

# Finding my rhythm in electrophysiology: A series of puzzles



Natasha A. Vedage, MD, MSCE

*From the Division of Cardiology, Lewis Katz School of Medicine at Temple University, Philadelphia, Pennsylvania.*

Like many others, I had minimal exposure to the field of electrophysiology (EP) in residency. I didn't know what happened in the mysterious EP lab and certainly didn't find electrocardiograms (ECGs) fun. These preconceived notions were quickly turned on their heads as I started my general cardiology fellowship. In our "Difficult ECGs" lecture we were often presented with a chaotic and, at first glance, intimidating ECG. But our very passionate EP attending would challenge us by asking a series of questions until—sometimes an hour later—we arrived at the correct diagnosis. Reading ECGs, it turned out, was less about memorization and more like solving a series of deceptively simple puzzles, where unlocking one provided incremental clues to solve the next. And *that* was fun—solving each ECG felt like a small victory. I also recall scrubbing in on a case of supraventricular tachycardia (SVT). Once we had induced SVT, we made observations, such as the activation pattern in the coronary sinus catheter, and performed pacing maneuvers and observed the responses. Just simple clues that, when added together, solve a more sophisticated puzzle—and, in this case, enabled us to diagnose an accessory pathway. The pathway was ablated and the patient was cured. It reminded me of my research projects—it was more approachable and even more *fun* to break down complex research questions into smaller, bite-sized problems. Solving each problem gave me new knowledge until I was armed with enough evidence to tell a meaningful story. The process was arduous but highly rewarding. Electrophysiology would allow me to practice what I enjoyed most about research and clinical medicine: solving challenging puzzles and helping patients feel better.

Although I was confident in my interest in EP, I had lingering questions about pursuing it as a career. If a case went on unexpectedly late into the evening, how would I share family responsibilities with my spouse? How would I handle a procedural complication in a patient I am caring for? I reached out to EP fellows and attendings both at my home institution and beyond—I wanted to hear their personal accounts of wins and losses. One of my mentors

shared with me that he had actually learned to find some hidden value in the painful experiences, such as having an inadvertent hand in a patient's suffering, because of the introspection and personal growth that they require. My concerns were not only validated but shared by my EP mentors, some of whom had been in practice for years yet still exhibited continued curiosity and joy in pursuing small victories.

However, I still had never met or worked with a female EP and this left me feeling uneasy. This dearth of women in EP is not a problem unique to my home institution. In fact, fewer than 10% of EP operators nationally are women.<sup>1</sup> And the single most influential factor that determined if female trainees pursued EP was presence of a female role model.<sup>2</sup> For me, this is *the* puzzle worth solving. Thankfully, I am fortunate to have several #heforshe mentors who helped me cultivate my interest in EP and have encouraged me tremendously. Furthermore, I attended the Medtronic Women in Electrophysiology conference, where I met women who were not only electrophysiologists but prominent leaders in the field. They emphasized that we need to be vocal about the unique gender-specific barriers women face in EP and by doing so, we can start to problem solve. This "getting real" attitude is all about *visibility* and *unity*—the 2 pieces I believe will become instrumental in helping attract female trainees to EP. Personally, this event was a powerful experience where, for the first time, I saw EP attendings succeeding who looked just like me. Electrophysiology is truly a unique and rewarding field—it is my hope that more women are exposed to it and feel empowered that they too can thrive in the world of EP.

## References

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**Address reprint requests and correspondence:** Dr Natasha A. Vedage, Lewis Katz School of Medicine at Temple University, Division of Cardiology, 3401 N. Broad St, Philadelphia, PA 19140. E-mail address: [natasha.vedage@tuhs.temple.edu](mailto:natasha.vedage@tuhs.temple.edu).