

TO: Applicants for Fellowship in Cardiology at MCV

FROM: Anthony J. Minisi, M .D., Associate Professor of Medicine
Director, Cardiology Fellowship Program, Medical College of Virginia
Associate Chief, Cardiology Section, Hunter McGuire V.A. Medical Center

2006-08-24

Dear Applicant:

Thank you very much for your interest in MCV Cardiology Fellowship Program. Enclosed you will find additional information you may find helpful in your decision to apply. Along with your application, we require the following documents in order to be considered for an interview.

The majority of these documents are required by ERAS. However, ERAS will not scan several of the documents that we require, i.e. copy of Virginia medical license (if you have one), ECFMG certificate; copy of your J1 or green card; medical school diploma (and translation where applicable); the 4th reference letter. Please mail, fax, or e-mail these directly to our program.

- ERAS application & photo
- Curriculum Vitae
- Personal Statement
- Dept. Chair or Resident Program Director Letter
- 3 additional reference letters Medical School
- Transcripts USMLE
- Scores
- Copy of Virginia Medical License (if you should have one) ECFMG Certificate
- Copy of J1 or Green Card (these are the only visas we accept) Medical School Diploma (With translation if applicable)

We have enclosed a letter outlining a few of the criteria for the program as well as some statistics regarding past years applications. Please read the criteria carefully as it applies to you.

Due to concerns about eligibility for extramural research funding, we can only consider applicants who are United States citizens or those who have a permanent or J-1 Visa. Our ideal candidate has completed three years of Residency in Internal Medicine in a university hospital.

Once again, we appreciate your interest in our program and we look forward to hearing from you.

Sincerely,

Anthony J. Minisi, M. D.
Associate Professor of
Medicine
Director, Cardiology Fellowship Program
Medical College of Virginia at Virginia Commonwealth University
Associate Chief, Cardiology Section
McGuire V. A. Medical Center

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Director, Cardiology Fellowship Program, Medical College of Virginia
Associate Chief, Cardiology Section, Hunter McGuire V.A. Medical Center

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Dear Applicant:

Thank you for your interest in the Cardiology Fellowship program at the Medical College of Virginia. Enclosed is an application and a document describing the program and our expectations. This letter provides some additional advice.

A major aim of the Cardiology faculty is to offer comprehensive training that will prepare fellows for careers in either academic medicine or clinical practice. Over the past six years we have had 5 first year positions to fill. The number of applicants that we interview are 35 applicants for 5 positions. As you are probably aware, fellowship programs are becoming extremely competitive. The number of applicants are increasing each year. To help guide your decision to apply to us, some of our expectations follow:

1. Fellows must have U.S. citizenship or a permanent or J1 Visa. **YOU MUST POSSESS YOUR PERMANENT OR J-1 VISA AT THE TIME OF YOUR FELLOWSHIP APPLICATION. H-1 Visa will NOT be considered.**
2. Graduates of foreign (not U.S. or Canadian) medical schools should have three years of residency in internal medicine in the **primary** hospital of a university medical school in the U.S. or Canada. We cannot consider candidates without residency in an university hospital.
3. Personal statements should provide background information about yourself. We are interested in knowing why you have chosen Cardiology and what you plan to do after fellowship. We would also like to know what special interests you have during fellowship so we can include appropriate faculty among your interviews.
4. We judge you most heavily on what is comparable to other members of your cohort, e.g.:
 5. Class standing in medical school.
 6. Scores on USMLE examinations.
 7. The excellence of your residency program.
 8. Research productivity.

Letters of recommendation are required. Please ask letter writers to objectively compare your work with that of your peers. The letter from the Chairman of your residency program should summarize the scores of the latest evaluations of your work by the residency evaluation group, or in some way show where you stand among your peers.

CARDIOLOGY FELLOWSHIP PROGRAM MEDICAL COLLEGE OF VIRGINIA

INTRODUCTION

The Cardiology Fellowship Program at the Medical College of Virginia and the McGuire V.A. Medical Center is designed to provide comprehensive clinical cardiology training, to foster the development of investigative skills in basic science and patient oriented research, and to encourage and facilitate careers in either academic medicine or clinical practice. The goals of our clinical training program are to provide ample exposure to the many complex areas within our subspecialty, to teach the principles and practice of consultative cardiology, and to transmit the skills required to properly utilize, perform, and interpret the variety of noninvasive and invasive methods available in cardiovascular medicine. The goals of our research program are to assist in the development and funding of research, to provide faculty supervision and protected time for investigation, and to guide interested fellows through the initial stages of research career development.

Responsibility for the management of the Cardiology Fellowship Program, and for the successful completion of appropriate training for each fellow, resides in the Division Chief (Dr. George Vetrovec) and the Program Director (Dr. Anthony Minisi). Major determinants of the structure of the Fellowship Program are the American Board of Internal Medicine subspecialty requirements for Cardiovascular Disease, and the American College of Cardiology/American Heart Association Bethesda Conference on Adult Cardiology Training. The latter represents thoughtful and important guidelines, which, however, are not official ACC or AHA policy, and may be incorporated as desired by individual program directors.

Additional determinants of program contents include the career plans and special needs of individual fellows, the requirements for adequate clinical exposure to ensure clinical excellence, and the needs of the Fellowship program and the Division of Cardiology. Ordinarily, fellows are accepted for combined clinical and research training for a period of three or more years. However, the backgrounds, previous training, and career plans of our fellows are diverse, and their individual needs may be met by tailoring the fellowship experience. Based upon these factors and the needs of the MCV program, fellows may be accepted for any period of clinical, research, and/or advanced subspecialty training.

The Fellowship Program includes major involvement at both the Medical College of Virginia and the McGuire V.A. Medical Center. In general, about 60% of clinical rotations are at MCV, but this may vary according to sources of funding, institutional needs, and fellows-preference for specific rotations. The MCV and McGuire VAMC faculties are equally involved with, and equally available to, the cardiology fellows. Research opportunities are available at both institutions, which together present broad and complementary clinical and research faculties.

CLINICAL TRAINING

The complexity of our subspecialty requires extensive experience to ensure clinical excellence. For this reason, and because it is an ABIM requirement in order to sit for the subspecialty board exam in Cardiovascular Disease, a minimum of 24 months of clinical training will be performed. In some situations overall clinical training, and particularly the distribution of clinical rotations, may be modified as appropriate for the previous training and career plans of individual fellows. Clinical training will include all areas of adult critical care, cardiac catheterization and interventional cardiology, consultative cardiology, electrophysiology and pacemakers, cardiac transplantation, inpatient and outpatient cardiology, and all aspects of noninvasive cardiology. Standard clinical rotations, and the approximate amount of time allocated to each, include the following:

<u>Rotation</u>	<u>Months</u>
MCV CCU	2-3
MVA/CCU	2-3
MCV Cath Lab	3-6
MVA Cath Lab	2-4
MCV Consult Service	2-4
MCV Echo Lab	2-6
MVA Echo Lab	2-4
MVA/MCV EP Lab	1-2
MCV/MVA Stress Labs	2
MCV/MVA Heart Failure-Heart Transplant Team	1-2
Cardiac Magnetic Resonance Imaging	1
Peripheral Vascular Disease	2

Other important components of the clinical training program include instruction in ECG interpretation, and participation in cardiology ambulatory care clinics. ECG training occurs as part of the Core Curriculum (see below), by means of weekly ECG reading sessions with cardiology faculty members, and as a component of the fellows' biennial cardiovascular board review course.

All fellows attend Cardiology Clinic one-half day per week, in most cases at McGuire VAMC. While ABIM has no specific minimum clinic requirement, the recommendation of the ACC/AHA Bethesda Conference is for 36 months of clinic attendance. This recommendation is considered in the formulation of individual fellows' curricula, and may or may not be optimal in different circumstances. The aim of this experience is observation of individual patients over a long period.

RESEARCH TRAINING

Effective July, 2005, the Medical College of Virginia will offer two training tracks in Cardiovascular Diseases – a Clinical Track (3 years) and a Research Track (4 years). The major differences between these two training pathways will be the emphasis on research training. We anticipate that the Clinical Track will be appropriate for the majority of our fellows, whether their career plans are to enter practice or stay in academics. We would recommend the Research Track for fellows who aspire not only to stay in academics, but also who plan on devoting the majority of their professional effort to research activities.

In the Clinical Track, fellows will spend a minimum of four months during their second year of training involved in a research project with a faculty mentor. Given the limited period of time, we anticipate that most of these projects will be clinical research involving existing databases. Our expectation is that the efforts of every fellow will result in the submission of

at least one abstract for presentation at a national or regional meeting and we would like all of our fellows to be first author on a manuscript that is submitted to a peer-reviewed journal.

A formal curriculum is being devised that will provide fellows with basic fundamental knowledge about clinical Cardiovascular Research.

As mentioned above, the Research Track is aimed at fellows who plan investigation-based careers. The duration of research training in this pathway will be 20-21 months in order for fellows to acquire sufficient skills and an adequate record of performance to be competitive

for obtaining academic faculty positions and for securing extramural grant support for their research programs. In the Research Track, the timing of each fellow's research experience within his/her overall training is flexible. For practical reasons, the initial fellowship year is usually clinical and fellows are encouraged to begin research in the second year. However, various permutations of clinical and research years are possible depending upon individual circumstances.

Fellows in the Research Track will be expected to choose a hypothesis-driven project with one of our faculty members involved in Basic Science Research. Each fellow will receive training in grant writing and will be expected to submit a research proposal to a major funding source, such as the American Heart Association. Enrollment in formal Biostatistics course offered at Virginia Commonwealth University will be required. Other expectations for fellows in the Research Track will be that they present the results of their work in abstract form at a national meeting and submit a manuscript for publication in a peer-reviewed journal.

Incoming fellows will be expected to determine which training pathway they will enter early in their first year of training and will work closely with the Program Director in making this decision. Regardless of which pathway a fellow chooses, our minimal expectation is that this research experience will teach our fellows new ways of independent thinking to be applied throughout their lifetime to evaluate novel medical developments in a rational and critical manner.

CONTINUING EDUCATION

A major component of the MCV Program is our commitment to scholarship. Elements of our educational program included a great deal of self-learning, a variety of interactive conferences at MCV and McGuire VAMC, opportunities to attend national and regional conferences, a structured cardiology core curriculum, didactic materials distributed by the clinical rotations, formal and informal ECG interpretation, and the fellows' biennial cardiovascular board review course. Additional education opportunities include conferences within the Departments of Medicine and Pediatrics, and the Division of Cardiac and Thoracic Surgery. Occasional external funding may permit attendance at subspecialty conferences.

The cardiology core curriculum, initiated in 1989, has the goal of providing didactic presentation of state-of-the-art clinical topics. It is designed to review certain major fundamental topics annually, such as practical aspects of cardiac cath and echocardiography, the preoperative evaluation of cardiac risks, and ECG interpretation. Other clinical topics in cardiology and cardiac surgery are presented in the format of a two year curriculum. The fellows have a major role in the structure of the core curriculum, through their ongoing evaluations.

EVALUATION OF FELLOWS' PERFORMANCES

Pursuant to ABIM requirements, and consonant with our responsibility to ensure optimal individualized fellowship training, the MCV program employs a standardized format for the evaluation of fellows' clinical performances. The attending cardiologist on each clinical rotation evaluates each fellow's performance in a variety of prescribed categories, appending additional comments as desired. These evaluations are reviewed monthly by the Program Director. They are maintained in each fellow's file, and are available for review.

Attending cardiologists are encouraged to discuss their evaluations with the fellows, particularly in cases of suboptimal performance. Fellows are encouraged to seek feedback from the attendings, both during and at the end of rotations. Problem areas emerging from evaluation will be addressed expeditiously, in order to remedy deficiencies and facilitate improved performance. At least semiannually, all fellows meet with the Program Director to review performances and progress.

Certification of clinical competence is required before fellows are eligible to sit for the Cardiovascular Disease subspecialty examination, and the ABIM requires certification of satisfactory performance, in every individual evaluation category. The ABIM also requires certification of procedural skills, and it is therefore mandatory that fellows maintain a verified procedural log.

FELLOWS: EVALUATION OF THE CARDIOVASCULAR TRAINING PROGRAM

Fellows are encouraged to express their opinions regarding all aspects of the fellowship program. We conduct a constant self review, and the input from our fellows is a major component of that review. In addition to information comments, an annual comprehensive survey of the fellowship program is performed by the fellows. Their comments, conclusions and recommendations are forwarded to the Program Director, who then reviews the findings and works with fellows and faculty to improve the quality of the MCV program. This process has led to important advances in our program, such as the development of the core curriculum, the initiation of formal ECG training, structural changes in clinical rotations, and the inclusion of elective rotations.

SALARY AND BENEFITS

Clinical fellowship salaries are determined annually by the Department of Medicine, and have historically approximated the mean internal medicine subspecialty salaries for this geographical region. Health insurance and malpractice insurance are provided to all clinical fellows. Individual salary and benefit packages may vary slightly, according to funding sources (MCV, UIMF, VA, etc). Financial arrangements for research fellows will depend upon the granting agency or source of funding. Three weeks of annual vacation is allotted, which must be scheduled without disruption of clinical services. Income supplementation by moonlighting is permitted as long as this does not compromise coverage or performance.