

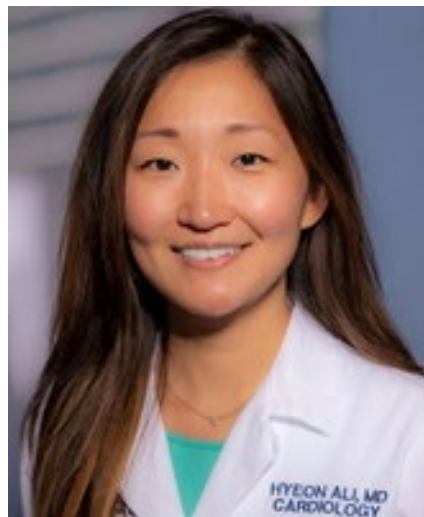
# Chief Fellows Leadership Symposium

May 27, 2022

# Welcome from the ACC FIT Council



Emily Zern, MD  
Chair 2022-2023  
FIT Council



HJ Ali, MD  
Member 2022-2024  
FIT Council



Nosheen Reza, MD  
Chair 2020-2021  
FIT Council



Prashanth Thakkar, MD  
Chair 2021-2022  
FIT Council



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

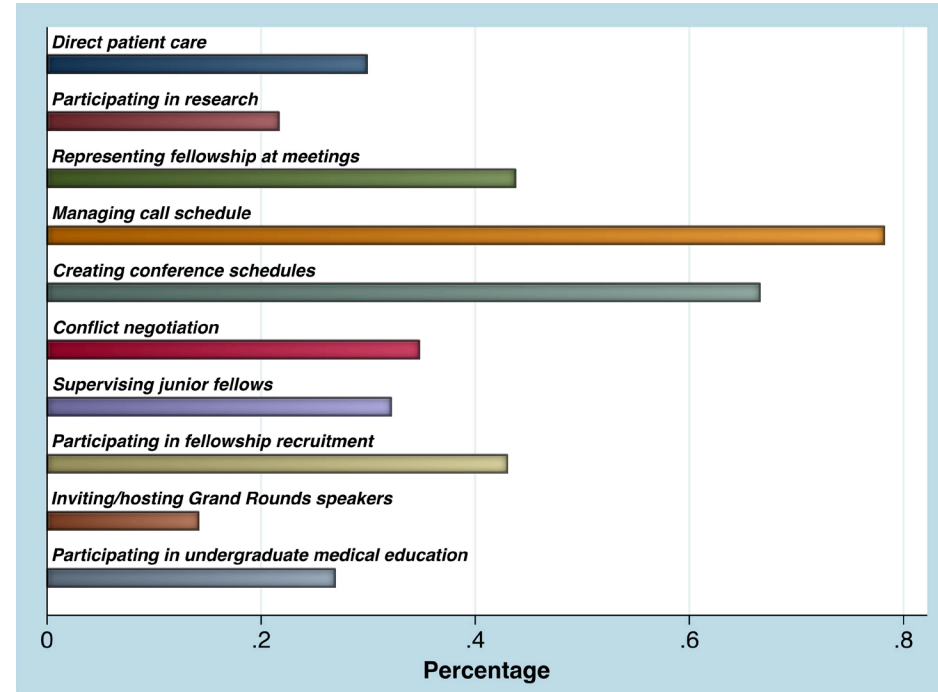
*Advancing Heart Care Worldwide*

# Why a Symposium for Chief Fellows?

2019 survey of ACC FIT “Chief Fellows Network”

Only 19% had prior leadership training

Only 21% had prior medical education training



Reza N et al. *J Am Coll Cardiol.* 2020, 75 (11\_Supplement\_1) 3556

# Today's symposium

Time (EDT)	Session
11:05-12:00	Theme 1: Leadership Skills for Chief Fellows
12:00-12:45	Theme 2: Creating the Culture: a chief fellow's role in mentorship and wellness
12:50-13:05	15-minute break
13:05-14:05	Theme 3: Educational leadership: you got it all covered?
14:05-14:55	Theme 4: The Chief Fellow's role in Recruitment and Diversity, Equity, and Inclusion
14:55-15:00	Adjourn



Tweet about the Symposium! #ACCFIT



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*

# THEME 1: LEADERSHIP SKILLS FOR CHIEF FELLOWS

# Theme 1 format:

- *Setting the Tone: Leadership competencies for chief fellows*
- *Up, Across, & Down: Managing conflict at various levels*
- Breakout rooms with case scenario followed by group discussion with Drs. Drachman and Berlacher.
  - Moderator: Dr. Nosheen Reza



Dr. Douglas Drachman  
@DougDrachmanMD



Dr. Katie Berlacher  
@kberlacher

# Breakout rooms & group discussion



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*



# Scenario:

*Feedback from the cardiac cath lab rotation indicate that 1<sup>st</sup> and 2<sup>nd</sup> year fellows are less satisfied than in prior years with their educational and procedural experience. Due to pressure of efficiency, there is minimal time after cases to review images with attendings. They lack confidence in interpreting the images themselves. They also report a decline in their procedural experience with the expansion of the numbers of interventional fellows, increasingly feeling as if they are “in the way” of the advanced fellows and attendings and not a valued member of the team.*



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*



# Breakout rooms

- You have until 11:45 EDT to discuss approaches to scenario in breakout room, then will debrief as a group
- Designate one representative to (briefly) discuss ideas during group discussion



AMERICAN  
COLLEGE *of*  
CARDIOLOGY<sup>®</sup>

---

*Advancing Heart Care Worldwide*

# **THEME 2: CREATING THE CULTURE: A CHIEF FELLOW'S ROLE IN MENTORSHIP AND WELLNESS**

# Panel



Dr. Andrew Kates  
@akates01



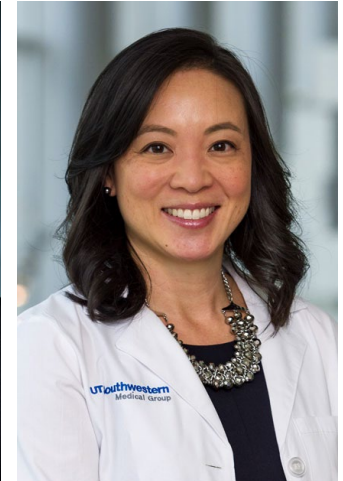
Dr. Nosheen Reza  
@noshreza



Dr. Lisa Rose-Jones  
@LisaRoseJones1



Dr. Gaby Weisman  
@gabyweissman



Dr. Melanie Sulistio  
@melsulistio



AMERICAN  
COLLEGE of  
CARDIOLOGY®

*Advancing Heart Care Worldwide*

# Panel format

- 30 minutes of discussion about scenarios commonly faced by chief fellows
  - Moderator: Dr. Prashanth Thakker
- 15 minutes Q&A for the panel
  - Please drop questions in the chat throughout the session!

# Scenario 1

*“Feedback from the rising second year fellows indicated that during the beginning of first year, they felt isolated and overwhelmed by learning the ropes of the fellowship/hospital and clinical cardiology, as well as pressure to quickly choose a career path.”*

# Scenario 2

*“Halfway through the academic year, an anonymous survey to the fellows indicated that more than half of clinical fellows feel as if they are suffering from burnout. Their enthusiasm and connection to the fellowship has waned, and they feel overwhelmed with clinical responsibilities, particularly when on the busy consult service.”*



# Scenario 3

*“You have noticed within your program that there is minimal participation in fellowship-wide activities and educational programming by third- and fourth-year fellows. You want to create cohesion amongst the research fellows and also increase their involvement in mentoring first- and second-year fellows, but you are unsure where to start.”*

# Q&A for panel



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

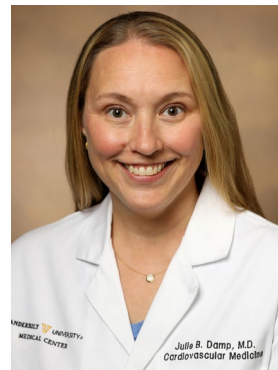
*Advancing Heart Care Worldwide*

**BREAK: PLEASE TUNE BACK IN AT  
1:05 PM EST**

# THEME 3: EDUCATIONAL LEADERSHIP: YOU GOT IT ALL COVERED?

# Theme 3 landscape:

- Birds-eye view of the curriculum
- Inviting faculty to teach: it's not just an email invitation
- Getting creative: looking beyond the clinical curriculum
- Panel Q&A (drop questions in the chat throughout the talks!)



Dr. Julie Damp  
@BoydDamp



Dr. Julia Indik  
@jindik



Dr. Marty Tam  
@MartyTamMD



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*

# Bird's Eye View of the Curriculum

Julie Damp, MD

@BoydDamp



AMERICAN  
COLLEGE of  
CARDIOLOGY

*Advancing Heart Care Worldwide*

# Objectives



Review what drives our curriculum

Discuss strategies to augment local experiences



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*





**TRAINING STATEMENT**

**ACC 2015 Core Cardiovascular  
Training Statement (COCATS 4)  
(Revision of COCATS 3)**



Accreditation Council for  
Graduate Medical Education



American Board  
of Internal Medicine®



AMERICAN  
COLLEGE of  
CARDIOLOGY®

*Advancing Heart Care Worldwide*



Accreditation Council for  
Graduate Medical Education

Fellows must demonstrate competence in prevention, evaluation, and management of the following: <sup>(Core)</sup>

arrhythmias; acute myocardial infarction and other acute ischemic syndromes; <sup>(Core)</sup>

cardiomyopathy; <sup>(Core)</sup>

cardiovascular evaluation of patients undergoing noncardiac surgery; <sup>(Core)</sup>

A minimum time must be spent in the following areas: <sup>(Core)</sup>

24 months of clinical experience, including inpatient and special experiences; <sup>(Core)</sup>

four months in the cardiac catheterization laboratory; <sup>(Core)</sup>

six months in noninvasive cardiac evaluations, consisting of the following: <sup>(Core)</sup>

three months of echocardiography and Doppler; <sup>(Core)</sup>

two months of nuclear cardiology, to include the fellow's active participation in daily nuclear cardiology study interpretation (a minimum of 80 hours) during the rotation; <sup>(Core)</sup>



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*

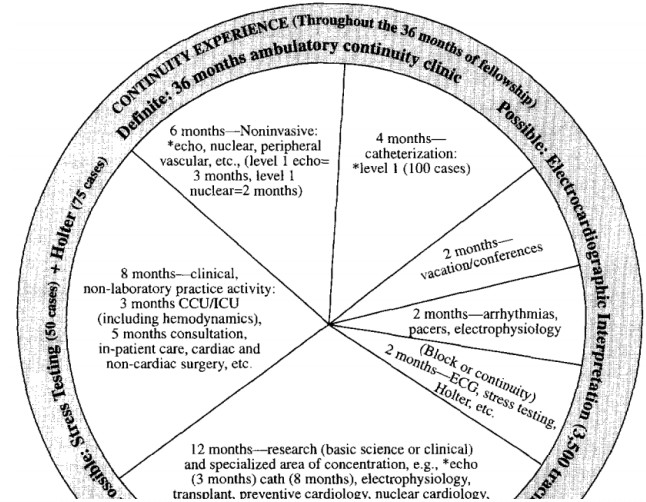
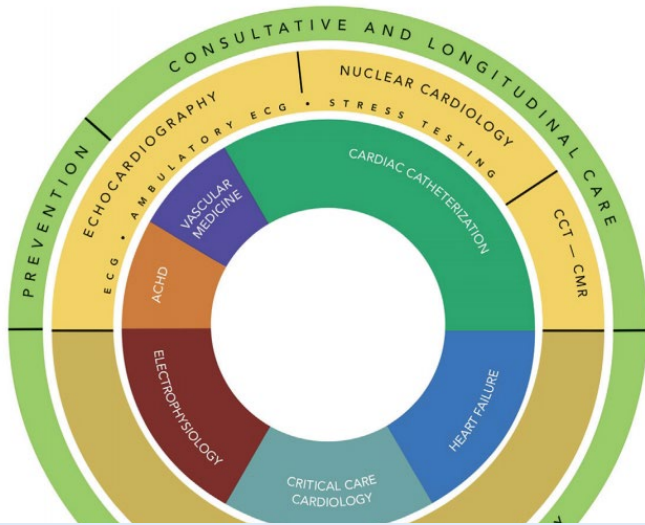
## Training and Procedure Requirements



The total months of training required, including specific clinical months, and requisite procedures are outlined below.

MINIMUM MONTHS OF TRAINING	CLINICAL MONTHS REQUIRED	PROCEDURES
36*	24	<ul style="list-style-type: none"> <li>Advanced cardiac life support (ACLS), including cardioversion</li> <li>Electrocardiography, including ambulatory monitoring and exercise testing</li> <li>Echocardiography</li> <li>Arterial catheter insertion</li> </ul>





JACC Vol. 25, No. 1  
January 1995:1-34

## COCATS GUIDELINES

### Guidelines for Training in Adult Cardiovascular Medicine

#### Core Cardiology Training Symposium (COCATS)\*

June 27-28, 1994

JOSEPH S. ALPERT, MD, FACC, CHAIRMAN

**TRAINING STATEMENT**

# ACC 2015 Core Cardiovascular Training Statement (COCATS 4) (Revision of COCATS 3)



PATIENT CARE AND PROCEDURAL SKILLS		12	24	36	Add
1	Skill to perform and interpret a basic transthoracic echocardiographic examination.		I		
2	Skill to perform and interpret a comprehensive transthoracic echocardiographic examination.			II	
3	Skill to perform and interpret a comprehensive transesophageal echocardiographic examination.			II	
4	Skill to recognize pathophysiology, quantify severity of disease, identify associated findings, and recognize artifacts in echocardiography.			II	
5	Skill to integrate echocardiographic findings with clinical and other testing results in the evaluation and management of patients.		I		
6	Skill to interpret stress echocardiography.			II	
7	Skill to incorporate stress hemodynamic information in the management of complex valve disease or hypertrophic cardiomyopathy.			II	
8	Skill to utilize echocardiographic techniques during cardiac interventions, including intraoperative transesophageal echocardiography.			III†	III
9	Skill to perform and interpret basic 3-dimensional echocardiography.			II	
10	Skill to utilize advanced 3-dimensional echocardiography during guidance of procedures and/or surgery.			III†	III
11	Skill to perform and interpret contrast echocardiographic studies.			II	

**EVALUATION TOOLS:** direct observation, logbook, and simulation.



**AMERICAN  
COLLEGE of  
CARDIOLOGY**

*Advancing Heart Care Worldwide*

**TABLE 2** Summary of Training Requirements for Echocardiography

Level	Duration of Training* (Months)	Cumulative Duration* of Training (Months)	Minimal No. of TTE Examinations Performed	Minimal No. of TTE Examinations Interpreted	TEE and Special Procedures
I	3	3	75	150	Yes†
II	3	6	150 (75 Add)	300 (150 Add)	Yes‡
III	3	9	300 (150 Add)	750 (450 Add)	Yes

\*Typical duration assuming acceptable progress toward milestones and demonstrated competency. †Exposure to TEE and other special procedures. ‡Completion of Level II and additional special training are needed to achieve full competence in TEE and other special procedures.

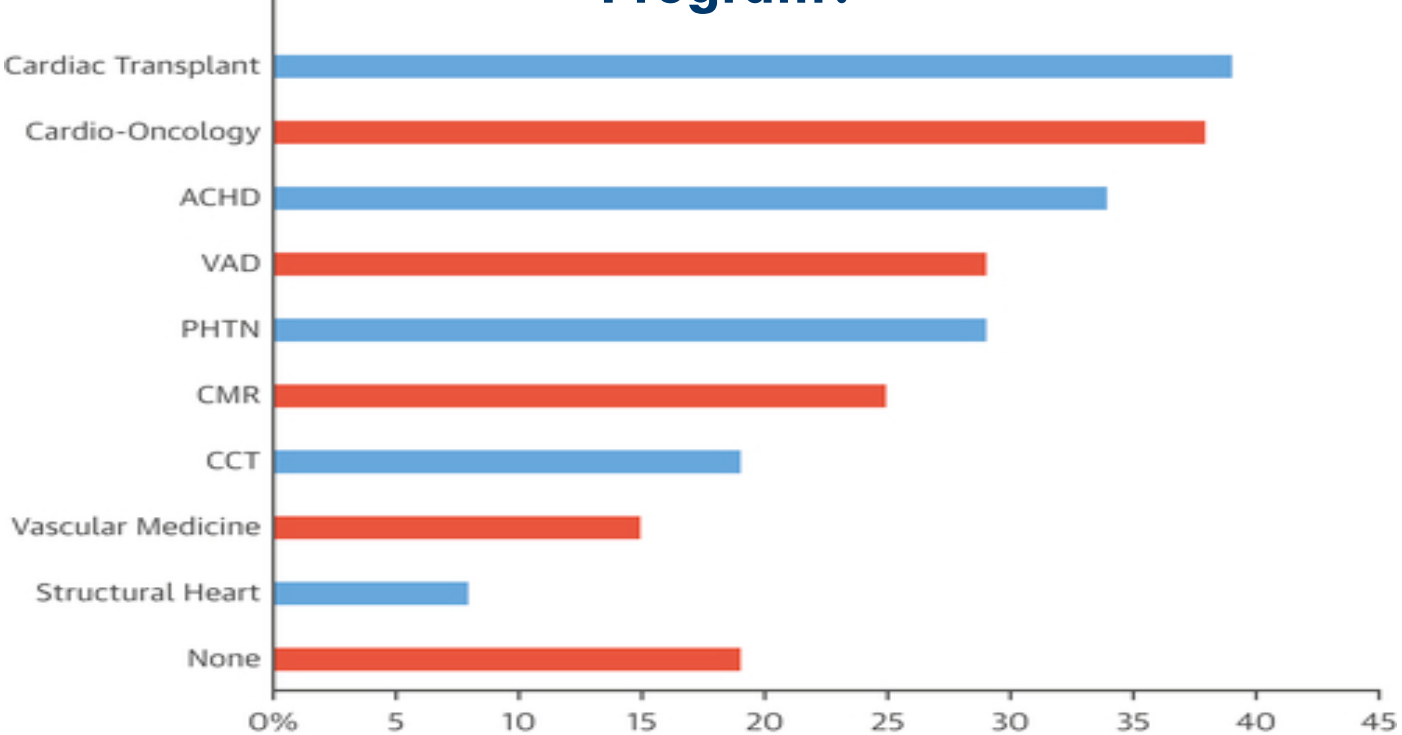
Add = additional; TEE = transesophageal echocardiography; TTE = transthoracic echocardiography.

“...the specified volumes... are... general guidance based on the educational needs and progress of **typical** trainees...should be considered approximate”

“...many of the requirements in time and case numbers in various procedures may be satisfied **concurrently**”



# Is Direct Clinical Exposure to Any of the Following Lacking In Your Program?

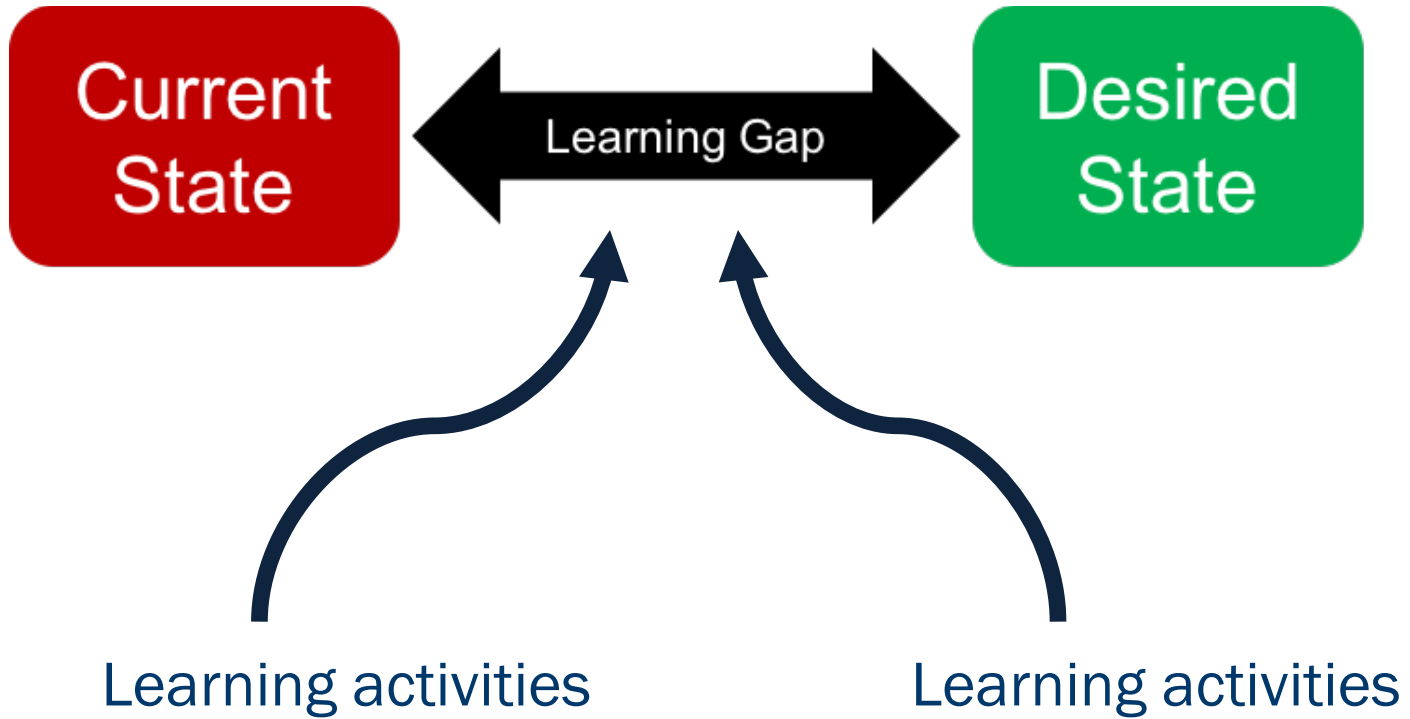


J Am Coll Cardiol 2019; 73:2896-2899.



AMERICAN COLLEGE of CARDIOLOGY

Advancing Heart Care Worldwide





AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*

# Rotations at other sites

Table 2. General Steps Involved in Establishing an Away Rotation

Obtain local administrative and GME permissions from both sites

Identify a site director in the AHFTC program

Credentialing may need to be done for patient care and procedures

Establish sources of funding

Sign a memorandum of understanding and a program letter of agreement between the 2 sites

Establish a curriculum for fellow training

Screen and process fellows according to the guidelines of the AHFTC institution—this may include background checks, health records inspection, and electronic health record training

Coordinate scheduling of visiting fellows with full-time fellow training and exercise testing laboratories for core competencies

Journal of the American College of Cardiology

Volume 70, Issue 11, 12 September 2017, Pages 1413-1416

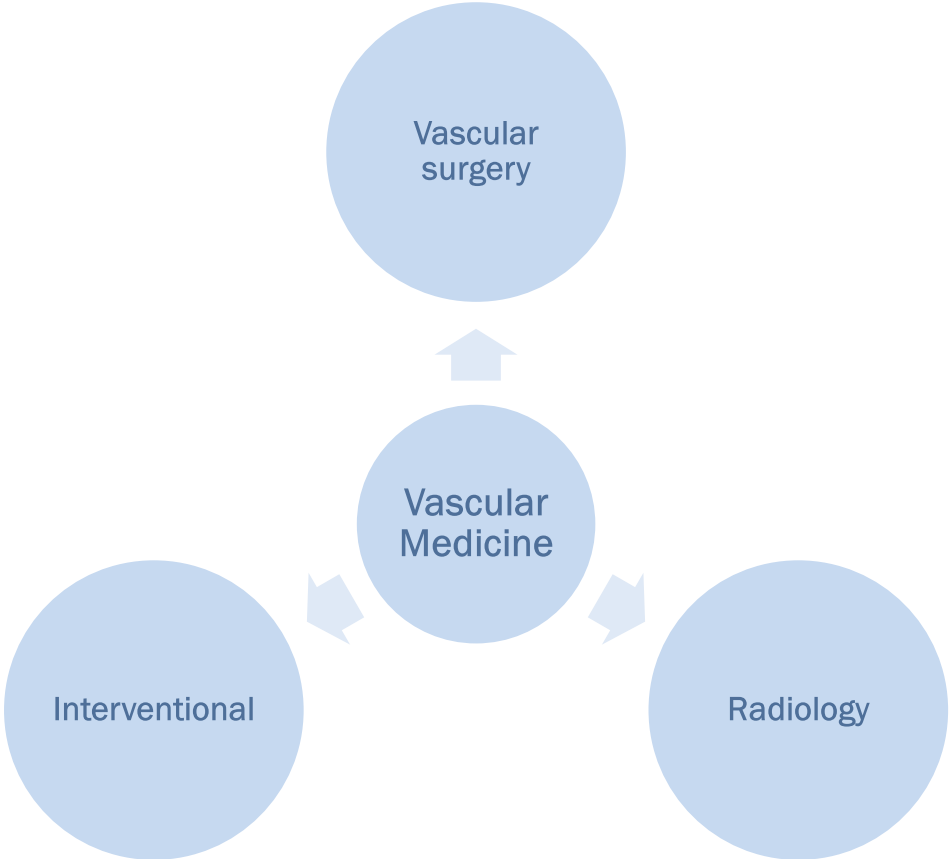
.....  
.....



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*

# Collaborative rotations



**AMERICAN  
COLLEGE of  
CARDIOLOGY**

*Advancing Heart Care Worldwide*

# De-structured experiences

Cardio-oncology

Inpatient consult service

Cardiology clinic

Oncology clinic

Over time while on other structured rotations



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*



# Simulation



581 x 774

YouTube

Search



Pericardiocentesis Construction JETem2019



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*

Inexpensive, High-Fidelity Model to Simulate Ultrasound-Guided Pericardiocentesis for Cardiology Resident Training

Daniel J. Belliveau, MD Andrew Moeller, MD, MASC, MEd Sarah Ramer, MD



# Virtual learning

expert speakers

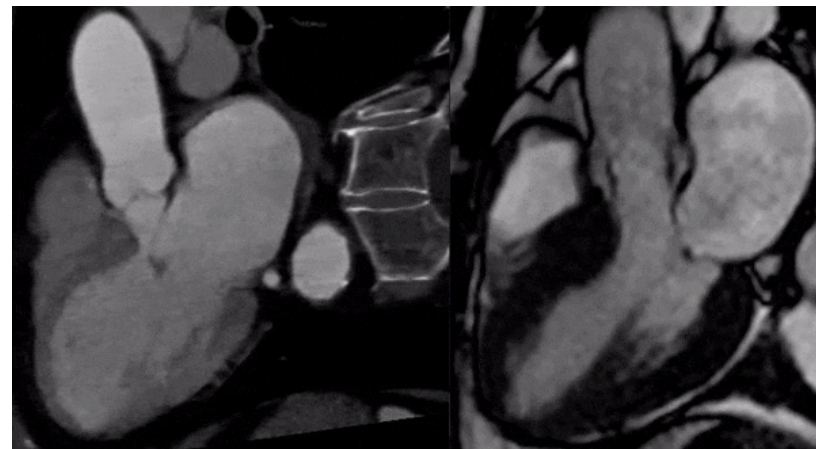
**Vanderbilt Cardiology  
Grand Rounds**

**Glenn Greene Lectureship**

**Wednesday, March 30, 2022**

**Noon (Central) Zoom**

**“Using Artificial Intelligence to Reduce Heart Failure  
Hospitalizations”**



local and distance reading



*Advancing Heart Care Worldwide*

# Digital learning

 The much anticipated @CardioNerds #CardioOB Series is about to begin!

 [cardionerds.com/cardio-obstetr...](https://cardionerds.com/cardio-obstetr...)

 This cruise will doc at several ports  see the new & improved curriculum !!

Honored to add:

 Black Maternal CV Health w/ @DrRachelMBond

 Preg & Cath Lab w/ Dr. Luna



**THE CARDIONERDS CARDIO-OBSTETRICS SERIES**  
IN COLLABORATION WITH WOMENHEART

**CARDIONERDS CARDIO-OB CO-CHAIRS**

- DR. NATALIE STOKES, UPMC
- DR. SIMA SHAH, UTSP

**WOMENHEART**  
A PATIENT-CENTERED ORGANIZATION THAT SUPPORTS, EDUCATES AND ADVOCATES FOR THE ALLIANCE OF WOMEN LIVING WITH OB-AT OF HEART DISEASE

**CURRICULUM**

- PREGNANCY PHYSIOLOGY
- PREGNANCY & HYPERTENSIVE DISORDERS
- PREGNANCY & ARRHYTHMIAS
- PREGNANCY & VALVULAR HEART DISEASE
- PREGNANCY & ANTI-COAGULATION
- PREGNANCY & PULMONARY HTN
- PERIPARTUM CARDIOMYOPATHY
- PREGNANCY & AORTOPATHIES
- PREGNANCY & CORONARY DISEASE
- INTERDISCIPLINARY CRITICAL CARE
- THE FOURTH TRIMESTER
- PREGNANCY & THE CATH LAB
- BLACK MATERNAL CV HEALTH
- PATIENT PERSPECTIVE
- WOMENHEART CHAIRING
- ADVOCACY FOR WOMEN'S HEALTH



JACC Journals @JACCJournals · Mar 30

Listen to Dr. Valentin Fuster discuss this week's #JACC issue on long working hours and risk of recurrent #coronary events, #COVID19 in adults with #CHD, and more: [bit.ly/3v7RzGL](https://bit.ly/3v7RzGL)

#CardioTwitter #MedTwitter #CardioEd #JACCpodcast

### Latest #JACC Podcast from Dr. Valentin Fuster

- Long Working Hours and Risk of Recurrent Coronary Events
- Infective Endocarditis in Patients on Chronic Hemodialysis
- COVID-19 in Adults with Congenital Heart Disease



AMERICAN COLLEGE of CARDIOLOGY®

Advancing Heart Care Worldwide





# Tc-99m PYP Evaluation of ATTR Cardiac Amyloidosis: Case-based Application of the New Interpretation and Reporting Recommendations Webinar

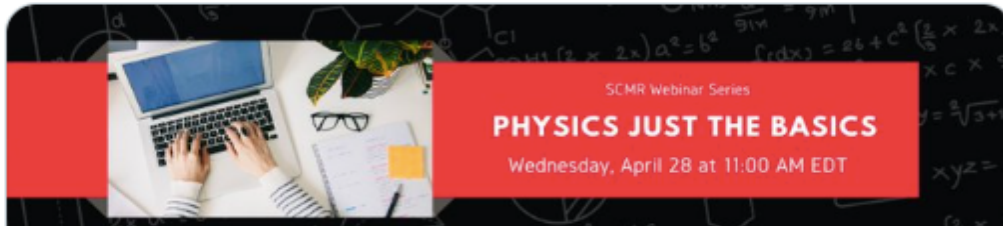
**March 26 @ 12:00 PM ET**



**Society for Cardiovascular Magnetic Resonance @SC...** · Mar 31 ···

The next webinar in the series Physics Just the Basics will cover k-space trajectories used for cardiac imaging. It will include a brief reintroduction to k-space followed by 2D and 3D methods used to sample, including Cartesian and others.

Register: [zcu.io/2icb](https://zcu.io/2icb)



**AMERICAN  
COLLEGE of  
CARDIOLOGY**

*Advancing Heart Care Worldwide*



Iowa  
CHAPTER

Welcome to  
The Iowa ACC & Iowa FIT Council  
Cardiac MRI Lecture Series  
May 21<sup>st</sup>, 2022 (9 AM – 1 PM CT)



9:00 AM “Cardiac MRI in Evaluation of Cardiac Masses”

**Chetan Shenoy, MBBS, MS**  
Associate Professor of Medicine  
Director of the Advance Cardiovascular Imaging Fellowship  
University of Minnesota  
Email: [cshenoy@umn.edu](mailto:cshenoy@umn.edu)



10:00 AM “Advance Imaging in Congenital Heart Disease”

**Ravi Ashwath, MD**  
Clinical Professor of Pediatrics– Cardiology  
Medical Director of Non-invasive Cardiology  
Program Director – Pediatric Cardiology  
University of Iowa Hospitals and Clinics  
Email: [ravi-ashwath@uiowa.edu](mailto:ravi-ashwath@uiowa.edu)



11:00 AM “Cardiac MRI in Non-ischemic Cardiomyopathy”

**Karolina M Zareba, MD, FSCMR**  
Associate Professor  
Director, Cardiovascular Diagnostic Training Program  
The Ohio State University  
Email: [Karolina.zareba@osumc.edu](mailto:Karolina.zareba@osumc.edu)



AMERICAN  
COLLEGE of  
CARDIOLOGY

Advancing Heart Care Worldwide

# Leave your mark

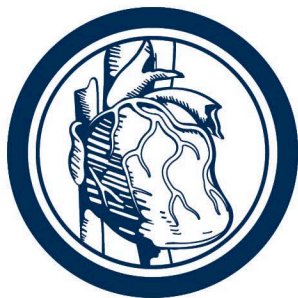


- Restructuring rotations
- Imaging/ECG/cath virtual board reviews
- Clinic note review for guideline based outpatient management
- Procedural simulation
- DEI curriculum
- WIC meetings



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

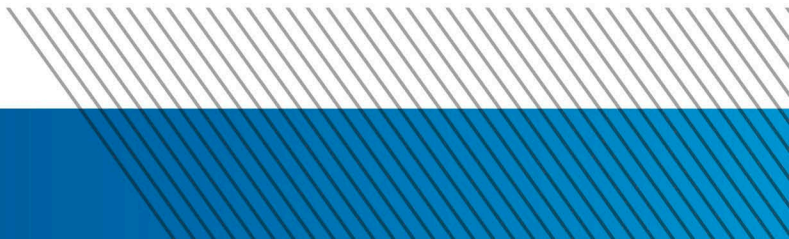
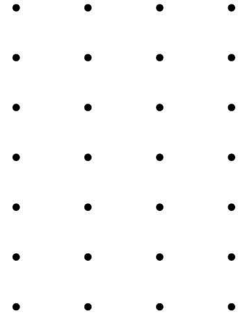
*Advancing Heart Care Worldwide*



AMERICAN  
COLLEGE *of*  
CARDIOLOGY<sup>®</sup>

---

*Advancing Heart Care Worldwide*



# Inviting Faculty to Teach: It's just not an e-mail invitation

Marty C. Tam, MD, FACC

Assistant Professor, Division of Cardiovascular Medicine

Associate Program Director, Cardiovascular Disease Fellowship

Associate Program Director, Advanced Heart Failure & Transplant Cardiology Fellowship

University of Michigan



AMERICAN  
COLLEGE of  
CARDIOLOGY

*Advancing Heart Care Worldwide*



Dear Dr. Thakker,

As the chief fellow this year, I am helping to plan the boot camp lectures for July. Can you give a talk on interpreting echocardiograms and evaluating for urgent cardiac conditions?

Thanks,

Marty



AMERICAN  
COLLEGE of  
CARDIOLOGY

*Advancing Heart Care Worldwide*

# Objectives

By the end of this session, you will be able to:

List three reasons learning goals/objectives are important

Identify the key elements of a learning objective

List three ways to encourage faculty use of active learning



# Objectives

By the end of this session, you will be able to:

**List three reasons learning goals/objectives are important**

**Identify the key elements of a learning objective**

**List three ways to encourage faculty use of active learning**



Needs assessment  
and learning gaps



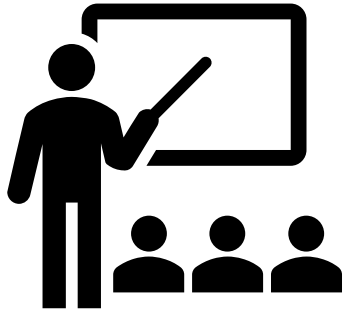
Specify goals and  
objectives  
for learning  
activities



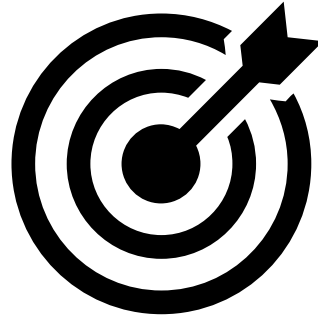
AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*

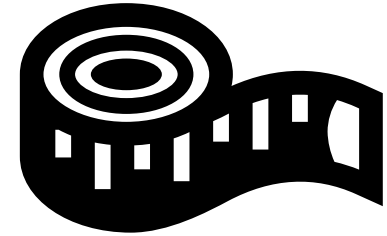
# Why do goals and objectives matter?



Learner-  
centered



Targeted  
teaching



Measurable  
outcomes



AMERICAN  
COLLEGE of  
CARDIOLOGY

*Advancing Heart Care Worldwide*

# Be specific about your REAL GOAL

To teach the new fellows echocardiography

Vs.

To prepare new fellows to perform and interpret limited TTEs for urgent cardiac conditions when on call

# Constructing learning objectives

## Components

Audience

Behavior

Condition

Degree of mastery



## Example

New cardiology  
fellows

Identify signs of  
cardiac tamponade

By end of this  
lecture

All major echo  
findings



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*



# Provide a roadmap for teachers and learners

By the end of the lecture, the new cardiology fellows should be able to:

- Identify four echocardiographic findings of cardiac tamponade physiology
- Etc...

# Takeaway points

Learning goals and objective help teachers be:

**Learner-centered, targeted to needs, outcomes-focused**

For a learning activity, learning objectives identify the:

**Audience, behavior, condition, degree of mastery**

# Objectives

By the end of this session, you will be able to:

List three reasons learning goals/objectives are important

Identify the key elements of a learning objective

**List three ways to encourage faculty use of active learning**



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*



# ASE Guidelines for Pericardial Disease

**Table 6** Imaging findings in PEff and tamponade

Echocardiography	CT	CMR
<b>Effusion</b>		
Echolucent space between visceral and parietal pericardium	Localization and quantitation of pericardial fluid	Localization and quantitation of fluid
Qualitative size and distribution of effusion	Tissue characterization on the basis of computed tomographic attenuation	Tissue characterization on the basis of signal intensity
Stranding, adhesions, slow moving contrast (if blood present) with exudative effusions	Differentiation of pericardial thickening from fluid	Differentiation of pericardial thickening from fluid
<b>Tamponade</b>		
PEff	Feasibility of surgery vs percutaneous drainage of complex effusions	Same as CT
Reduced LV size, appearance of LV hypertrophy	"Flattened heart"; compressed coronary sinus; septal bowing ↑ SVC, IVC size using static CT	
Dilated IVC and hepatic veins	Information similar to echocardiography using dynamic CT	
<b>Cardiac chamber collapses</b>		
Respiratory variation in chamber size (↑ RV, ↓ LV with inspiration)		
Respiratory variation in transvalvular velocities (↑ tricuspid, pulmonic, ↓ mitral, aortic with inspiration) and ↑ isovolumic relaxation time with inspiration		
Low hepatic vein velocities, decreased expiratory diastolic hepatic vein velocities, with large reversals		



# What helps with active learning?

Powered by  **Poll Everywhere**

Start the presentation to see live content. For screen share software, share the entire screen. Get help at [pollev.com/app](https://pollev.com/app)

*Advancing Heart Care Worldwide*



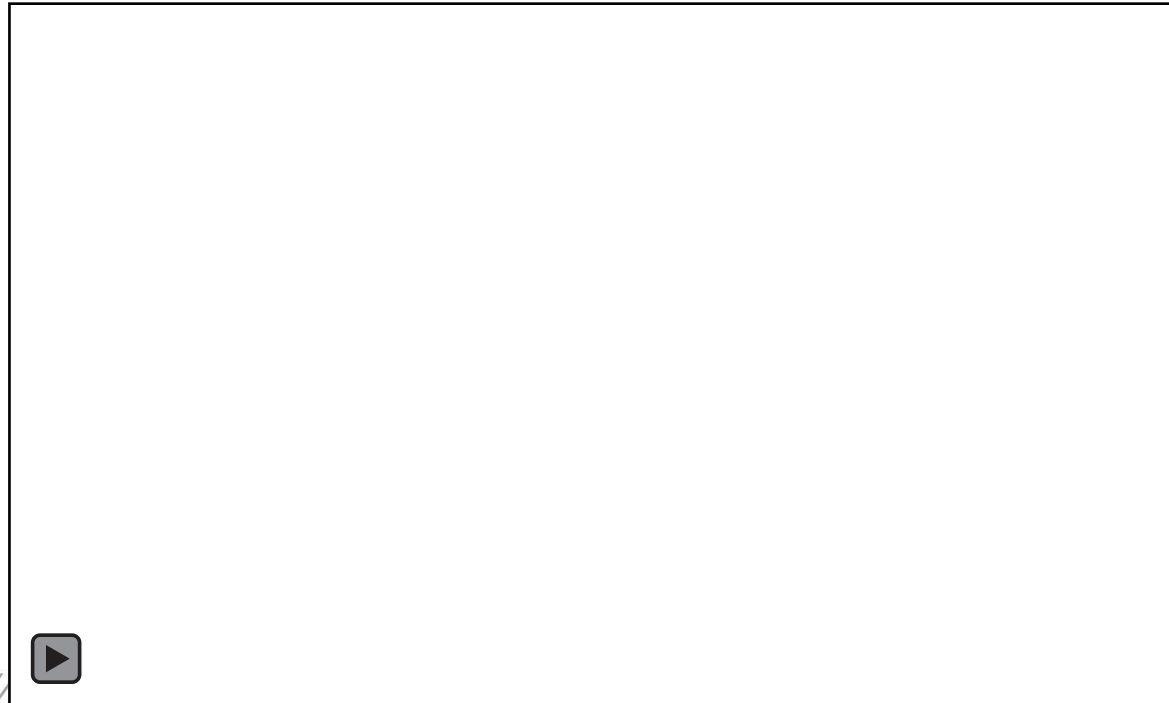
# Tip 1: Use an audience response system

Chat box, web-based platforms, clickers

Prepares audience for learning

Identifies gaps in real-time

# Tip 2: Use cases (storytelling)



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*

# Tip 3: Let learners talk to each other



# Takeaway points

To help **encourage faculty** to use active learning, suggest:

**Polling**/audience response

**Case-based** format

Paired or **small group** activities

# Summary

List three reasons learning goals/objectives are important

Identify the key elements of a learning objective

List three ways to encourage faculty use of active learning

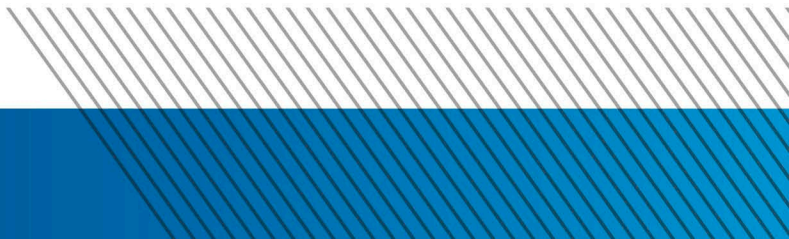
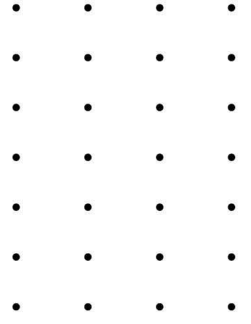




AMERICAN  
COLLEGE *of*  
CARDIOLOGY<sup>®</sup>

---

*Advancing Heart Care Worldwide*





# Getting Creative: Looking Beyond the Clinical Curriculum

Julia H. Indik MD PhD  
Professor of Medicine  
University of Arizona College of Medicine  
Tucson, AZ



# What's beyond the clinical curriculum?

- What do you need to be successful as a cardiologist after training?
- As a chief fellow what can you do to help yourself and your peers be ready after you finish training
  - Learning doesn't end when you graduate – Lifelong Learning
  - Your practice goes beyond clinic and inpatient work
- ***This is what comprises “Transition to Practice”***

# Transition to Practice: What Else?

- Getting that first job out of training
- Building your practice: Referrals
- Time Management: There are no more duty hour limits
- You want to get paid for the work you do: Billing and Coding
- When something goes wrong with a patient...

# Lifelong Learning

- First step passing board(s)
  - Which boards? It gets expensive to take multiple board examinations as well as to *maintain* those certificates
  - Learning habits developed during training should be flexible to carry over your career
- Web-based learning
  - Advantages
    - accessible on the go;
    - Apps [ACC Learn App (access any purchased materials including ACCSAP), Guidelines App as examples]
  - Disadvantages
    - Can be overwhelming – need to be picky and choose reputable sources!
    - Encourages passive learning rather than active learning – taking notes on what you read

# Lifelong learning: ACC apps

Repository for ACC educational products and courses

Includes Question Banks!

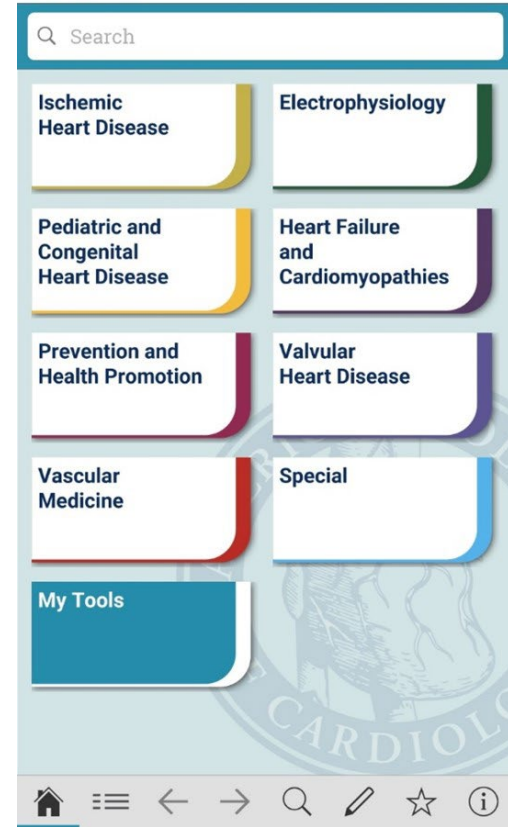


# ACC Guidelines App



AMERICAN  
COLLEGE of  
CARDIOLOGY

Guideline Clinical Apps



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*

# Negotiating the job

- The contract – is this a fair offer? What are they not telling you?
- Be clear on the expectations
- Is there a grace period and for how long while you are building your practice but not yet meeting revenue (RVU) goals?
- There may be fine print that is not even in the contract they provide to you but in a buried hyperlink to somewhere else



# Time management

How will you survive seeing 20 consults in a day, then reading echoes, and still get home to be with your family?

Learn during training how to see multiple consults in parallel rather than sequentially

Prepopulate notes, finish them up right away, before rounds – don't leave it to the end of the day.

Take some time at the end of the day to prepare for tomorrow



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*

# Building your practice

- The referrals –keep the referring physicians happy
- Will your colleagues help you grow your referrals?
- The support staff – from front desk to MA to the nurse
  - Someone not answering the phones can clobber a practice
  - In turn you need to ensure they know how much you respect them

# Billing and Coding

- A short note may bill better than a long one
- Learning how to ensure the key elements are always there (like chief complaint, do you need to state the family history)
- Provide specific and correct diagnoses that bill high
  - Acute systolic heart failure rather than congestive heart failure

# Billing and Coding

- Use of templates that help you cover the bases but don't obscure the real advice you are providing as a consultant
- Procedures – know the CPT codes!
- REQUEST AUDITS: exactly what was billed and check for accuracy! The coders may be wrong.

# When something goes wrong...

- Beyond the M&M
- Know how to reach the risk management team
- “just the facts” – don’t editorialize or offer any opinions in the note
- Complications happen to us all – try not to beat yourself up

# How do you teach this stuff?

- Invite faculty that write easy to read notes that bill high
- Consider inviting a contract lawyer, risk-management lawyer

# How do you teach this?

Invite alumni from your program to share what challenges they faced

- Alumni really do appreciate being invited back to the program to share their knowledge and experience
- This also builds “professional bridges” that can generate referrals and a job
- It’s a “win-win”



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*



# Resources? starting at ACC

## Tools and Practice Support



- Navigate to Tools and Practice
- Then to Practice Solutions
  - Then to Coding and Reimbursement

+ [Advocacy at the ACC](#)

[Risk Communications](#)

+ [Clinical Toolkits](#)

[Infographics](#)

[Mobile and Web Apps](#)

- [Practice Solutions](#)

[Coding and Reimbursement](#)

[Medicare Enrollment and Claims](#)

+ [Quality Programs](#)

# ACC Early Career Section



## Videos



### TRANSITIONING FROM FELLOWSHIP TO YOUR FIRST JOB: *A How-To Guide*



*Jeffrey B. Geske, MD, FACC  
Nishant R. Shah, MD, MPH, MSc, FACC*

## Webinars

### Webinar Key Takeaways

1. Start early by developing an ideal but realistic job description.
2. Important factors in selecting the ideal job include practice environment, quality of mentorship, research support, location and benefits.
3. Focus on your niche. Choosing a patient
5. Try to clump interviews together around the same time. Be ready for any immediate offers.
6. Be prepared for your interviews. Know your CV, the institution's organizational structure and your interviewers' backgrounds.

## Feature | Welcome to Early Career!

July 23, 2019

Feature Article

The transition from Fellow in Training to practicing physician is both exciting and stressful. The autonomy we wished for as trainees is suddenly right in front of us, as are the obligations for billing, establishing a referral network and perhaps getting to know a new health system.



In some ways, there is a sense of "arriving." The long hours of studying and clinical service have finally enabled us to join the community of practicing cardiologists.

# Beyond the Clinical Curriculum: Transition to Practice

- Lifelong learning and developing lifelong good study habits
- Build this into your conference curricula:
  - Finding that first job and negotiating the contract
  - Know how to bill and code effectively
  - Time management – efficiency
  - Building referrals
  - Risk management



AMERICAN  
COLLEGE of  
CARDIOLOGY

*Advancing Heart Care Worldwide*

# Panel Q&A

# THEME 4: THE CHIEF FELLOW'S ROLE IN RECRUITMENT AND DIVERSITY, EQUITY, AND INCLUSION

# Theme 4 landscape

- Panel discussion on recruitment
- *”Fostering diversity, equity, and inclusion in a fellowship program”*



Dr. Inbar Raber  
@InbarRaber



Dr. Jonathan Salik  
@Jonathan\_salik



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*



# Panel



Dr. Friederike Keating  
@FKeatingMD



Dr. Venu Menon  
@venumenon10



Dr. Nosheen Reza  
@noshreza



Dr. Quentin Youmans  
@QuentinYoumans



Dr. Joyce Njoroge  
@VoiceOfDrJoyce



Dr. Prashanth Thakkar  
@prathakker



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*



# Panel discussion



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*

# *Fostering Diversity, Equity, and Inclusion in a Fellowship Program*



Introduction  
Dr. Pablo Sanchez  
@pablosanchezcas



Speaker:  
Dr. Melvin Echols  
@MelvinEchols9



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*

# Fostering Diversity, Equity, and Inclusion in Fellowship

Melvin R. Echols, MD, FACC, FASPC  
Associate Professor of Medicine  
Program Director, Cardiovascular Disease Fellowship  
Morehouse School of Medicine

# Objectives

- Discuss how DEI goals coincide with cultural competency and GME
- Review some timely solutions to barriers of DEI in fellowship and the cardiology workforce

# Bed of Flowers Analogy

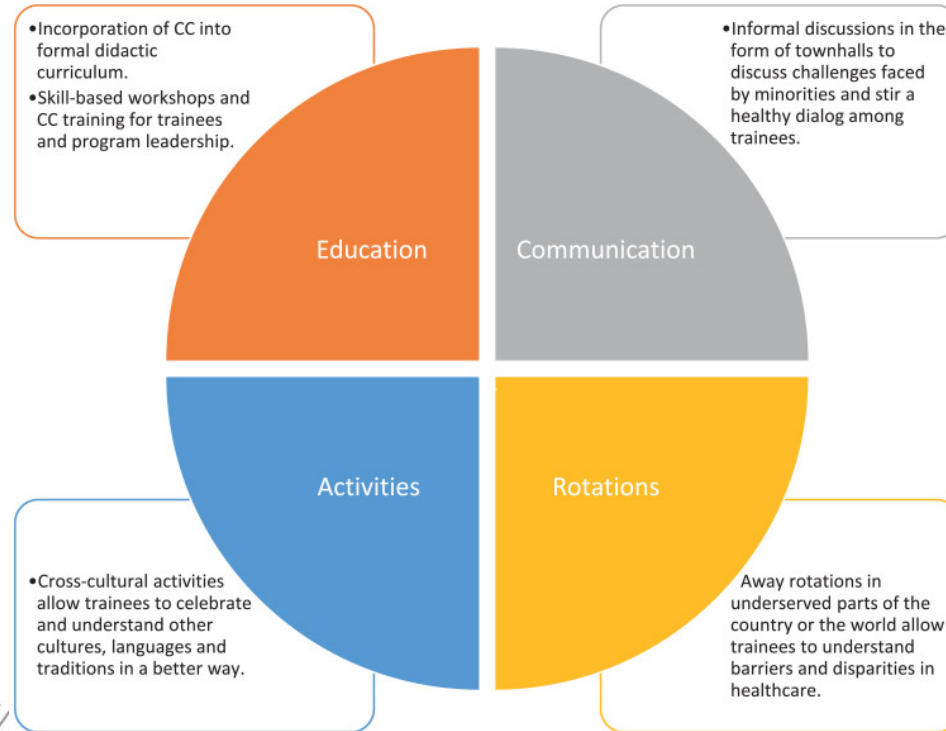


AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*



# Cultural Competency and GME



[https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(21\)00117-6/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00117-6/fulltext)



**AMERICAN COLLEGE of CARDIOLOGY**

*Advancing Heart Care Worldwide*



# Mission (stolen from Pittsburgh)

We aspire to achieve a fellowship that exemplifies and celebrates diversity and inclusion.

We reject racism in all forms:

written, spoken, felt, thought, or acted upon.

Our antiracist values are central to our mission and at the core of our program.



<https://dom.pitt.edu/card/fellowship/recruitment/>

# More pilfered insight....

We aim to train the next generation of cardiologists who will care for patients of all needs and backgrounds and be leaders in the field. We do that when we wholeheartedly work to continually improve the diverse excellence in division and to embrace the countless tangible and intangible ways in which a diverse physician workforce uplifts us in all of the life-saving science and medicine that takes place within these walls.

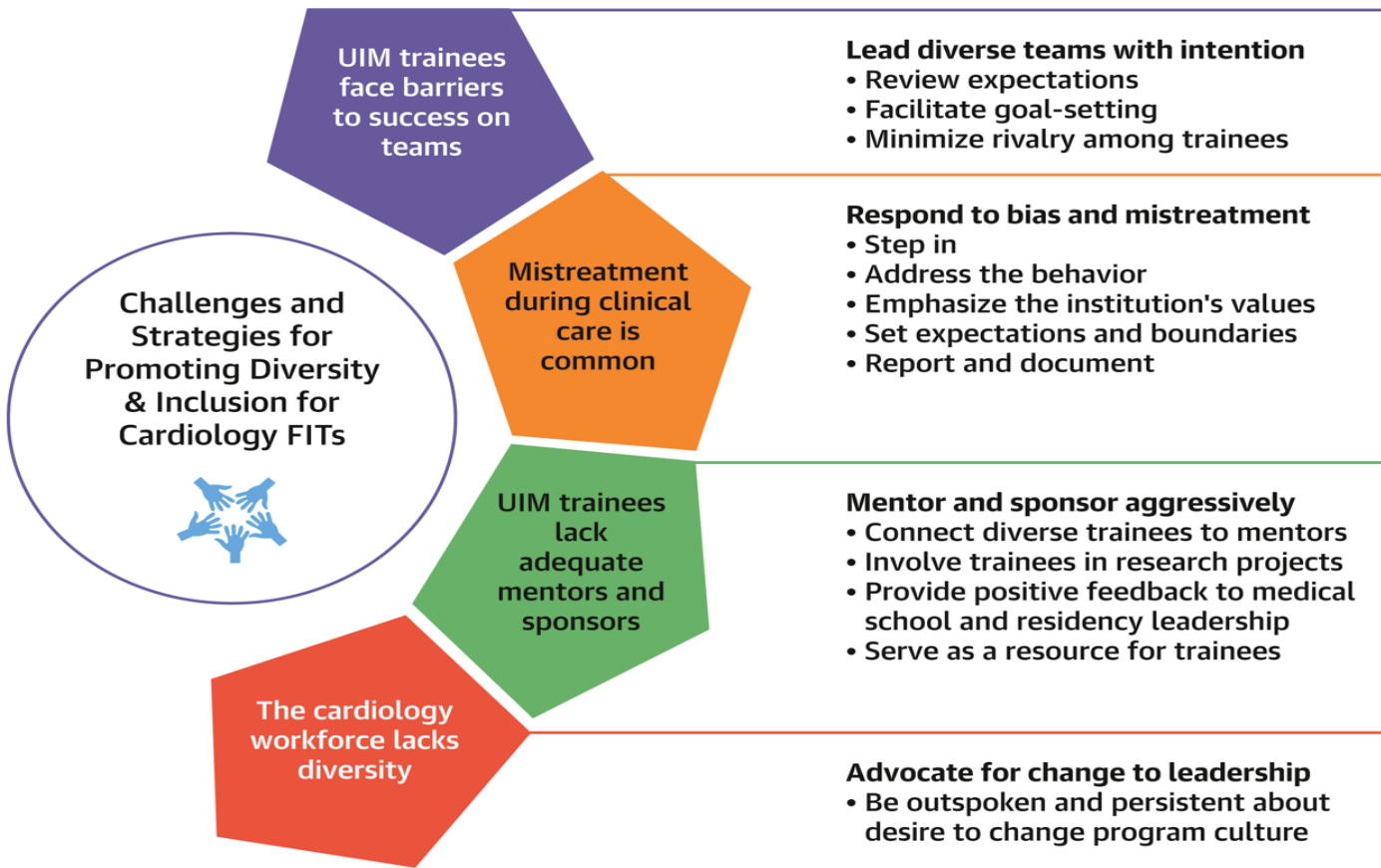


<https://dom.pitt.edu/card/fellowship/recruitment/>



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*

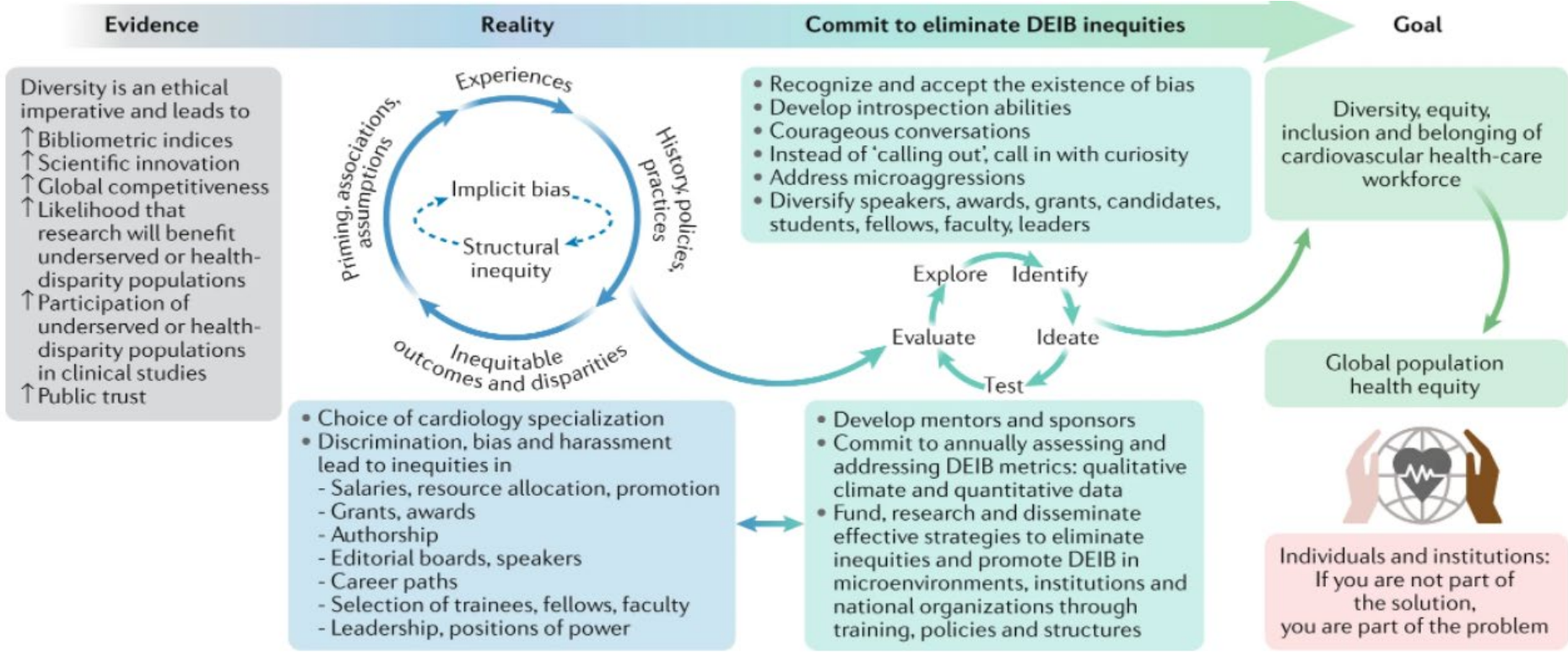


Njoroge J, Youmans Q, Chuzi S, et al. How Cardiovascular Disease Fellows Can Promote Diversity and Inclusion in Cardiology. *J Am Coll Cardiol.* 2021 Sep, 78 (11) 1188–1192. <https://doi.org/10.1016/j.jacc.2021.07.012>



**AMERICAN COLLEGE of CARDIOLOGY**

*Advancing Heart Care Worldwide*



Examples of available evidence, current reality and steps to be taken to overcome bias and structural inequity to achieve equity in the cardiovascular health-care workforce. DEIB, diversity, equity, inclusion and belonging.



# Association of Black Cardiologists' Cardiology Training Scorecard



ABC – Diversity  
Inclusion and Belonging  
Scorecard  
(ABC-DIBS)



## Diversity Program Characteristics

- Under-represented in Medicine (UIM) General Cardiology Fellowships
- Change in the number of fellows over time in your program
- Sense of belongingness
- UIM Faculty Measures

# IMPROVING EQUITY, INCLUSION & DIVERSITY IN CARDIOLOGY TO IMPROVE THE CARE OF ALL CARDIOVASCULAR PATIENTS



## HOSPITAL

- Policies to Support EDI
- Establish Culture of EDI
- Incentives based on Quality of Care



## METRICS

- Metrics of Quality of Care by Race, Gender, Sex
- Transparency of Quality of Care



## EDUCATION

- Bias Training
- Education on Racism & Impact on Cardiovascular Health



## REMOVE BARRIERS

- Patient Education
- Remove Language & Cultural Barriers
- Equity of Access
- Implement AI



## INCREASE DIVERSITY

- Diversify Team
- Diversity/Inclusion in Trials & Research
- Authentic Community Engagement

[https://www.cjopen.ca/article/S2589-790X\(21\)00248-1/fulltext](https://www.cjopen.ca/article/S2589-790X(21)00248-1/fulltext)



AMERICAN  
COLLEGE of  
CARDIOLOGY<sup>®</sup>

*Advancing Heart Care Worldwide*



# WELCOME TO THE ACC FIT CHIEF FELLOWS NETWORK

- ❑ Join Members Hub!
  - ✓ For ACC FITs with a group dedicated to ACC CFN (private access)
  - ✓ Continue our Q&A/discussions from today!
  - ✓ Share resources/ideas
  
- ❑ ACC Chief Fellows Network meetings throughout the year
  - ✓ Look out for an email for the first meeting of the 2022-2023 academic year
  
- ❑ Cardiology applicant mentorship (CAM) program
  - ✓ Application mentorship and mock interview program
  - ✓ Link will be sent to your email. Please encourage your co-fellows to join!



AMERICAN  
COLLEGE *of*  
CARDIOLOGY<sup>®</sup>

---

*Advancing Heart Care Worldwide*