

Apply for the 2012 ACCF Career Development and Research Awards

Applications are now being accepted by the ACCF Research Fellowship Awards Committee. Fellows in Training (FITs) currently enrolled in accredited training programs and early career members are encouraged to submit a research application and proposal for one of the following award programs:

- ACCF/Merck Research Fellowship in Cardiovascular Disease
- ACCF/William F. Keating, Esq. Endowment Career Development Award for Hypertension and Peripheral Vascular Disease
- ACCF Career Development Awards in Cardiovascular Imaging Technologies and Targeted Imaging Agents

The deadline for the 2012 Research Awards applications is September 25, 2011. Visit <http://acc.gsubmit.net> to submit your application.

ACC will also be accepting applications for the Young Investigator Awards (YIA) competition in the following categories:

- Clinical Investigations, Congenital Heart Disease and Cardiac Surgery
- Physiology, Pharmacology and Pathology
- ACCF/Herman K. Gold Young Investigator Awards in Molecular and Cellular Cardiology
- Cardiovascular Health Outcomes and Population Genetics (tentative)

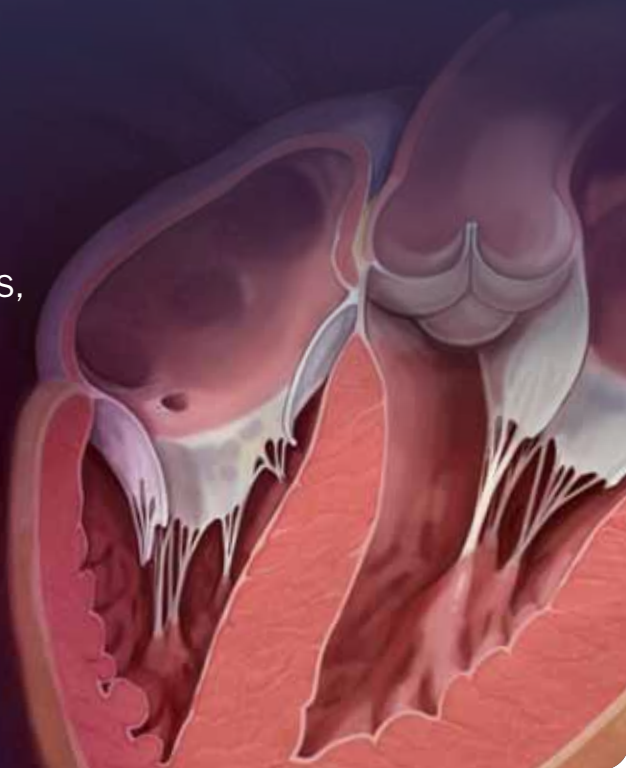
The Young Investigator Awards are open to any physician/scientist presently in a residency or a fellowship training program or who has been in such a program within the past three years; medical students and PhD candidates. The submission process requires a manuscript and abstract summarizing any problem that relates to cardiovascular disease whether it is in etiology, pathophysiology, diagnosis or therapy.

The deadline for YIA applications is October 14, 2011.

Please contact Kristin Robertson at kroberts@acc.org with any questions regarding the award programs. For more information about the awards available and application process, please visit www.CardioSource.org/ResearchAwards.

Heart Valve Summit

The premier surgical, cardiovascular, interventional and cardiac imaging medical societies and associations (AATS, ACCF, ASE, SCAI, and STS) are proud to present to you the only educational program that addresses valvular heart disease from a cardiology and surgical point of view, the *2011 Heart Valve Summit*. This unique, interdisciplinary program will include real world, interactive case-based patient management discussions, review of current practice guidelines and focused breakouts for cardiologists, cardiac surgeons, nurses and physician assistants. Register today by visiting www.aats.org/valve.





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ACC Fellows in Training

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Arrhythmias in the Real World 2011

Join your colleagues in Washington, D.C. for a stimulating and interactive course that will provide practicing clinicians with an educational experience that will enhance their knowledge and clinical skills in treating and managing patients experiencing arrhythmias. In this two-and-one-half-day course, attendees will interact with leading experts through exciting case—and evidence-based presentations, focused break-out sessions and networking opportunities. **Register today for best rates at www.CardioSource.org/ARW2011.**



ACC Fellows in Training

QUARTERLY NEWSLETTER

SPRING 2011
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Why Your Financial Plan May Look Different From Most

The transition from fellowship to entering practice can be an exciting, but stressful, time in one's career. If you are like most physicians in training, you may find it difficult planning for the upcoming financial decisions that will help you in the future.

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Are You Graduating From Training This Year?

Congratulations! It's time to take your first steps on the path to becoming a Fellow of the ACC.

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Apply for the 2012 ACCF Career Development and Research Awards

Receive funding to continue your research and to boost your career development with the 2011-2012 Research, Career Development and Young Investigator Awards.

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New Guidelines Issued by ACGME Begin This July

The 80-hour work rule lives on, but even tighter restrictions, as proposed by the Accreditation Council for Graduate Medical Education (ACGME), go into effect July 1, 2011. While the restrictions were developed to improve quality of care and patient safety, amongst other issues, Fellows in Training (FITs) have expressed concerns.

FITs are apprehensive about the affect the guidelines may have on the distribution of work, disruptions to transitions of care that impact the patient-physician relationship and how interns and residents are educated and, ultimately, "prepared" during training.

ACGME's latest guidelines operate on a sliding scale, as allowable hours and limitations are set according to experience level. Interns face the most restrictions, such as a 16-hour maximum shift. More senior residents are allotted 24 hours—with four hours for transition and education—reduced from the 30 hours allowed currently.

"Part of internship is following a patient in interval fashion," says FIT Committee Chair, Justin Bachman, MD. "There will be fewer opportunities to see the results of your interventions in real time with the continuous duty limit cut nearly in half."

Joseph A. Hill, MD, PhD, FACC, chief of cardiology at UT Southwestern Medical Center, concurs. "At some point, a physician in training benefits from involvement in

the longitudinal care of a sick patient," says Dr. Hill. Interns and junior residents may miss out on "encountering the patient on presentation, diagnosing the disorder, treating it and discharging the patient from the hospital."

The restrictions result in "shift work," says Marvin A. Konstam, MD, FACC, chief physician executive at The CardioVascular Center at Tufts Medical Center. Education of trainees is degraded "by forcing them to 'cover' patients who are not 'theirs' and whom they do not know, rather than experiencing the gratification of seeing an individual patient's care through beyond the hour when 'time is up.'"

With this in mind, some FITs believe that residents will feel less of a sense of ownership in a patient's welfare. The new system will likely result in less individual responsibility and more team responsibility, says FIT Scott M. Lilly, MD, PhD, of the Hospital of the University of Pennsylvania.

"Trainees may become more apt to react to patterns, laboratory values or radiological studies," says Dr. Lilly, "and be less well-positioned to make patient-based recommendations that account for the patient's past experiences or personal beliefs."

Furthermore, interns may not receive adequate exposure to cardiovascular diseases and will have less clinical experience as they enter their second year of residency.

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"No one is advocating the 'bad old days' when trainees were undeniably overworked," says Dr. Hill. However, many FITs assert that work hours rules have gone too far and require more modest restrictions than the impending guidelines.

Another part of the challenge is that the ACGME does not specify how hospitals should screen and track this required information. Much of the ambiguity is because solutions can vary according to programs, hospital size, location and whether around-the-clock duty is required from trainees.

Junior and senior residents will likely feel the full force of the guidelines. Regardless, Dr. Konstam says, by necessity, there will be a shift in primary responsibility from medical housestaff to cardiology fellows.

"As housestaff patient continuity is further degraded by these changes—from its already severely impaired state—we

will have to depend on 'higher level' personnel, including cardiology trainees, to fill the gap, step in and care for the patient," says Dr. Konstam.

CV programs are preparing for July's changes in several ways, says C.A. Sivaram, MD, FACC, chair of the ACC Cardiology Training and Workforce Committee and program director at the University of Oklahoma and DVA Medical Center. Adding staff, particularly hospitalists and mid-level providers is ideal, says Dr. Sivaram, but additional funding must be secured to acquire these new positions. High demand for this type of staff further complicates the issue.

Scheduling is also on the table, as some programs may abandon traditional house calls for a night float system for fellowship trainees. Shift work is likely, with some programs moving to six days of 12-hour shifts, eliminating many "golden weekends" for trainees.

"On another level, this is an example of one element of medical leadership being disconnected from the realities we are all facing in health care," says Dr. Konstam. "We do need to prevent abuses on all health care personnel, including trainees. But we need to be allowed to find our own innovative solutions on the ground, rather than being handed arbitrary, cookie-cutter mandates."

The coming months will be a learning process for us all," says Dr. Bachman. "We will need to stay closely engaged with our institutional graduate medical education leadership and with the ACGME so that we can understand the implications of the duty hour rules."

Legislative Conference Travel Awards

Now is the time to apply for the FIT Travel Awards for the 2011 Legislative Conference. The ACC has made a select number of travel awards available for FIT members attend the ACC's 2011 Legislative Conference on September 11-13, 2011 in Washington, D.C. This travel award program provides FITs with an opportunity to become more educated about the important work the ACC is doing in the areas of Medicare reform, health system reform and research and prevention. It also serves to encourage them to get involved with important advocacy issues that affect their profession. Reimbursement of travel expenses incurred from traveling to and from the Legislative Conference will be provided to the awardees up to \$1,000. Awardees will be selected via a random drawing and will be reimbursed after the conference. Awardees will be expected to document their use of the funds by providing original receipts. For more information or to apply for this award, interested applicants should send their contact name and information to Amalea Híjar at ahijar@acc.org by July 8, 2011. For more information regarding the 2011 Legislative Conference, please contact the ACC's Advocacy Department at advocacyleg@acc.org or call (800) 435-9203. Eligibility is limited to FIT members of the American College of Cardiology.



Why Your Financial Plan May Look Different From Most

Written by Michael Merrill, CLU, ChFC & Anders Ramstad, CLU, ChFC

The transition from fellowship to entering practice can be an exciting, but stressful, time in one's career. If you are like most physicians in training, you may find it difficult planning for the upcoming financial decisions that will help you in the future. While the easiest way to navigate the maze of options is by becoming educated about each of them, the endless amount of information available can make it difficult to determine the choices and considerations most applicable to your current situation. Fortunately, we've compiled a short list of factors that may help determine what will affect your financial planning as a specialized physician.

- As a highly compensated, specialized physician, your income will set you apart from the majority of Americans. This means that you will have a much greater tax liability than most.
- As a specialized physician, the risk of being sued is greater than the majority of occupations. This means that you will have a greater need for proper asset protection planning.
- As a specialized physician you will spend an additional eleven years in training, far more than the majority of occupations require. This means that you are getting a later start than most when it comes to aggressively saving for retirement.

A well-structured financial plan catered to a cardiologist, for example, will address these issues and be customized to help that individual achieve his or her specific short- and long-term goals. Keep this in mind if you are soliciting advice from friends or family members who may not be in your exact situation. The tricky part about financial planning is that most decisions you will face tend to be "gray areas," where there is not always a right or wrong direction. Furthermore, your financial plan should have flexibility and options which allow for continued success when circumstances change.

One of the most important pieces of any physician's financial plan starts with a properly structured long-term disability policy. Put quite simply, disability insurance protects your income. Your entire financial plan — *retirement, college funding for children, buying a house, etc.* — is based on the assumption that you will have the ability to earn an income. Without an income there is no financial plan. Most people

don't think twice about insuring their home and car, so why wouldn't one insure their greatest asset: the ability to earn an income? A cardiologist can spend 15 years between undergraduate, medical school, residency and fellowship. If the ability to practice medicine in that specialty is lost due to an injury or illness and you lack a properly structured long-term disability policy, future income potential can be lost or greatly reduced. You owe it to yourself to protect this priceless asset.

It is important that physicians secure an individually owned policy that protects their specific specialty and is not tied to an employer. By doing so, maximum flexibility and financial security is gained because no one can take that away. Employer-sponsored insurance policies are contracts between the insurance company and the employer, so either party has the right to cancel the coverage at any time. This piece of your plan is far too important to leave in the hands of your employer. In addition, most employer-sponsored plans pay taxable benefits in the event of a claim. This means that if you were counting on a benefit that replaces 60% of your monthly income in the event of a disability, you may only be receiving a benefit closer to 40% due to the taxes that will be withheld from the payments. This discrepancy reinforces the need for individual coverage to make up the difference between what you will receive from the employer-sponsored plan and what your take home pay was prior to becoming disabled.

Bottom line, protect what you've worked so hard to build.

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Last Printed Newsletter

Now you can take your FIT newsletter on-the-go and read it on your iPad and iPhone. Beginning with the next issue, the FIT newsletter will be moving to electronic delivery—making it easier for you to access all your favorite articles when YOU want them, even if you are not at home. What this means for you is that you will receive the Fall 2011 issue via email only. We want to make sure you're able to receive the FIT newsletter electronically. Unfortunately, we're missing some of our FITs email addresses. Do we have your most up-to-date email address on file? If not, please log on to CardioSource.org to update your email address in your profile or send us an updated email address to resource@acc.org with the subject line "FIT Newsletter". You may also call us at (202) 375-6000, ext. 5603. Want to check out the FIT Newsletter online now? Visit www.CardioSource.org/FIT to access the online version of this issue.



Are You Graduating From Training This Year?

Congratulations! It's time to take your first steps on the path to becoming a Fellow of the American College of Cardiology (FACC)

This is a significant event in your professional life, one which brings a certain amount of change. Upon graduating from training, your ACC membership will be converted to Affiliate status, which entitles you to free benefits and membership through 2011 and a discounted membership through 2012. Membership benefits and dues for Affiliates and FACCs are the same, so now is the time to start the FACC application process.

While you must pass your Board exam to become a Fellow of the American College of Cardiology, you are already eligible to apply for full FACC membership within the College. The process may sound daunting, but we've broken it down into a few easy steps and all the membership forms you need are available at www.CardioSource.org/Join:

1. Complete your application. Only completed applications will be processed, so please make sure prior to submission that it is completed in full, with sponsor signatures.
2. Obtain two letters of sponsorship. These sponsor letters should come from current Fellows of the College who have reviewed your application and signed the Sponsor's Endorsement section of the application. At least one of the sponsors must be from your geographic area of professional activity; however, only one of the sponsors can be from a partner or colleague who works in your office. You are also limited to one sponsor from your training program and relatives may not sponsor you.

3. Submit the completed application packet including the signed application form and attachments, letters of sponsorship and payment of your annual dues and nonrefundable processing fee.

The ACC Credentialing and Membership Committee meets twice each year to review applications and make determinations on accepting membership applications, and will contact you once a decision has been made regarding your application. The College will communicate directly with the ABIM to verify your Board results. If you have any questions, contact our Resource Center at any time at (202) 375-6000 ext. 5603. We look forward to receiving and reviewing your materials!

