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My three year term as Governor of the Colorado Chapter of the ACC comes to a close next month. The experience has been a rewarding one and I would encourage each of you to explore opportunities throughout the American College of Cardiology. There are numerous opportunities to become more involved and like many ventures in life, the more energy spent the greater the return. Your ACC is hungry for your participation and you will be amazed at how welcoming the ACC will be.

I look back on the last three years and much in the ACC has changed. We have a new CEO in Shal Jacobavitz and he continues to demonstrate his visionary leadership. Together with the board of trustees, the ACC is being transformed into a resource we can access from anywhere. Apps on smartphones, meetings on demand, electronic journals are just a few of the offerings. Immediate access to CME and MOC activities on ACC.org are examples of incredible member value. I think about my needs as a busy community cardiologist, and without the ACC my professional life would be more difficult. Please take time to explore all that is possible through powerful electronic media that has been developed for you.

Our Colorado chapter continues to flourish and we all look forward to more opportunities to gather as colleagues and friends, sharing experiences and knowledge.

I am most proud that we have resurrected our annual chapter meeting the last two years and look forward to attending future meetings. The challenge to offer a useful meeting is not lost on the leadership of our chapter and the future is bright as this evolves and improves. We look to diversify our meeting this year and include as many of you as possible, so that our meeting is representative of the cardiology community throughout our great state.

Thank you to everyone that is a member of the ACC and our Colorado chapter. I am so thankful for the help of our chapter leadership team, led by Lianna Collinge. Without her talents, our chapter would not be able to offer as much as we do, nor strive for better meetings each year. Dr. John Messenger from University of Colorado Hospital will take the helm as Governor next month. I know that our chapter will continue to grow under his terrific leadership. I would like to personally thank Drs. Gene Sherman and Tom Haffey for their encouragement and I am thankful to have had the opportunity.

All the best in 2016!

David A. Rosenbaum, MD, FACC
During interviews for fellowship, I encountered many furrowed brows when explaining that I planned to become a medical educator in cardiology. There was often a question of whether internal medicine would be a more suitable field. My training in Internal Medicine at Beth Israel Deaconess Medical Center in Boston had included completion of a Clinician-Educator Track, which highlighted this field as an emerging focus in medicine, with new understandings of the most effective methods of teaching and learning. However, this focus is not yet widely disseminated in medical sub-specialties. Cognizant of the enthusiasm for patient care and inherent teaching skills of many expert clinicians in our field, I have endeavored to develop and launch medical education initiatives in the past two years at the University of Colorado Hospital. Although our program has been unfailingly supportive of these efforts, our cardiology faculty lack formal training and specific expertise in medical education.

When the ACC “Teaching Tomorrow’s Teachers” (3T) program for fellows-in-training (FIT’s) was announced, I was ecstatic reading the program’s description, which included promotion of fundamentals in medical education that I had learned in residency. This was the place – the place where I could develop my skills amongst like-minded peers, the place where I could receive guidance from faculty with particular experience and abilities in medical education, the place where we could foster this new field to blossom in our sub-specialty as a medical education community. Believe me, this program did not disappoint, and in fact, exceeded these expectations.

Even before the 3T program began, it was clear that this was to be a thoughtful and nuanced educational activity. Our program leaders, Drs. Craig Alpert, Michael Cullen and Shashank Sinha, were in frequent communication to establish the program’s goals and agenda, and tasked us with selecting and preparing a patient case presentation to pair with a faculty mentor’s didactic session for the conference attendees. We were encouraged to develop this presentation through feedback over email with our assigned mentors; this activity opened a dialogue and established a mentoring relationship well in advance of the presentation. Through our assignments, I was fortunate to meet and work closely Dr. James Froehlich from the University of Michigan, as we discussed complexities of care in patients with peripheral artery disease and polished our joint presentation.

In Big Sky, the eighteen selected FIT’s gathered on Sunday evening – most of us traveling from
all over the country and meeting each other for the first time. We participated in didactic sessions and discussion of successful presentation skills, effective use of PowerPoint, and delivery of constructive feedback. As part of this workshop, we also delivered to small groups of six participants a 5-minute “Microteaching” session on a non-medical topic. These ran the gamut from “How to make cauliflower-crust pizza” to “How to land safely after parachuting” to “How to utilize Kahneman’s ‘fast’ and ‘slow’ thinking.” Through this activity, we not only learned from each other’s topic, but we also honed our feedback skills, practiced our audience engagement, and tweaked our imperfections in public speaking. The most valuable part of this experience, though, was its facilitation of a level of comfort and camaraderie among eighteen strangers, who were suddenly being evaluated by each other.

That camaraderie infused our feedback sessions throughout the week following our case presentations to the conference attendees. Our Drs. Kim Eagle and Patrick O’Gara joined us, along with our presentation mentors and several other faculty, for vibrant and non-confrontational discussions of our case presentation content and format, body-language, rhetoric skills and overall poise. Needless to say, receiving this focused instruction from like-minded peers as well as leaders in the ACC organization was an unparalleled experience. Our faculty mentors could have easily been enjoying the ski slopes, but they were, instead, providing us with extremely thoughtful guidance. In addition to these sessions, we participated in mentoring breakfasts with Drs. Eagle, O’Gara and Froehlich, our own Colorado native Dr. Robert Vogel, Dr. Peter Block from Emory, and Dr. Mark Estes from Tufts, and a phenomenal mentoring dinner with Drs. Eagle and O’Gara.

Their dedication to becoming leaders in education in the ACC over the course of their careers was inspiring. The opportunity to meet and work closely with these leaders in education was invaluable, and the most resounding theme from this program was their commitment to our professional development. A community was born in Big Sky. The FIT 3T participants have continued email contact and created a Google drive for the sharing and critiquing of presentations. Many of us have chosen to bring a similar program back to our co-fellows. This spring, we will involve key University of Colorado faculty to run a similar workshop for the ACC Colorado FITs that will allow us to improve our presentation skills and create a similar community for constructive feedback. If this is successful, I plan to offer a similar workshop to our residents, with hopes of broadening the clinician-educator community. Participation in the 3T program reinforced my armamentarium for educational endeavors with the medical school, internal medicine residency and fellowship program. I look forward to building collaboration in medical education pursuits across institutions, especially with the community that was created.

I sincerely thank the ACC Colorado Chapter in sponsoring my participation in this program. I hope to honor your generosity with my commitment to improving medical education in cardiology throughout my fellowship and career.
Get Full Coverage of ACC.16
From trial summaries to presentation slides, videos and news articles, get all of the hot clinical news from ACC.16 on ACC.org. Also, get perspectives from leaders on the ACC in Touch Blog and you can find wrap up videos from each day of the annual scientific sessions and hot trial videos on YouTube. You can also view the ACC.16 videos from FITs on the GO, the roving reporters who also happen to be ACC Fellows-in-Training. All of the videos are archived here. Also, check out archived tweets by searching for the official meeting hashtag #ACC16 or scroll through our live coverage of the meeting via twitter at @ACCCardioEd.
• PARTNER 2a: Transcatheter Aortic Valve Replacement Compared with Surgery in Intermediate Risk Patients with Aortic Stenosis: Final Results from the Randomized Placement of Aortic Transcatheter Valves 2 Study
• HOPE-3: Blood Pressure Lowering in People at Moderate Risk; Effects of Rosuvastatin on Cardiovascular Disease in Moderate Risk Primary Prevention in Diverse Ethnic Groups; and the Effects of Combined Lipid and BP-Lowering on Cardiovascular Disease in a Moderate Risk Global Primary Prevention Population
• GAUSS-3: Comparison of PCSK9 Inhibitor Evolocumab Versus Ezetimibe in Statin-intolerant Patients: The Goal Achievement After Utilizing an Anti-PCSK9 Antibody in Statin Intolerant Subjects 3 Trial
• FIRE and ICE: Largest Randomized Trial Demonstrates an Effective Ablation of Atrial Fibrillation
• STAMPEDE: Bariatric Surgery vs. Intensive Medical Therapy for Long-term Glycemic Control and Complications of Diabetes: Final 5-Year STAMPEDE Trial Results
COLORADO GENERAL ASSEMBLY ACTIONS THAT AFFECT CARDIOLOGY

COLORADO ACC - Cardiology in Colorado | April 2016

Colorado General Assembly Actions that Affect Cardiology:

HB-1357 Concerning Implementation of the STEMI Task Force Recommendations for the Development of a System to Improve the Quality of Care to Patients Who Suffer Heart Attacks (Primavera/Garcia/Cooke). This bill attempts to implement recommendations from a 2013 task force. Under the recommendations:

- Hospitals that are recognized as heart attack receiving centers are required to report data to a specified national heart attack database; the data needs to be consistent with nationally recognized guidelines on individuals with confirmed heart attacks within the state;
- Upon receipt of quarterly reports from the heart attack database, hospitals are required to submit those reports to the Colorado Department of Public Health and Environment (CDPHE) for Colorado-specific data analysis;
- A heart attack advisory committee is established within CDPHE to provide general technical expertise on matters related to heart attack care and data analysis; and
- CDPHE is allowed to share “blind” data from the database with the heart attack advisory committee.

CO ACC has participated in the Task Force, and submitted an “Oppose” position due to ambiguities in implementation.

Source: COPIC’s 2016 Legislative Update
While aspirin is widely used to prevent heart attacks and strokes in people with cardiovascular disease, research has yet to definitively determine the dose that works best while minimizing potentially serious side effects like internal bleeding. A new, large-scale pragmatic clinical trial conducted through PCORnet, an initiative of the Patient-Centered Outcomes Research Institute (PCORI), has the potential to put an end to these questions.

ADAPTABLE (Aspirin Dosing: A Patient-centric Trial Assessing Benefits and Long-Term Effectiveness), which is expected to begin enrolling patients this spring, will compare benefits and risks of two commonly used daily doses of aspirin—low-dose 81 mg and regular strength 325 mg—in as many as 20,000 patients with cardiovascular disease. Patients will be enrolled over 24 months with a maximum follow-up of 30 months and randomized to receive one of the two doses. Researchers also will compare the effects of aspirin in certain patient populations based on gender, age, and racial- and ethnic-minority affiliation and in patients with and without diabetes or chronic kidney disease.

What makes ADAPTABLE unique is that it will leverage PCORNet's networks of electronic health records (EHRs) to more quickly identify, enroll and follow a broad population and range of patients in a variety of clinical settings ranging from large health care systems to smaller practices. The trial will be led by researchers at Duke University and involve researchers, clinicians and patients at 7 PCORnet partner networks, 6 of which are based in large health systems, and 1 operated by a patient-led group.

The trial is expected to cost much less than a more conventional trial and be far more efficient. For example, researchers will have direct access to clinical data vs. needing to re-enter data into a parallel...
research database. “We are striving to answer an important clinical question that interests both patients and providers in a highly efficient way that takes advantage of data that is already being collected as part of routine care,” says Robert A. Harrington, MD, co-chair of ADAPTABLE. “It’s truly better integrating research into clinical practice and helping in the construct of the learning health care system.”

ADAPTABLE includes patient involvement every step of the way. According to Matthew Roe, MD, MHS, FACC, co-principal investigator for the trial, the trial includes targeted electronic outreach and electronic follow-up with patients in order to provide answers to questions like ‘How much aspirin should be taken each day to reduce risks of heart attack or stroke’ and/or ‘Do benefits and risks differ based on dose, health, age or other circumstance’? Patient engagement is a key and defining aspect of this trial.
Congratulations to Dr. Stacie L. Daugherty, MD, FACC and Dr. Andrew M. Freeman, MD, FACC for being part of the first graduating class of the ACC’s Leadership Academy, a new initiative designed to foster the development of leadership competencies among a group of our Fellow In Training and Early Career members.

Congratulations to Jolin V. Honas, NP, AACC for becoming a newly designated Associate of the America College of Cardiology.

Congratulations to Nancy L. Lundy, NP, AACC for receiving the ACC Section Workgroup Chair of the Year award.

Available: Gorgeous stainless steel certificate frames $45.00 each. Contact the CO ACC office to purchase.
## Upcoming Events

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<th>Date</th>
<th>Event Description</th>
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<td>APR 22</td>
<td>New board of directors announced.</td>
</tr>
<tr>
<td>MAY TBA</td>
<td>Board of Directors Meeting. Date to be announced.</td>
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| SEP 11-13 | ACC Legislative Conference September 11 - 13  
Location: the Fairmont Hotel Washington, DC  
Stay tuned at ACC.org/LegislativeConference for more information |
| SEP 24 | CVT Symposium. Location to be determined. More information coming soon! |
| DEC 1-3 | Annual Meeting. December 1-3 Register now!  
Colorado Heart Failure Summit in partnership with University of Colorado. Location: The Broadmoor Colorado Springs. |