

NEWS & VIEWS UBC DIVISION OF CARDIOLOGY

September 29, 2023
Issue 1



Inside this issue:

Evolving Medical Education

Innovation in Radiation Technology

Physician Health & Wellness

Regional news from Kelowna

Patient Story

Equity, Diversity, Inclusion

Meet our UBC Cardiology trainees

Final Thoughts



Welcome Message Dr. Jasmine Grewal Head, UBC Cardiology



Dear Colleagues,

I would like to acknowledge all of the traditional, ancestral, unceded territories of British Columbia upon which the members of the UBC Division of Cardiology undertake their work. As the National Day of Truth and Reconciliation is upon us, I would like to remember and honour those children who never returned home and the survivors of residential schools, their families and communities. As individuals and as a Division of Cardiology collective, we must commit to not repeat past mistakes in our daily practice and to work towards Truth and Reconciliation through all of our initiatives.

In order to keep our UBC Cardiology community informed of the latest developments and initiatives, we are excited to share this inaugural Division Newsletter. This is just one of the ways in which we hope to keep our Division well connected and informed as we move into the future!

At the heart of our Division's mission lies a dual commitment: to ensure that our academic productivity continues to grow while simultaneously promoting a culture that is positive, supportive, and inclusive. With this in mind, we initiated a strategic planning process that is well underway with an in-person Divisional retreat planned for November 18, 2023. This retreat will provide an invaluable opportunity for us to come together, solidify and share ideas, and set a clear course for our future academic pursuits. Our focus will include Education, Research, Systems Innovation/Improvement, External Relations/Advocacy and Division Health & Wellness/EDI. In the meanwhile, we have laid the foundation for the strategic plan with an updated Division organizational structure and Vision/Mission/Values.

<https://www.ubccardio.com/>

UBC Division of Cardiology



Vision:

Excellence in Cardiovascular Care through Research, Education, Innovation and Leadership

Mission:

The UBC Division of Cardiology continually seeks to improve Cardiovascular Health through:

- providing exceptional, innovative, and culturally safe patient centered care,
- advancing research and innovation,
- educating our future leaders and the population,
- committing to equity, diversity, inclusivity and a healthy workplace, and
- increasing our global impact by advocating on issues critical to cardiovascular health.

Welcome Message Continued...

Here is a glimpse of what we have achieved thus far & what's on the horizon:

Strengthening Research Initiatives:

I am pleased to announce the appointment of a new Research Manager, Constance Bos. Constance has been working alongside Dr. Nathaniel Hawkins, and together they play a pivotal role in streamlining our research activities and promoting research collaboration and success among members.

Unifying Our Efforts:

To enhance communication and collaboration, we are working on unifying our Division's various components. This includes revamping our newsletter, organizing monthly research rounds, and updating our website to ensure it remains a dynamic and up to date resource for our patients, the general public and healthcare providers.

Mentoring Program:

Recognizing the importance of supporting early to mid-career Division members, we

are re-launching a mentorship program under the leadership of Drs. Andrew Krahn and Krishnan Ramanathan. This program underscores our commitment and dedication to the growth and development of our early and mid career members.

The success of our Division relies on the active engagement of each member. I encourage you all to participate actively, share your ideas, and collaborate with your peers. I am thrilled to be part of this vibrant academic community, and I look forward to working alongside all of you to achieve our collective goals!

Warm Regards, Jasmine

**Please join us at UBC Cardiology
Research Rounds!**

**Trials and Tribulations of Clinical Data
Registries**

October 10, 2023

Zoom mtg ID 681 1041 1225

PWD 965384

EDUCATIONAL NEWS

Evolving Medical Education: Shaping the Future of Physicians



By Dr. Parvathy Nair

The first cohort of Canadian cardiology residents trained in the Royal College of Physicians and Surgeons of Canada (RCPSC) Competency by Design (CBD) paradigm is entering the third and final year of cardiology training. This group of residents has been at the forefront of CBD in cardiology, with their curriculum and assessment focused on competence, through a framework of stages of training, Entrustable Professional Activities (EPAs), and milestones. Unlike previous generations of residents, this group will be writing their RCPSC cardiology exams during their final year of cardiology training and not after completion of their training. The exams are scheduled for spring 2024, with the written exam taking place in March and the practical component in June.

Simultaneously, the RCPSC is involved in a nationwide, all-stakeholder engagement aimed at re-examining CBD. This initiative originates from a recognition of the challenges, both anticipated and unforeseen, that CBD programs have faced. The RCPSC's commitment to improvement extends to all faculty members, residents, and administration. To facilitate this process, a series of virtual and in-person townhall meetings and committee discussions are occurring across different levels, spanning Postgraduate Medical Education (PGME), the Royal College, and universities.

Looking ahead to 2024, significant changes are on the horizon for PGME accreditation standards. These changes will underscore the importance of Equity, Diversity, and Inclusion (EDI) and Anti-Oppression in medical education, reflecting a broader societal shift towards these values. These standards will require programs to offer EDI education to both learners and faculty, while also ensuring that all aspects of the training program are aligned with EDI and Anti-Oppression principles and values.

In the realm of specialized training, new training standards are necessary to ensure that physicians offering echocardiography services are adequately trained. The new standards and requirements for Echo Training are outlined in the Canadian Journal of Cardiology 2023. The changes focus on three key aspects: (1) incorporating new echocardiography practices as standard, (2) transitioning to competency-based education, and (3) emphasizing the importance of objectively documenting competency.

Congratulations are in order for the UBC Fellowship programs which have received RCPSC AFC accreditation: Interventional Cardiology, Advanced Heart Failure, Adult Congenital Heart Disease and Echocardiography.

EDUCATIONAL NEWS CONTINUED

UBC's undergraduate medical program is gearing up for a massive undertaking: Accreditation 2025. This rigorous evaluation, occurring once every eight years, requires extensive departmental and divisional input in 2024. Clinical teaching faculty will be invited to participate in the various processes and tasks required for undergraduate accreditation. The accreditation requirements and standards have undergone substantial changes since UBC's last accreditation in 2016. Importantly, Canadian medical schools were jointly accredited by both the U.S. and Canadian accreditation bodies since 1979; however, starting in 2021, Canadian medical schools are no longer accredited by U.S. bodies. This signifies an ongoing evolution and separation of undergraduate medical education between the U.S. and Canada.

UBC is experiencing growth and expansion in both Undergraduate Medical Education (UGME) and Postgraduate Medical Education (PGME). While this expansion will occur in stages, the first-year 2023 MD undergraduate program (MDUP) class and postgraduate positions have already increased and will continue to do so over the next two years.

Lastly, on the horizon of Canadian medical education, Simon Fraser University (SFU) is poised to open its medical school in Surrey, with the first class set to begin in 2026. SFU's innovative approach will focus on community-based training, creating a new generation of physicians deeply connected to the healthcare needs of their local communities.

In case you don't know them...here are our first year Cardiology Residents 2023/2024



Abdulmohsen Al-Shakhs
1st Year



Jocelyn Chai
1st Year



Jung-In Choi
1st Year



Siavash Ghadiri
1st Year



Shad Hosseini
1st Year



Nelson Lu
1st Year



Jeff Wong
1st Year



TECHNICAL NEWS

Fueled by CAPP: Tachycardia and Radiation Technology



By Dr. Marc Deyell

Six patients treated with noninvasive radiotherapy for VT in BC.

The Cardiology Academic Partnership Plan (CAPP) pilot funding is known for catalyzing innovative projects. Could you provide some background and describe how CAPP funding played a critical role in launching the application of stereotactic radiation therapy for refractory ventricular tachycardia in BC?

The CAPP pilot funding has been crucial in applying stereotactic radiation therapy to treat refractory ventricular tachycardia (VT) in British Columbia (BC). Traditionally, treatment options for VT were limited, but a research team in St. Louis, known for their expertise in radiation oncology to treat cancer patients, recognized an opportunity to leverage advancements in precision radiation therapy for life-threatening VT.

The concept was simple – target myocardial areas of scar tissue, often stemming from heart attacks or other cardiovascular pathologies, such as myocarditis, with precise high-dose radiation to potentially eliminate VT. This theory gained traction following the publication of a groundbreaking paper in the NEJM in 2017, highlighting the safety and efficacy of noninvasive cardiac radiation for ablation.

However, applying stereotactic radiotherapy (SRT) to cardiac patients requires a lot of planning, infrastructure and multidisciplinary collaboration. Forming a complete team including physicists, radiation oncologists, radiologists from the BC Cancer Agency, and cardiologists, alongside the essential task of evaluating and strategizing the treatment requires resources often beyond the reach of external funding. Receiving funding becomes challenging when dealing with preliminary data and forming an emerging program. The CAPP award provided the seed funding crucial for building a multidisciplinary team, covering evaluation and planning expenses, and ultimately developing a clinical research program to evaluate the use of SRT in VT.



The team treating our first patient: 3 radiation technologists, lead radiation physicist, Dr. Steven Thomas – centre, lead radiation oncologist, Dr. Devin Schellenberg – far right, Dr. Marc Deyell – second from right. The patient provided permission to share this photo.

How has the integration of this technology influenced patient care and outcomes?

In cases where patients are already among the sickest of the sick, this experimental approach offers hope. The choice often lies between this treatment, palliative care, or the complex route of a heart transplant. Although, this treatment is not 100% successful, radiation-related side effects remain minimal, if present at all.

Moreover, the treatment itself is gentle, easy, and swift, with sessions lasting just about an hour. A greater challenge for the patient may be the commute, for out of town patients, as at least two trips to Vancouver are required.

Looking ahead, what emerging technologies do you believe hold promise for the treatment of abnormal heart rhythms?

The application of radiation therapy for this purpose is undergoing further refinement. Currently, focused on Vancouver, the goal is to

broaden the availability of this treatment across multiple cancer centres in British Columbia, so that patients from Prince George, Kelowna, or the island do not need to travel, but instead receive treatment closer to home, although some of the detailed planning will be done virtually from Vancouver.

This approach is convenient and optimizes resource allocation. Another step involves further translational research at optimizing radiation delivery, which the team in Vancouver is spearheading. This further initiative aims to explore diverse radiation methods, particularly those integrated within Varian's linear accelerator technology. Additionally, efforts are directed toward optimizing technologies to minimize radiation dose, a direct evolution from the outcomes of the CAPP pilot project. Dr. Marc Deyell's contribution holds the promise of BC accessible, and technologically enhanced solutions for treating abnormal heart rhythms.

Our third year Cardiology Resident Rockstars! 2023/2024



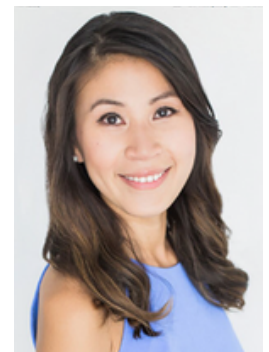
Dr. Jason Gencher
3RD Year - CORE & TTP



Dr. River Jiang, Co Lead
3RD Year - CORE & TTP



Dr. Miles Marchand, Co Lead
3RD Year - CORE & TTP



Dr. Cathevine Yang
3RD Year - CORE & TTP

Supporting Physician Well-being

Fostering a Thriving Medical Community



By Dr. Shanta Chakrabarti

Practical Support Offerings:

Confidentiality: All interactions within the peer-to-peer support program are strictly confidential. Physicians can speak openly and honestly about their concerns without fear of judgment or repercussions.

Building a Supportive Culture: UBC Division of Cardiology is working to foster a culture that encourages physicians to seek help when needed. By valuing well-being and destigmatizing seeking support, the division promotes the overall health and resilience of its members.

Support Process: A confidential email will soon be available, here you can send a request for peer to peer support. We will respond promptly and work with you to organize support based on your preferences including a specific physician peer support person from the aforementioned trained individuals. Our support services can include a quiet discussion, referral to further resources, or redirection to other support programs led by Doctors of BC. Please remember that this service isn't just available to physician members within the Division of Cardiology, but also to physician members outside the Division.

Dedicated Support Channels: UBC Division members have access to a variety of dedicated support channels through the Doctors of BC Physician Health Program, including hotlines, an online platform, and regular meetings. These channels provide a safe space for physicians to seek guidance or share their experiences without barriers.

The UBC Division of Cardiology takes a step forward by prioritizing physician well-being through a peer-to-peer support program funded by Doctors of BC. This initiative aims to create a supportive environment where physicians can seek guidance and share experiences during times of distress.

The well-being of physicians often takes a back seat; long hours, high-stress environments, and the weight of responsibility for patient outcomes can accumulate over time, leading to burnout, compassion fatigue, and a decline in mental well-being. Physicians frequently neglect their health resulting in severe consequences for both their personal and professional lives. The importance of promoting physician health cannot be overstated, healthier physicians are better equipped to make sound clinical decisions, exhibit empathy, and maintain the highest standards of professionalism. Physician well-being leads to improved job satisfaction, decreased attrition rates, and the cultivation of a positive work environment for all.

We are proud to share that our colleagues, Drs. Carolyn Taylor, Ken Kaila, James McKinney, Vic Huckell, and Shanta Chakrabarti, will be taking part in the Doctor of BC Physician Peer Support Program course in October 2023.

REGIONAL NEWS

Interior Health, Kelowna



By Dr. Kathryn Brown

We are excited to update everyone with the incredible growth and quality initiatives in clinical cardiac services, research and education that have occurred in the Interior Health (IH) region.

Over the past 5 years we have seen the expansion of existing cardiac catheter lab and cardiac surgery services to include Transcatheter Aortic Valve Implantation (TAVI), Electrophysiology and expanded subspecialty clinics (RACE, Heart Function, Amyloid, Post transplant, Heart Rhythm and Complex Cardiac Device -to name a few!). Despite our growth, we continue to foster a collaborative and shared care model for all patients and care providers. We work together to develop standardized order sets and care pathways to support the highest quality cardiac care regardless of geographical location across the Health Authority. We also host an annual "CV Leaders" conference with allied Cardiologists, Internists, Nurse Practitioners and Primary Care to address site specific and regional priorities. This collaborative structure allows us to work together to rapidly provide regional support for sites in need including the recent purchase of a regional Holter monitor platform allowing full access from any IH site and also floating coverage for cardiac technologists to help address manpower issues at smaller sites.



By Dr. Frank Halperin

We have several regional quality committees including our annual 'One IHEcho' conference and working groups which have helped ensure quality standards and education initiatives; these are available to all Echo sites.

The theme of collaboration also extends to our partners in cardiac care, including Transportation and BC Ambulance Services. We have several projects ongoing with Exertional Heat Stroke (EHS) including pre-hospital thrombolysis for ST-segment elevation myocardial infarction (STEMI) and the use of PCP (and ACP) crews to support a STEMI bypass program to allow direct transport to Kelowna General Hospital (KGH) for primary Percutaneous Coronary Intervention (PCI). We have also successfully partnered with many UBC division members in support of subspecialty clinics such as Adult Congenital outreach, Amyloid and Post Heart Transplant clinics models. These partnership models have allowed for more care 'at home' and have been well received by patients and their families.

We would welcome the opportunity to explore other shared and supportive care models.

REGIONAL HEALTH NEWS CONTINUED

We also continue to collaborate with the Southern Medical Program Campus of UBC Medical school and the UBC Cardiology program to support a larger role in the education of medical students, residents and fellows. With our busy clinical services and large volume of diagnostics IH sites can provide an excellent learning opportunity to all levels of trainees. We also have several ongoing research projects and initiatives and are keen to continue to participate in both local and national research opportunities.

We hope to further build upon the successful collaborations between IH Cardiac and UBC Cardiology and to continue to be a growing part of the UBC Cardiology trainee curriculum moving forward!

Our second year Cardiology Residents! 2023/2024



Jasem Althekrallah
2nd Year - CORE



Andrew Sullivan
2nd Year - CORE



Simon Christie
2nd Year - CORE



Laura Halperin
2nd Year - CORE



Jeff Yim
2nd Year - CORE



Rob Yao
2nd Year - CORE



PATIENT STORY

Overcoming the Challenges of Congenital Heart Disease



My journey with congenital heart disease has been a lifelong battle, one that I've faced with courage and determination. From the day I was born, I carried the burden of a congenital defect that left my lower heart chambers reversed (Congenitally Corrected Transposition of the Great Arteries), a condition that would shape my life in ways I couldn't have imagined.

The struggles began early on. Even as a child, I experienced health problems that set me apart from my peers. But the turning point came when I was just seven years old. It was then that I received a pacemaker, a device that would become a constant companion during my life.

Fast forward to 2016, I found myself facing real, debilitating challenges. My heart was failing, causing me to retain water and leaving me fatigued. Working full-time, and pursuing activities of daily living was hard. I was bewildered, not knowing what was happening to my body. In search of answers, I turned to my local GP in Kelowna, who told me that I had heart failure.

With the weight of this diagnosis, I was referred to the Virani Provincial Adult Congenital Heart (VPACH) Clinic at St. Paul's Hospital. I didn't go down to Vancouver right away because I was mentally depleted and too exhausted to deal with it. However, as time went on, I found myself getting progressively unwell. The symptoms that once seemed manageable were now becoming unbearable. It was a turning point when I realized that I couldn't continue to ignore the situation.

Fortunately, the VPACH team recognized the importance of accessibility and had established a partnership program with the Kelowna Cardiology group. They made the journey up to Kelowna, which was a lifeline for me, as I was still hesitant about making the trip to Vancouver. With their encouragement, I finally decided to see them in Kelowna, and that decision marked the beginning of my journey towards better health.

This decision led quickly to a series of tests, each one bringing me closer to understanding my condition and what could be done to improve my quality of life. The process was daunting, but the care and expertise of the VPACH team and their partnership with local cardiologists in Kelowna gave me hope and confidence that I was on the right path to addressing my congenital heart condition.



Subsequently, I was referred to the transplant clinic at SPH. They conducted more tests to determine my eligibility for a heart transplant. However, the results were disheartening; complications in my neck and lungs rendered me an unsuitable candidate for this life-saving procedure. Instead, they opted for intravenous medication to alleviate the pressure in my lungs. I spent weeks in the hospital battling to regain my strength.

When it became evident that the medication alone wasn't sufficient, the medical team suggested a left ventricular assist device (LVAD). This decision wasn't made lightly; it required careful consideration, and I needed time to prepare, both emotionally and practically. I had to accommodate my wife, as well as my dog and recently born baby, who steadfastly stood by my side throughout this arduous journey. We temporarily relocated to the heart home at SPH, a supportive environment that helped us navigate the challenges ahead.

The LVAD surgery was a turning point in my life. It allowed me to experience a level of vitality I had never known before. I went from being slow-moving and perpetually fatigued to going on walks, even uphill, and being on my feet all day without exhaustion.

At the age of 44, I found myself stronger and fitter than I had ever been. However, my journey hasn't been without its emotional toll. Moments of depression have crept in, especially when I see my daughter swimming, and I can't join her in the water. A stroke during the operation left me in a state of delirium, extending my recovery time significantly. The 11-hour procedure was not an experience to take lightly, and it took time to reacquaint myself with my family. Thankfully, the clinic at SPH has been helpful in providing psychological support through these difficult moments and helped me navigate the emotional challenges that accompany such a life-altering experience.

Today, I continue to go back to Vancouver every three months for check-ups. The LVAD device requires regular monitoring to ensure its power and flows are optimal. Also, I am still taking medications to manage heart failure. The team at SPH maintains regular contact, particularly my dedicated nurse, who checks in on me through text messages and phone calls. I even have her cell phone number in case I need immediate assistance. At this stage, I've decided against pursuing a heart transplant. The previous operation was a profound ordeal, and the recovery was not easy. I didn't even recognize my own family at times during my initial post-surgery days. Despite the challenges, I feel great now, and I am grateful for the newfound strength and vitality that LVAD has brought into my life. It's been a long and difficult time, but it feels good to be alive and thriving.



EQUITY, DIVERSITY, INCLUSION

Steps Towards a More Inclusive Environment



By Dr. Margot Davis

In a positive stride toward a more inclusive and diverse future, the UBC Division of Cardiology has established an Equity, Diversity, and Inclusion (EDI) subcommittee as part of its strategic planning process. This subcommittee, an integral part of the Physician Health/EDI committee, aims to reshape the division's culture and practices to embrace equity, diversity, and inclusion fully.

The high-level goals set by members of the division represent a clear and resolute commitment to advancing equity, diversity, and inclusion (EDI) within the UBC Division of Cardiology. These goals include: the continuous collection of feedback from division members to ensure their voices are heard, formal evaluations of current processes using tools like the Inclusion Self-Assessment Tool (ISAT) or The Global Diversity, Equity, and Inclusion Benchmarks (GDEIB), a comprehensive review and adaptation of Department of Medicine (DoM) and UBC policy documents, institute steps towards unbiased selection, recruitment, and awards committees, thoughtful consideration of an EDI module within the reappointment process, and the development of routine EDI-focused rounds.

As part of our ongoing commitment to advancing EDI, this newsletter's focus is on the vital practice of using inclusive language in

the workplace. Inclusion is about creating an environment that affirms, celebrates, and appreciates diverse approaches, styles, perspectives, and experiences [1]. It enables individuals to bring their complete selves, including all their identities, to the table, showcasing their strengths and capacities. Obviously, words matter greatly; they shape our environment, whether interacting with patients, corresponding with colleagues, or delivering presentations. Inclusive language fosters belonging, diverse perspectives, creativity, engagement, and reduces turnover.

Inclusive language is a powerful tool in creating an equitable and respectful workplace. On the next page are some practical examples from the UBC Respectful Environments, Equity, Diversity & Inclusion (REDI) office.

Inclusivity goes beyond simple word replacements; it's also about respecting individual preferences and avoiding culturally insensitive language. Here are some additional considerations:

Person-First vs. Identity-First Language:

Recognize that individuals may have varying preferences when it comes to language. For instance, using "person with a disability" rather than "disabled person" acknowledges the person first and their condition second. Similarly, phrases like "person who has experienced X" are

EQUITY, DIVERSITY, INCLUSION CONTINUED

often preferred over potentially stigmatizing terms like "X survivor" or "X victim."

Cultural Sensitivity:

Avoid culturally appropriative or pejorative language that can perpetuate stereotypes and harm. Phrases like "tribe," "powwow," or "long time no see" may carry offensive connotations or inaccurately represent cultural practices

Respecting these preferences and being mindful of culturally sensitive terms are essential aspects of inclusivity

The REDI office is a valuable resource, offering actionable steps to champion inclusivity and providing a wealth of information and resources to support this important endeavor. For more information, visit their website at <https://redi.med.ubc.ca/>

Creating a safe and non-judgmental space for learning and growth is critical as we all strive to become more inclusive and respectful individuals.

Reference

The American Psychological Association. (2021). Equity, Diversity, and Inclusion inclusive language guidelines. <https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines.pdf>

Steps towards more EDI

Examples of Inclusive Language:

Use "parental leave" instead of "maternity leave."

Refer to "child" rather than "son" or "daughter."

Replace "I'm so OCD" with "I like to be organized."

Say "It's been so long!" instead of "long time no see."

Opt for "appropriate/inappropriate" or "respectful/disrespectful" over "civilized/uncivilized."

These small changes in language can make a big difference in creating an environment where everyone feels respected and included.



TRAINEE HIGHLIGHT

Through the World of Cardiology with Dr. Cathevine Yang



By Dr. Cathevine Yang

Within the bustling corridors of VGH, at Café Ami, an impressive story unfolds. It's a tale of dedication, and the relentless pursuit of understanding the complex rhythms of the human heart. Dr. Cathevine Yang, is an inspiration in the field of cardiology.

Why pursue a career in cardiology?

"Dynamic, acute, observing changes in real-time – these are the aspects that drew me into cardiology," Cathevine Yang explains with a spark in her eyes. Her journey began at McGill University, where she obtained an undergraduate honours degree in microbiology and immunology. From there, she ventured to the University of British Columbia, where she obtained her medical degree and embarked on her residency in internal medicine followed by a three-year cardiology fellowship program.

From a practical standpoint, Cathevine finds value in the broad range of variety within cardiology. "I enjoy the diversity in my work – from providing acute care for those who are severely ill to aiding in long-term recovery. What's fascinating is the speed at which patients' conditions can change, demanding quick thinking and adaptability."

Moreover, she appreciates the enduring relationships forged with patients, bearing witness to their progress over time.

"Additionally, I'm fascinated by the expertise and knowledge available in the field," Cathevine adds. "We know so much these days; there's a constant flow of new discoveries. It's a discipline that's ever-evolving, presenting new ways of treating patients."

What have you enjoyed most about the UBC Cardiology program?

"The UBC Cardiology program provided me with a comprehensive education. The program's balance between acute care and cardiac ICU has been invaluable. I've had the privilege to delve into all cardiac sub-specialties – from heart transplantations, congenital anomalies, complex arrhythmias to women's heart health pathologies. What's more, the UBC community is great and has been supporting me throughout my educational journey."

Do you have words of advice to female trainees aspiring to become cardiologists?

Cardiology has traditionally been male-dominated, but change is on the horizon as more women enter internal medicine, a prerequisite for cardiology, and the cardiac profession. However, Dr. Yang's advice is to follow one's interests and passion. "Have discussions with senior learners and staff, talk to as many people as you can, learn from their experiences and

TRAINEE HIGHLIGHT CONTINUED

challenges, and ask for honest feedback” she says. While there are perceived obstacles such as high call volume or availability at night, it also offers an opportunity to bring distinct perspectives to patient care, especially as a woman.

What are your future plans and aspirations?

Looking ahead, Dr. Yang is excited to pursue a fellowship in interventional cardiology. “I hope to gain experience in treating patients with high-risk acute coronary syndrome and improve outcomes in cardiogenic shock. I am also very interested in learning to use invasive testing to diagnose and treat conditions that commonly affect women such as vasospasm and microvascular dysfunction. Dr. Yang is currently working on a Masters of Public Health program with a focus on clinical epidemiology at John Hopkins University. “My aim is to contribute through clinical research, enhancing health outcomes and reshaping how we approach cardiac care.”



Final thoughts Closing thoughts and welcoming what lies ahead

As we draw the curtains on this edition of our newsletter, I take a moment to pause and reflect on the valuable contributions you've made. It has truly been a pleasure to collaborate with you, to carefully draft, and craft each story. In the process of putting together this newsletter, I had the privilege of connecting with some remarkable individuals—our members, a patient, and dedicated colleagues from the interior. These conversations have deepened my understanding of the projects' colleagues are undertaking, the challenges a patient faced, and the aspirations of division members within our fields of research, education, and EDI activities.

The shared words have served as a source of inspiration for the stories you've just had the opportunity to read. At the heart of this undertaking lies our commitment to serving you better. We strive to keep you informed, entertained, and engaged. To that end, we welcome your feedback, comments, and ideas for future stories. Your input is invaluable because it helps us tailor our content to suit your preferences and interests.

Thank you for reading our freshly redesigned newsletter. Your support and enthusiasm inspire us to improve continuously. Until we meet again, stay curious, stay connected, and stay engaged.

Warm regards, Constance Bos,
Research Manager