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FELLOWS-IN-TRAINING & EARLY CAREER SECTION

# Reflections on the Fellows-in-Training and Early Career Section



## Passing the Torch

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When Dr. Fuster and his team launched the Fellows-in-Training (FIT) and Early Career (EC) Section in 2014, they took a chance. By inviting contributions by and for the FIT and EC community, the *Journal's* leadership broke new ground implementing a dedicated forum for FIT and EC cardiologists in a prominent scientific journal. As Dr. Fuster wrote in July 2014, he envisioned the FIT/EC Section as “a prominent forum to discuss the challenges and opportunities associated with being at an early stage of one’s career. I suspect we have much to learn from the distinctive insights of these thoughtful, young cardiovascular specialists” (1). Dr. Fuster and the editorial team later expanded the scope of the FIT/EC Section by incorporating a senior respondent into each publication, thus promoting intergenerational dialogue on these pages. These actions represented a significant investment from the *Journal* in the FIT and EC demographic. We had the distinct privilege of becoming FIT/EC Section Editors in early 2016. Dr. Fuster tasked us with executing his concept to provide compelling, high-quality content from the FIT and EC communities.

Over the last several years, we have witnessed remarkable submissions from our FIT and EC

colleagues. The FIT/EC Section published 136 articles from its inception in July 2014 through March 2020. Several themes emerged. The *Journal* published FIT/EC Sections on various aspects of mentorship, which speak to the ongoing appetite for developing broad and deep professional relationships among FITs, ECs, and our more seasoned colleagues (2–6). A number of FIT/EC Sections discussed international training or experiences (7–13). These pieces underscore the importance the FIT and EC communities place on crossing international boundaries, often to meet the needs of underserved populations. FIT/EC Sections frequently highlighted novel training pathways such as complex, higher-risk coronary interventions (14), critical care cardiology (15–17), sports cardiology (18), cardio-oncology (19), palliative care cardiology (20), and training in an integrated internal medicine/cardiology program (21). These papers showcase just a few of the innovative educational pathways the FIT and EC readership experiences on a daily basis.

As FIT and EC cardiologists build academic careers, these pages demonstrate involvement of burgeoning junior investigators in scholarly initiatives. Examples include clinical trials (22,23), big data and precision medicine (24,25), quality improvement (26–28), and medical education scholarship (29–31). Technology in clinical practice and education continues to advance. Discussions of text messaging (32,33), social media (34), and focused cardiac ultrasound (35,36) are just some of the innovations that this section has featured. These concepts will undoubtedly play a role in cardiology for years to come. Finally, several FIT/EC Sections addressed personal challenges. These include divorce (37), pregnancy (38–40), and parenting (41). These powerful pieces remind FIT and EC readers that no one should face struggles with work, personal, and family concerns in isolation. In keeping with the broader mission of the FIT/EC

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The authors attest they are in compliance with human studies committees and animal welfare regulations of the authors' institutions and Food and Drug Administration guidelines, including patient consent where appropriate. For more information, visit the *JACC author instructions page*.

Section, these personal challenges represent pervasive issues that we must address together.

In addition to acknowledging common themes, we would like to recognize our most cited papers in the *Journal's* FIT/EC Section. These include pieces addressing the growing field of cardio-oncology (19), the need for FIT and EC cardiologists to understand big data and health informatics (24), the importance of mentorship during fellowship (2), and the use of handheld ultrasound in the bedside diagnosis of cardiovascular disease (35). The most frequently viewed and downloaded FIT/EC Sections on the *Journal's* website also deserve recognition. They include "The Perfect ECMO Candidate" (42), "Women in Cardiology" (43), "The Emergence of Sports Cardiology as a Specialty" (18), and "International Medical Graduates in Cardiology Fellowship" (8).

This is certainly not an exhaustive list of the most influential FIT/EC Section papers. Publication of FIT/EC Sections addressing the themes above has been largely organic rather than intentional. These pieces all acknowledge prevailing challenges FIT and EC cardiologists face balancing clinical, scholarly, educational, and personal commitments.

It also became clear during our tenure as editors that the needs of FITs and EC cardiologists evolve (44-47). Earlier this year, we published 2 thematic series, the first on emerging specialties of cardio-metabolic disease, cardio-obstetrics, and cardio-rheumatology, and the second, most recently, on the impact of the coronavirus disease-2019 pandemic on FIT and EC professionals (48-54). These series epitomize the rapid changes in our field and emphasize the need for forums embracing the FIT and EC voice across academic cardiology journals.

Despite constant change and adaptation, the FIT/EC Section remains true to its mission: provide a forum for young cardiovascular specialists to discuss the early stages of one's career. The FIT/EC Section continues to seek submissions that are scholarly but not explicitly scientific. The page is not a forum for structured and formal presentation of novel scientific data, but we encourage authors to incorporate data from their own investigations into submissions. Authors must prepare submissions to the FIT/EC Section in an organized manner with a scholarly approach and sound theoretical or scientific foundation. We require meticulous attention to technically sound writing, a clear thesis statement, and organized supporting content. All FIT/EC Sections must offer a unique perspective relevant to the FIT and EC readership. They should acknowledge and build upon, not reiterate, prior FIT/EC Sections of a similar topic.

Finally, the *Journal* limits FIT/EC Sections to  $\leq 3$  authors and 1,500 words. All authors must be within 7 years of completion of their final stage of training. FIT/EC Sections may include a single table or figure, but we do not publish online-only or supplemental material.

Six years since inception, we hope that the FIT and EC communities demonstrated the value of the *Journal's* investment in their cultivation. We appreciate the willingness of the *Journal's* leadership to engage with FIT and EC cardiologists in this unique format. We hope our readers have found it successful.

After 4 years as section editors for the FIT/EC Section, change is due. Dr. Celina Yong, Assistant Professor at Stanford University School of Medicine and Director of Interventional Cardiology at VA Palo Alto Healthcare System, Dr. Jason Han, Cardiothoracic Surgery Resident at the University of Pennsylvania Perelman School of Medicine, and Dr. Muthiah Vaduganathan, cardiologist at Brigham and Women's Hospital and faculty at Harvard Medical School, will assume editorial responsibilities for the FIT/EC Section in July, 2020. You likely witnessed their excellent individual contributions on these pages to date. Our early experience with Drs. Yong, Han, and Vaduganathan as an editorial team and their record of publications reassures us that the FIT/EC Section remains in good hands.

We close with heartfelt gratitude. First, we thank Mrs. Justine Turco, Division Senior Director of Publishing for the American College of Cardiology. During our tenure, Mrs. Turco shepherded us through the submission review and manuscript publication processes. She ensured timely and accurate communication with corresponding authors and expanded our thinking about the scope of the FIT/EC Section. Most importantly, Mrs. Turco taught us much about the nature of scientific publications. We could not have done this without her.

We also offer our appreciation to Dr. Valentin Fuster for his commitment to our role as section editors. Dr. Fuster advocated for the FIT/EC Section as an outlet for novel ideas from its readership. He supported our editorial decisions and cultivated our academic and professional development. For this mentorship, we are grateful.

Finally, we thank you, our readers and authors. If our tenure as editors taught us nothing else, it demonstrated the creativity and ingenuity of the cardiology FIT and EC community, members of which we have been proud to call ourselves. We leave as FIT/EC Section editors secure in the knowledge that the FIT/EC Section of *JACC* remains capably lead.

To our FIT and EC colleagues, remember this: “The best way to predict the future is to create it.” As Dr. Fuster predicted 6 years ago, we still have much to learn from your thoughtful and distinctive insights. We eagerly anticipate reading your best work on these pages.

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