends in our field. During your CEP formative years what was the most important decision you made? Was it an internship? A post-doc? A job? Someone who you met and was a mentor? None of these, or some of these, or all of these?

After graduating Penn State University in 1976, I've had 4 different exciting and challenging positions that fueled my passion for the field of clinical exercise physiology. These included: Coordinator, Cardiac Evaluation and Reconditioning, Millard Fillmore Hospital, Buffalo, New York (1976-1977); Assistant Professor of Medicine and Exercise Physiologist, Case Western Reserve University School of Medicine (Collaborating Center, National Exercise and Heart Disease Project), Cleveland, Ohio (1977-1979); Program Director, Cardiovascular Fitness and Rehabilitation Program, Sinai Hospital of Detroit (1979-1985); and, Director, Preventive Cardiology and Cardiac Rehabilitation, William Beaumont Hospital (now part of Corewell Health), Royal Oak, Michigan (1985-present). Regarding the most important decisions I made over the years relative to the field of clinical exercise physiology and the advancement of my career goals, I'd list the following:

- Joining ACSM in 1970 and attaining Fellow status, as well as other major professional organizations: American Association of Cardiovascular and Pulmonary Rehabilitation; American Heart Association; and the American Society for Preventive Cardiology (where I currently serve on the Board of Directors). The vast opportunities that these professional affiliations provided, including my work with CEPs (Clinical Exercise Physiology Association; CEPA), could be described in one word—*priceless*.
- Attempting to work and study early in my career under PhDs and MDs that I hoped to emulate someday (i.e., Lawrence Golding, PhD, Paul Ribisl, PhD, Merle Foss, PhD, Elsworth Buskirk, PhD, Karl Stoedefalke, PhD, James Skinner, PhD, Herman K. Hellerstein, MD, Gerald C. Timmis, MD), to name just a few, who provided invaluable career advice and mentoring relative to communication skills, leadership, research methodology, and association involvement.
- In my early 30s, I intuitively embraced management guru Peter Drucker's recommendation that "everyone should find at least one interest outside his/her primary area and make that secondary pursuit more than just a hobby." For me, that secondary pursuit, the study of highly successful people in all walks of life, became a passion. When I started applying the skills, strategies, and principles I identified to my own life, I began attracting *good luck*, but in an exponential manner!

Since I have known you, your career has been in Southeast Michigan at Sinai Hospital in Detroit and now at William Beaumont Hospital in Royal Oak. Were there any other steps along the way? How did your career at those hospitals evolve?

Immediately before coming to Michigan, I worked with a world-renown cardiologist, Dr. Herman K. Hellerstein, as Assistant Professor of Medicine and Exercise Physiologist, at Case Western Reserve University, a collaborating center of the NIH-sponsored National Exercise and Heart Disease Project. My clinical and research skills skyrocketed over my 3-year tenure with Dr. Hellerstein, and I got to know many of the preeminent clinicians, scientists, and researchers in the world who frequently visited Dr. Hellerstein's laboratory in Cleveland, Ohio, as a protype to emulate. It also led to many invited speaking and writing invitations with Dr. Hellerstein worldwide. Indeed, working with this tough taskmaster *opened many doors* for me that I never imagined.

We wrote many scientific reports and book chapters together and by noting his infinite edits and amplifications on my work, my writing skills further improved. Indeed, one of the highlights of my early career was coauthoring with him a particular chapter that he had been asked to write. After countless frustrating revisions and re-revisions at his request, I made all my suggested final changes to both his sections and mine and gave it back to him (my heart in my mouth) for his *final review*. It was sent to the publisher with only one additional modification: The order of the authors had been changed, by him, from "Hellerstein and Franklin" to "Franklin and Hellerstein." This generous and invaluable confidence builder is a practice that I've continued to emulate with my residents, cardiology fellows, and staff members over the years.

Another priceless learning experience that resulted in working with Dr. Hellerstein, the *most embarrassing*

moment of my professional career, was when he arranged to have me present my PhD research, conducted at Penn State University, at the monthly conference at Case Western Reserve University School of Medicine. At the conclusion of my presentation that day, the chairman of the Department of Internal Medicine, Dr. Carpenter, asked Dr. Hellerstein what he thought of his younger colleague's (Dr. Franklin) presentation? Dr. Hellerstein frankly replied, "average presentation—worst slides I've ever seen!" The bad news? I was utterly humiliated by my new boss! The good news? I learned to improve my presentations over time and worked tirelessly (often with help) to develop color slides that were less cluttered, easy to read, and beautifully illustrated.

You have certainly worked with many CEPs whom you have hired or taught as a student intern or in a classroom setting. What is the most common career advice you provide to them? Have you ever had one who wanted to go to a different health (or other) field that you inspired to remain in the CEP setting? I guess I am trying to get your thoughts on why someone who is thinking about being a CEP as a career should pursue the field?

The career advice I commonly give to young people who are thinking about being a CEP is to first gain experience in a quality clinical internship program and ask yourself: "Could I see myself doing this kind of work for the next decade or two—advancing over time (promotions) with additional clinical expertise, professional association involvement, certification, volunteer responsibilities (e.g., teaching, research, writing), and ultimately perhaps to management/leadership opportunities?" One of the perks of being a CEP, particularly if you immerse yourself in gaining knowledge and skills in many areas, is it can lead to many different opportunities. I am particularly proud of 3 former Cardiac Rehabilitation Managers at Beaumont who went on to successful careers as administrators in cardiology departments. The #1 characteristic of highly successful people in any field is that they love what they do. Other foundational factors of highly successful people (in any field) are that they take 100% responsibility for their failures and successes, and that they focus on serving others. As I mentioned earlier, virtually every successful CEP, if interviewed, can give you the name of a mentor or mentors who provided a springboard for their career advancement. Identify *stars* early in your professional career who you'd like to emulate and find a way to work or collaborate with them.

What do you think your most important accomplishment and/or contribution is/are to the field of CEP?

As I'm approaching retirement in the near future, I'm particularly proud of the many quality publications I contributed to and the presentations I've given nationally and internationally. I've served as the Senior Editor of the *ACSM Guidelines* and coeditor of the first 2 *AACVPR Guidelines*, President of 2 national associations (ACSM, AACVPR), Editor-in-Chief of 2 different scientific/clinical journals (*JCRP, American Journal of Medicine and Sports*), hosting 25 ACSM consecutive exercise specialist workshops and an additional 12 preventive cardiology conferences which, I believe, collectively served to help integrate the critical importance of CEPs and cardiac rehabilitation into the mainstream of contemporary medical care. I also treasure the opportunities I've had in evaluating and counseling literally thousands of patients over the years, and mentoring hundreds of students, staff, fellows, residents and junior colleagues who will continue *to pass the torch*. Perhaps the late Earl Nightingale summed it up best when he said:

"*A candle is not diminished by giving another candle light*."

Recently, you wrote a book entitled, "GPS for Success: Skills, Strategies, and Secrets of Superachievers" (Productivity Press, New York, New York) and provided a recent presentation for the annual CEPA conference on this topic. When I read the title it seemed to me that this topic has nothing to do with early career professionals in clinical exercise physiology—or does it? What prompted you to write this book?

After graduating from The Pennsylvania State University in 1976 with a PhD in physiology, and began working at Millard Filmore hospital in Buffalo, New York, I came to the sobering realization that 10 years of undergraduate and graduate education had not adequately prepared me for the real-life career challenges and professional and interpersonal skills I'd need to thrive in the health care environment that I was now in. To find out, I began reading everything I could on leadership and professional development/advancement. I came to realize that traditional university curricula were deficient in equipping students with broad life and career skills that empower them to contribute meaningfully to their communities, workplace, and chosen field (in my case, clinical exercise physiology). These underappreciated *soft skills* include: the power of positive associations and collaboration; essential people skills; interviewing; problem solving; goal setting; cultivating motivation, focus, and commitment; the boomerang effect of serving others; dealing with setbacks; the virtues of patience and persistence; the potency of preparedness; writing and speaking expertise; understanding the laws of attraction and sow and reap; the invaluable dividends of organizational/association membership; and the #1 success strategy—*taking action*.

To address these topics and more, based on my long-standing interest in studying highly successful people in all walks of life, I developed a course at Central Michigan University entitled "GPS for Success," which I taught from 2012-2017—a course that received rave reviews and was consistently ranked #1 by the students who enrolled in it. When I stopped teaching the course, I started writing the textbook for future generations and titled it *GPS for Success: Skills, Strategies and Secrets of Superachievers*. The book was published last year by Productivity Press, New York, New York, is briefly described on my website (https://drbarryfranklin.com) and is available through www.healthylearning.com and Amazon.

Where do you see the field in the future with respect to continuing to solidify itself among the various allied health professions?

Over the last 2 decades, researchers worldwide, including those from Beaumont (now Corewell) Health and dear friends and esteemed colleagues from our neighboring Henry Ford Health, have provided considerable evidence from large and well-designed epidemiologic studies with diverse populations that support the preventive role of regular moderate-to-vigorous physical activity and improved cardiorespiratory fitness, expressed as mL $o_2 \cdot kg^{-1} \cdot min^{-1}$ or as metabolic equivalents (METs), on preventing and treating chronic diseases and infectious diseases, with specific reference to research-based exercise thresholds that the medical community can embrace and promote. These associations appear to be graded and independent of other comorbid conditions.

On the other hand, high-volume, high-intensity exercise training regimens may induce maladaptive cardiac remodeling in some individuals, including accelerated coronary artery calcification and incident atrial fibrillation, which may be described by a reverse J-shaped curve. Moreover, vigorous physical activity, particularly when unaccustomed, in persons with known or occult atherosclerotic cardiovascular disease or structural cardiovascular abnormalities (e.g., hypertrophic cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), can trigger acute cardiac events.

For these reasons, and more, I'm highly optimistic that well-trained CEPs will be increasingly incorporated into the mainstream of contemporary medical care, supervising diagnostic testing and preventive and treatment interventions, especially relative to chronic diseases which account for ~75% of the nation's annual health care costs. Accordingly, I believe the future is bright for CEPs!

In closing, I'd like to express my sincerest appreciation and gratitude to the editor-in-chief of the *Journal of Clinical Exercise Physiology*, Dr. Jonathan Ehrman, for allowing me, via this interview, to share my sentiments, personal and professional experiences, and perspectives on the field to readers of the journal. My responses to Dr. Ehrman's questions brought back many treasured memories—information that I hope may be helpful to you in accomplishing all of your professional and career aspirations as a CEP. Godspeed!

Thank you so much for this interview Dr. Franklin. I'm sure it will be very informative for anyone reading, but particularly for the young professionals who are preparing to enter or are early in their career. I hope they heed your advice.