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
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

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

Tweet about the Symposium! #ACCFIT
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
Scenario:

Feedback from the cardiac cath lab rotation indicate that 1st and 2nd 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.
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
THEME 2: CREATING THE CULTURE: A CHIEF FELLOW’S ROLE IN MENTORSHIP AND WELLNESS
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.”
“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
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!)
Bird’s Eye View of the Curriculum

Julie Damp, MD
@BoydDamp
Objectives

Review what drives our curriculum

Discuss strategies to augment local experiences
AC2015 Core Cardiovascular Training Statement (COCATS 4) (Revision of COCATS 3)
Fellows must demonstrate competence in prevention, evaluation, and management of the following: (Core)

- arrhythmias; acute myocardial infarction and other acute ischemic syndromes; (Core)
- cardiomyopathy; (Core)
- cardiovascular evaluation of patients undergoing noncardiac surgery; (Core)

A minimum time must be spent in the following areas: (Core)

- 24 months of clinical experience, including inpatient and special experiences; (Core)
- four months in the cardiac catheterization laboratory; (Core)
- six months in noninvasive cardiac evaluations, consisting of the following: (Core)
  - three months of echocardiography and Doppler; (Core)
- 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; (Core)
Training and Procedure Requirements

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

<table>
<thead>
<tr>
<th>MINIMUM MONTHS OF TRAINING</th>
<th>CLINICAL MONTHS REQUIRED</th>
<th>PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>36*</td>
<td>24</td>
<td>• Advanced cardiac life support (ACLS), including cardioversion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Electrocardiography, including ambulatory monitoring and exercise testing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Echocardiography</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Arterial catheter insertion</td>
</tr>
</tbody>
</table>

*Note: *36 months of training is required with a minimum of 24 months of clinical training.
ACC 2015 Core Cardiovascular Training Statement (COCATS 4) (Revision of COCATS 3)

COCATS GUIDELINES

Guidelines for Training in Adult Cardiovascular Medicine
Core Cardiology Training Symposium (COCATS)*
June 27-28, 1994
JOSEPH S. ALPERT, MD, FACC, CHAIRMAN
<table>
<thead>
<tr>
<th></th>
<th>Skill to perform and interpret a basic transthoracic echocardiographic examination.</th>
<th>12</th>
<th>24</th>
<th>36</th>
<th>Add</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Skill to perform and interpret a comprehensive transthoracic echocardiographic examination.</td>
<td>12</td>
<td>24</td>
<td>36</td>
<td>Add</td>
</tr>
<tr>
<td>3</td>
<td>Skill to perform and interpret a comprehensive transesophageal echocardiographic examination.</td>
<td>12</td>
<td>24</td>
<td>36</td>
<td>Add</td>
</tr>
<tr>
<td>4</td>
<td>Skill to recognize pathophysiology, quantify severity of disease, identify associated findings, and recognize artifacts in echocardiography.</td>
<td>12</td>
<td>24</td>
<td>36</td>
<td>Add</td>
</tr>
<tr>
<td>5</td>
<td>Skill to integrate echocardiographic findings with clinical and other testing results in the evaluation and management of patients.</td>
<td>12</td>
<td>24</td>
<td>36</td>
<td>Add</td>
</tr>
<tr>
<td>6</td>
<td>Skill to interpret stress echocardiography.</td>
<td>12</td>
<td>24</td>
<td>36</td>
<td>Add</td>
</tr>
<tr>
<td>7</td>
<td>Skill to incorporate stress hemodynamic information in the management of complex valve disease or hypertrophic cardiomyopathy.</td>
<td>12</td>
<td>24</td>
<td>36</td>
<td>Add</td>
</tr>
<tr>
<td>8</td>
<td>Skill to utilize echocardiographic techniques during cardiac interventions, including intraoperative transesophageal echocardiography.</td>
<td>12</td>
<td>24</td>
<td>36</td>
<td>Add</td>
</tr>
<tr>
<td>9</td>
<td>Skill to perform and interpret basic 3-dimensional echocardiography.</td>
<td>12</td>
<td>24</td>
<td>36</td>
<td>Add</td>
</tr>
<tr>
<td>10</td>
<td>Skill to utilize advanced 3-dimensional echocardiography during guidance of procedures and/or surgery.</td>
<td>12</td>
<td>24</td>
<td>36</td>
<td>Add</td>
</tr>
<tr>
<td>11</td>
<td>Skill to perform and interpret contrast echocardiographic studies.</td>
<td>12</td>
<td>24</td>
<td>36</td>
<td>Add</td>
</tr>
</tbody>
</table>

**EVALUATION TOOLS:** direct observation, logbook, and simulation.
<table>
<thead>
<tr>
<th>Level</th>
<th>Duration of Training* (Months)</th>
<th>Cumulative Duration* (Months)</th>
<th>Minimal No. of TTE Examinations Performed</th>
<th>Minimal No. of TTE Examinations Interpreted</th>
<th>TEE and Special Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>3</td>
<td>3</td>
<td>75</td>
<td>150</td>
<td>Yes†</td>
</tr>
<tr>
<td>II</td>
<td>3</td>
<td>6</td>
<td>150 (75 Add)</td>
<td>300 (150 Add)</td>
<td>Yes‡</td>
</tr>
<tr>
<td>III</td>
<td>3</td>
<td>9</td>
<td>300 (150 Add)</td>
<td>750 (450 Add)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*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?

- Cardiac Transplant
- Cardio-Oncology
- ACHD
- VAD
- PHTN
- CMR
- CCT
- Vascular Medicine
- Structural Heart
- None

Current State  Learning Gap  Desired State

Learning activities  Learning activities
1st: Identify Desired Results

2nd: Determine acceptable evidence

3rd: Plan learning experiences & instruction
Rotations at other sites

Table 2. General Steps Involved in Establishing an Away Rotation

1. Obtain local administrative and GME permissions from both sites
2. Identify a site director in the AHFTC program
3. Credentialing may need to be done for patient care and procedures
4. Establish sources of funding
5. Sign a memorandum of understanding and a program letter of agreement between the 2 sites
6. Establish a curriculum for fellow training
7. 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
8. Coordinate scheduling of visiting fellows with full-time fellow training and exercise testing laboratories for core competencies
Collaborative rotations
De-structured experiences

Cardio-oncology

- Inpatient consult service
- Cardiology clinic
- Oncology clinic

Over time while on other structured rotations
Simulation

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

Daniel J. Béliveau, MD  •  Andrew Moeller, MD, MASc, MEd  •  Sarah Remer, MD

Pericardiocentesis Construction JETem2019
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
Digital learning
The much anticipated @CardioNerds #CardioOB Series is about to begin!

💌😎 cardionerds.com/cardio-obstketr...

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

Honored to add:
- Black Maternal CV Health w/ @DrRachellMBond
- Preg & Cath Lab w/ Dr. Luna

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
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
Welcome to
The Iowa ACC & Iowa FIT Council
Cardiac MRI Lecture Series
May 21st, 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

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

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
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
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
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
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
Why do goals and objectives matter?

Learner-centered
Targeted teaching
Measurable outcomes
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

<table>
<thead>
<tr>
<th>Audience</th>
<th>Behavior</th>
<th>Condition</th>
<th>Degree of mastery</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cardiology fellows</td>
<td>Identify signs of cardiac tamponade</td>
<td>By end of this lecture</td>
<td>All major echo findings</td>
</tr>
</tbody>
</table>

Example
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
## ASE Guidelines for Pericardial Disease

### Table 6: Imaging findings in PEff and tamponade

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

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

Tools and Practice Support

- Advocacy at the ACC
- Risk Communications
- Clinical Toolkits
- Infographics
- Mobile and Web Apps
- Practice Solutions
  - Coding and Reimbursement
  - Medicare Enrollment and Claims
- Quality Programs
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
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
Panel discussion
Fostering Diversity, Equity, and Inclusion in a Fellowship Program

Introduction
Dr. Pablo Sanchez @pablosanchezcas

Speaker:
Dr. Melvin Echols @MelvinEchols9
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
Cultural Competency and GME

- Incorporation of CC into formal didactic curriculum.
- Skill-based workshops and CC training for trainees and program leadership.

- Informal discussions in the form of townhalls to discuss challenges faced by minorities and stir a healthy dialog among trainees.

- Cross-cultural activities allow trainees to celebrate and understand other cultures, languages and traditions in a better way.

- Away rotations in underserved parts of the country or the world allow trainees to understand barriers and disparities in healthcare.

https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00117-6/fulltext
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/
Challenges and Strategies for Promoting Diversity & Inclusion for Cardiology FITs

- UIM trainees face barriers to success on teams
- Mistreatment during clinical care is common
- UIM trainees lack adequate mentors and sponsors
- The cardiology workforce lacks diversity

Lead diverse teams with intention
- Review expectations
- Facilitate goal-setting
- Minimize rivalry among trainees

Respond to bias and mistreatment
- Step in
- Address the behavior
- Emphasize the institution's values
- Set expectations and boundaries
- Report and document

Mentor and sponsor aggressively
- Connect diverse trainees to mentors
- Involve trainees in research projects
- Provide positive feedback to medical school and residency leadership
- Serve as a resource for trainees

Advocate for change to leadership
- Be outspoken and persistent about desire to change program culture

Examples of available evidence, current reality and steps to be taken to overcome bias and structural inequity to achieve equity in the cardiovascular healthcare 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.cjcopen.ca/article/S2589-790X(21)00248-1/fulltext
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!