



ACC Fellows in Training

QUARTERLY NEWSLETTER

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Fellows in Training Increase Their Advocacy Efforts

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Benefit Spotlight: *Journal of the American College of Cardiology*

As a Fellow in Training (FIT), you receive a complimentary subscription to a weekly publication, *The Journal of the American College of Cardiology (JACC)*.

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Ethics and Policy Challenges in Pediatric & Adult Congenital Heart Disease

This conference addresses an important and growing, yet understudied, clinical issue and patient population. Find out more.

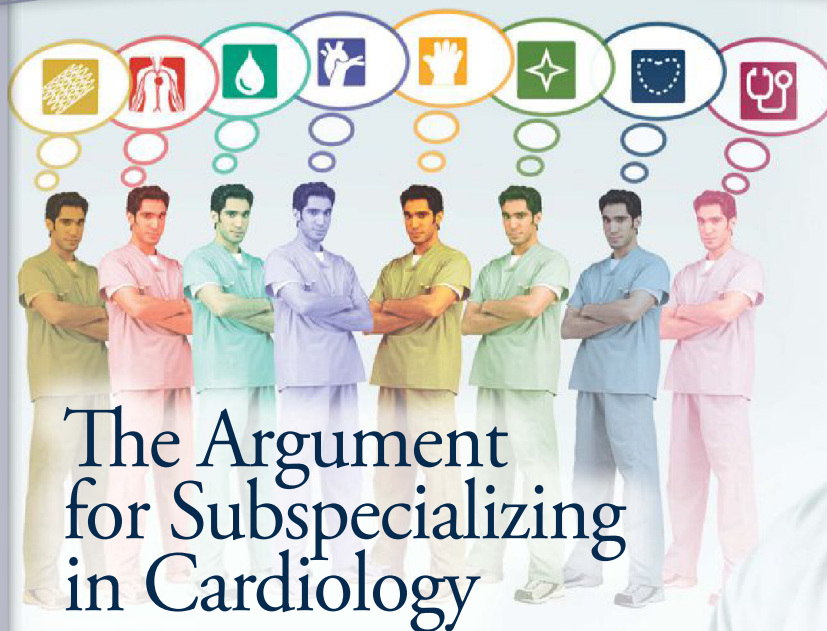
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The Argument for Subspecializing in Cardiology

At a time when some in the medical community have called for more generalists, the subspecialty realm in cardiology has widened – that is to say, by becoming more narrow or specific. From Interventional Cardiology to the latest ABIM-accredited subspecialty, Advanced Heart Failure and Transplant Cardiology, subspecializing can go on to include specialty boards that offer additional certification in areas such as echocardiography and congenital heart disease.

In 2011, ABIM submitted an application to the American Board of Medical Specialties to create a certified subspecialty in adult congenital heart disease in a move to designate formal fellowship training guidelines and accreditation. An advanced imaging training paradigm was proposed to ABIM in 2006.

“Maybe we are our own worst enemy – or perhaps the most stringent – on what is required to practice our specialty,” says W. Douglas Weaver, MD, MACC of the Henry Ford Health System in Michigan.

The three dependent subspecialties of Cardiovascular Disease recognized by the Accreditation Council for Graduate Medical Education are Advanced Heart

Failure and Transplant Cardiology, Clinical Cardiac Electrophysiology and Interventional Cardiology.

There are additional certification boards for echo, nuclear, CT, MRI, vascular imaging and vascular medicine: the prerequisites for which may be completed with careful planning during a general cardiology fellowship.

“So while Fellows in Training (FITs) can wait until after fellowship to decide to take the tests, they do have to meet certain prerequisites during fellowship to take the tests,” says David E. Winchester, MD, assistant professor at the University of Florida, Division of Cardiovascular Medicine. “Therefore, FITs need to focus on attaining the COCATS level 2 training during fellowship in order to be eligible.”

All of this opportunity may seem a bit overwhelming to FITs, who must carefully weigh their educational and career goals with required length of training, work-life balance and financial considerations. There's no official deadline to subspecialize, but FITs often begin to evaluate their options by the end of their second year, after rotating through the subspecialties.

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The Argument for Subspecializing in Cardiology

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“As with medical students, FITs need to be paying attention to things that interest them and seek out education to match their interests,” says Dr. Winchester.

Though it can be challenging to decide what to pursue, says Dr. Winchester, FITs should also consider that once out of fellowship, it is difficult to pick up adequate training in new skills. Although, Dr. Winchester says, “you want to get trained in as many fields as possible, but you also don’t want to be in fellowship for six or seven years!”

Typically, a general cardiology fellowship supports fellows to become proficient in echocardiography, nuclear and non-invasive stress testing, diagnostic catheterization and, in some cases, advanced imaging modalities such as CT and MRI.

Many fellows take the opportunity to reach their level II requirements by COCATs, and perhaps take specialty boards in nuclear or echo, for example, on the premise that these exercises increase their marketability to potential employers. Scott Lilly, MD, PhD, a FIT at the University of Pennsylvania, says that some fellows may instead take the approach of creating a niche, or depth in one of the areas.

Dr. Lilly lists several examples: interventional cardiology with a focus in structural or vascular medicine; echocardiography with a focused interest in 3-D echocardiography or intracardiac echo; electrophysiology with MRI to decipher scar location; heart failure with a focus in pulmonary hypertension or ventricular assist devices. He asserts that these are examples of creating “depth” in a subspecialty, rather than “breadth” in general cardiology.

“If you certify in everything, you may be asked to do everything by your future employer. Be sure you are interested and willing to read nuclear stress tests if you put forth the effort for certification,” says Dr. Lilly. Though it may help to be

able to provide a number of services to your group or hospital, says Dr. Lily, if your interests are more specific you can become comparably marketable by expanding your skill set in a more focused manner.

Dr. Winchester says in “many areas of medicine, doctors are continuing to specialize and subspecialize further and further. This is a double-edged sword that brings great expertise to certain areas; however, if one gets too entangled in a subspecialty, it could be at the detriment to the general education and knowledge base.”

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While fragmentation of care is a frequently cited concern by some, Dr. Weaver says that any subspecialty will continue to require a good foundation in general cardiology.

Locally, Dr. Weaver has begun to notice a greater demand for generalists than subspecialists. According to a 2009 study, 43 percent of general cardiologists are over the age of 55 and likely to retire over the next 20 years. The assessment, conducted by The Lewin Group for the ACC and American College of Cardiology Foundation, found a substantial shortage of cardiologists, which is predicted to increase over the next 20 years as these generalists retire. The study reports that of the 25,901 active cardiologists in the U.S., 64 percent are general cardiologists. “When I began my career, I thought for a while I might want to specialize in interventional but found that the inability to plan my schedule was impeding my academic productivity,” says Dr. Weaver. “I just couldn’t put the amount of time I needed into research and writing and also become interventional trained. I have no regrets going general and there continue to be many opportunities for such.”

An article from March 24, 2011 in The New England Journal of Medicine resonates: “Medical students get the mistaken message that generalist disciplines are less intellectually exciting, when in fact, it is increasingly difficult to keep up with the breadth of knowledge needed in these fields, including clinical, technical and managerial skills.”

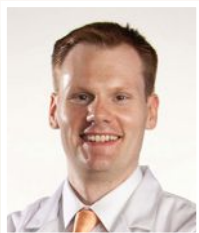
“Prepare to be in demand,” might be the strongest overarching theme. Regardless of whether a FIT decides to subspecialize their subspecialty – formally, through an ABIM-accredited program or informally by creating a niche – or to focus on general cardiology, most experts agree that the baby-boomer population, who began turning 65 years of age in January 2011, will undoubtedly increase the demand for cardiac and vascular services.





Fellows in Training Increase Their Advocacy Effort

By Justin Bachmann, MD



During the past year there has been a definitive increase in advocacy by Fellows in Training (FITs). For example, at the annual Legislative Conference in September, we saw over a 50 percent increase in FITs attending to visit Capitol Hill and speak with their legislators. This increase is not

unexpected, given the many challenges facing physicians, including the looming Sustainable Growth Rate (SGR) and recent changes in reimbursement, particularly in imaging modalities. Many fellows are concerned about their profession and want to make a difference.

Getting involved in advocacy can seem somewhat daunting, but with several resources available, it doesn't need to be that way. The ACC's annual Legislative Conference in Washington, DC offers a good place to start and will bring those who attend up to speed on all of the current issues. In the interim between now and the next conference, however, those interested in advocacy must first decide what they're passionate about. Do they feel strongly about liability reform? What about expanding access to cardiovascular care in underserved communities? Perhaps they'd like to advocate for an increased focus on adults with congenital heart disease and the many insurance difficulties they face later in life.

Once they've decided on the issues that matter most to them, the ACC's state chapter network can be a good resource for getting involved. Most state ACC chapters have FIT representatives on their individual executive committees, and those representatives are available to help other FITs become more involved in advocacy efforts. State chapters also serve as a valuable source of funding for the Legislative Conference and other activities. Involvement with the state ACC Political Action Committees (PAC) can bring FITs into close proximity with political candidates and introduce them to local political machinery. The ACC also publishes the ACC in Touch blog that can introduce FITs to the myriad of legislative and regulatory issues that the ACC addresses on a daily basis.

No matter which avenue FITs choose, involvement in advocacy will leave them better educated about the political challenges cardiologists face and better able to meet them. Moreover, they'll learn valuable leadership skills along the way. Please contact our Fellow in Training staff liaison, Amalea Hjar at ahjar@acc.org, or myself at jbachmann06@gmail.com if we can be of any assistance. (800) 435-9203. Eligibility is limited to FIT members of the American College of Cardiology.

Benefit Spotlight: *Journal of the American College of Cardiology*

As a Fellow in Training (FIT), you receive a complimentary subscription to a weekly publication, *The Journal of the American College of Cardiology* (JACC). JACC publishes peer-reviewed articles on all aspects of cardiovascular disease, including original clinical studies, experimental investigations with clear clinical relevance, state-of-the-art papers, viewpoints and editorials and essays interpreting and commenting on the research presented. The publication can be used as a valuable resource for conducting research, reinforcing your grasp of a specific topic or seeking to explore an unfamiliar concept.

As a FIT, you also receive access to its sister publications, *JACC: Imaging* and *JACC: Interventions*. To receive these additional resources, just call or email the Resource Center at 202-375-6000, ext. 5603 or resource@acc.org.

We know that in training, you're often on the go, which is why we've made it convenient for you to access the JACC journals wherever you are. The journals are now available not only in their traditional hardcopy version, but also online and on the iPad® as well.

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4. Click on a cover image, the "Archives" link, or the title of any article
5. You will be redirected to the JACC website and should be logged in automatically

Coming January 2013:

JACC: Heart Failure

To learn more, visit

<http://content.onlinejacc.org>

Ethics and Policy Challenges in Pediatric & Adult Congenital Heart Disease

March 16-17, 2012 University of Pennsylvania

The Children's Hospital of Philadelphia's Division of Cardiology, the University of Pennsylvania's Cardiovascular Medicine Division and the Penn Center for Bioethics present a CME/CEU conference, Ethics and Policy Challenges in Pediatric and Adult Congenital Heart Disease, March 16-17, 2012 at the University of Pennsylvania.

This conference addresses an important and growing, yet understudied, clinical issue and patient population. A growing number of congenital heart disease patients survive to adulthood, thanks to dramatic advances in diagnosis and treatment, but these advances create ethical and quality dilemmas.

The conference is targeted to a broad group of complementary fields and professionals and will serve as the foundation for clinical guidelines and policy development, to be facilitated by future conferences on this and other topics in cardiovascular ethics.

This symposium will employ a combination of traditional and unique formats including brief lectures, case presentations with ethical analysis, audience response voting, debates, panel discussions, small group sessions and one-on-one conversational interviews with world experts.

Facilitation of interdisciplinary discussion and participation of trainees will be primary focuses of the program. The conference sponsors will offer five trainee travel scholarships and significantly reduced tuition rates for clinicians from underserved health clinics and for students. FITs interested in applying for these awards should contact James Kirkpatrick, MD james.kirkpatrick@uphs.upenn.edu and Kimberly Lin at linky@email.chop.edu for more information."

For more information on the course, including how to register, visit cme.med.upenn.edu/eventinfo_9254.html.





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