CONGENITAL CARDIOLOGY TODAY
Timely News & Information for Congenital/Structural Cardiologists & Cardiothoracic Surgeons Worldwide
North American Edition
Vol. 22 - Issue 4
April 2024

Table of Contents

1 **Building an Outstanding Pediatric Heart Program: The Development and Ascent of Rady Children's Hospital Heart Institute**
John Moore, MD, MPH & Christopher Davis MD, PhD

8 **Matters of The Heart and Mind: Interviews**
Neil Wilson, MBBS, DCH, FRCPCH, FSCAI

12 **Pediatric Cardiac Intensive Care Unit Nursing Global Workforce**
Dorothy M Beke, MS, RN, CPNP-PC/AC, FAAN

14 **Medical News**
- Arineta Receives FDA Clearance for its Deep-Learning Image Reconstruction Technology in SpotLight™ Cardiovascular CT Scanners
- RICOH 3D for Healthcare Partners with Materialise to Broaden Access to 3D-Printed Patient-Specific Solutions
- Accarent Health Announced Affiliation with Children's Hospital Los Angeles to Provide Virtual Cardiology, Oncology and Musculoskeletal Second Opinion Services

20 **Meeting Calendar**

Career Opportunities Throughout

Building an Outstanding Pediatric Heart Program: The Development and Ascent of Rady Children's Hospital Heart Institute

John Moore, MD, MPH & Christopher Davis MD, PhD

The Heart Institute at Rady Children's Hospital San Diego (RCHSD) has a unique story, characterized by its relatively recent formation and a rapid increase in size, quality, and national recognition. This story may hold lessons for other programs undergoing systematic growth and improvement.

US News and World Report (USNWR) has published annual rankings of Pediatric Cardiology and Heart Surgery Programs in the United States since 2008. The scoring system is data- driven and dynamic. Although not without some controversy, the rankings are widely publicized, and there is general consensus that the current scoring system is the best available.[1] Since the inception of rankings in 2008 and until recent years, most of the "Top 10" programs have remained fairly constant and dominated by a group of long-established programs with widely held reputations for excellence. The "Top 10" have generally been hosted by historic, well-known, prestigious medical institutions.

In comparison to most of these institutions, RCHSD is relatively new. The hospital was founded in 1954 as a small community children's hospital and slowly expanded over the decades to grow into the largest children's hospital in California. In parallel, the University of California San Diego (UCSD) was founded in 1960 and has become one of the preeminent research and educational universities in the United States. Cardiovascular programs for pediatrics existed separately in both institutions before an amalgamation between the two was finalized in 2006. At that time, the combined pediatric cardiology program had only six cardiologists and one pediatric heart surgeon. Advantaged with the fundamentals of an expanding children's hospital (**Figure 1**), an evolving world-class university, and an attractive geographic location, the program set about recruiting faculty and building.

In 2008, Rady participated in the first USNWR ranking of pediatric heart programs and was not in the top 30. As years passed, a remarkable ascent of the Program occurred. By 2023, the Program had 35 cardiologists and two surgeons and was ranked #3 in the nation.[2]

Year	Rady's USNWR Heart Program Rank
2008	>30
2012	28
2017	17
2021	11
2023	3

This trajectory was made possible by two factors. First, the USNWR scoring system has evolved to give more weight to clinical outcomes and program quality, and less to "reputation score," the latter tending to calcify rankings over time (rankings inform reputation, which then inform rankings, and so on). Secondly, the RCHSD program grew and evolved based on core principles that allowed for continuing pursuit of excellence. These principles were applied in multiple categories, including Leadership and Institutional Organization, Long-Term Strategy and Culture, Program Infrastructure, and Continuous Quality Improvement.

APRIL 2024

North American Edition Vol. 22 - Issue 4

TABLE OF CONTENTS

1 **Building an Outstanding Pediatric Heart Program: The Development and Ascent of Rady Children's Hospital Heart Institute**
John Moore, MD, MPH & Christopher Davis MD, PhD

8 **Matters of The Heart and Mind: Interviews**
Neil Wilson, MBBS, DCH, FRCPCH, FSCAI

12 **Pediatric Cardiac Intensive Care Unit Nursing Global Workforce**
Dorothy M Beke, MS, RN, CPNP-PC/AC, FAAN

14 **Medical News**
- Arineta Receives FDA Clearance for its Deep-Learning Image Reconstruction Technology in SpotLight™ Cardiovascular CT Scanners
- RICOH 3D for Healthcare Partners with Materialise to Broaden Access to 3D-Printed Patient-Specific Solutions
- Accarent Health Announced Affiliation with Children's Hospital Los Angeles to Provide Virtual Cardiology, Oncology and Musculoskeletal Second Opinion Services

20 **Meeting Calendar**

Career Opportunities Throughout

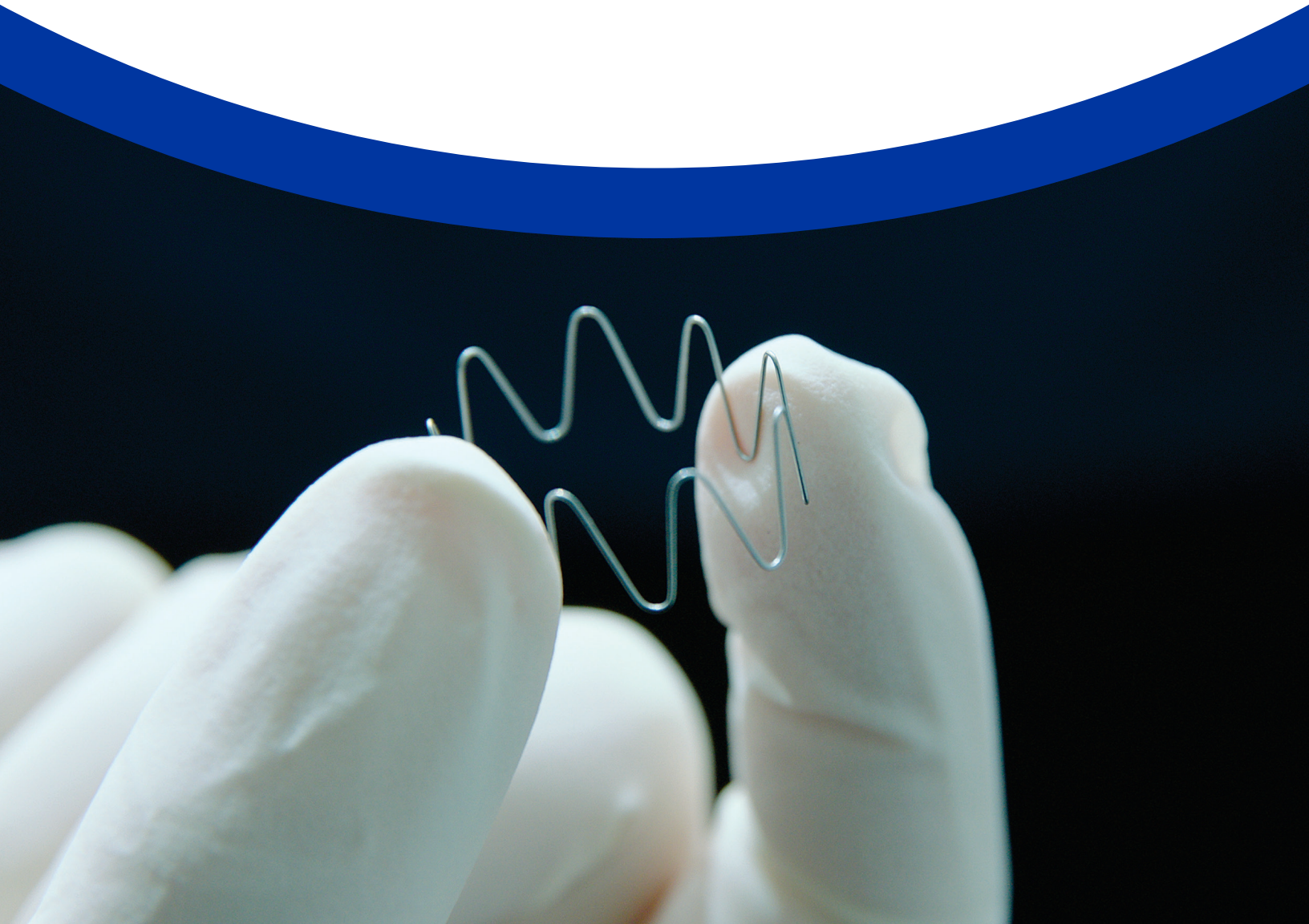
Medtronic

Harmony™
Transcatheter Pulmonary Valve

Made for **this**

Treating congenital heart disease patients with native or surgically repaired RVOT and severe pulmonary regurgitation takes focus. The Harmony TPV is made for this moment. It's the first FDA approved minimally invasive valve specifically designed for the native RVOT.

Learn more at medtronic.com/madeforthis



Indications
The Harmony™ transcatheter pulmonary valve (TPV) system is indicated for use in the management of pediatric and adult patients with severe pulmonary regurgitation (i.e., severe pulmonary regurgitation as determined by echocardiography and/or pulmonary regurgitant fraction ≥ 30% as determined by cardiac magnetic resonance imaging) who have a native or surgically-repaired right ventricular outflow tract and are clinically indicated for surgical pulmonary valve replacement.

Contraindications
The following are contraindications for the use of this device: active bacterial endocarditis or other active infections, known intolerance to Nitinol (titanium or nickel), or an anticoagulation/antiplatelet regimen.

Warnings
General: Implantation of the Harmony TPV system should be performed only by physicians who have received Harmony TPV system training. The transcatheter pulmonary valve (TPV) is to be used only in conjunction with the Harmony delivery catheter system (DCS). This procedure should only be performed where emergency pulmonary valve surgery can be performed promptly. Do not use any of the Harmony TPV system components if any of the following has occurred: it has been dropped, damaged, or mishandled in any way, or if the use-by date has elapsed.

Transcatheter pulmonary valve (TPV): This device was designed for single use only. Do not reuse, reprocess, or resterilize the TPV. Reuse, reprocessing, or resterilization may compromise the structural integrity of the device and/or create a risk of contamination of the device, which could result in patient injury, illness, or death. Do not resterilize the TPV by any method. Exposure of the device and container to irradiation, steam, ethylene oxide, or other chemical sterilants renders the device unfit for use. The device is packaged with a temperature sensor. Do not freeze the device. Do not expose the device to extreme temperatures. Do not use the device if the arrow on the sensor points to the symbol that indicates that the temperature limit has been exceeded. Do not use the device if any of the following have occurred: the tamper-evident seal is broken, the serial number tag does not match the container label, the arrow on the sensor points to the symbol that indicates that the temperature limit has been exceeded, or the device is not completely covered by the storage solution. Do not contact any of the Harmony TPV system components with cotton or cotton swabs. Do not expose any of the Harmony TPV system components to organic solvents, such as alcohol. Do not introduce air into the catheter. Do not expose the device to solutions other than the storage and rinse solutions. Do not add or apply antibiotics to the device, the storage solution, or the rinse solution. Do not allow the device to dry. Maintain tissue moisture with irrigation or immersion. Do not attempt to repair a damaged device. Do not handle the valve leaflet tissue or use forceps to manipulate the valve leaflet tissue. Do not attempt to recapture the device once deployment has begun. Do not attempt to retrieve the TPV if any one of the outflow TPV struts is protruding from the capsule. If any one of the outflow TPV struts has deployed from the capsule, the TPV must be released from the catheter before the catheter can be withdrawn. Do not attempt post-implant balloon dilatation (PID) of the TPV during the procedure, which may cause damage to or failure of the TPV leading to injury to the patient resulting in reintervention.

Delivery catheter system (DCS): This device was designed for single use only. Do not reuse, reprocess, or resterilize the DCS. Reuse, reprocessing, or resterilization may compromise the structural integrity of the device and/or create a risk of contamination of the device, which could result in patient injury, illness, or death. Do not reuse or resterilize the DCS. If resistance is met, do not advance the guidewire, DCS, or any other component without first determining the cause and taking remedial action. Do not remove the guidewire from the DCS at any time during the procedure.

Precautions
General: Clinical long-term durability has not been established for the Harmony TPV. Evaluate the TPV performance as needed during patient follow-up. The safety and effectiveness of Harmony TPV implantation in patients with pre-existing prosthetic heart valve or prosthetic ring in any position has not been demonstrated. The Harmony TPV system has not been studied in female patients of child-bearing potential with positive pregnancy.

Before use: Exposure to glutaraldehyde may cause irritation of the skin, eyes, nose, and throat. Avoid prolonged or repeated exposure to the chemical vapor. Use only with adequate ventilation. If skin contact occurs, immediately flush the affected area with water (for a minimum of 15 minutes) and seek medical attention immediately. The TPV and the glutaraldehyde storage solution are sterile. The outside of the TPV container is nonsterile and must not be placed in the sterile field. The TPV and DCS should be used only in a sterile catheterization laboratory (cath lab) environment. Ensure that sterile technique is used at all times. Strictly follow the TPV rinsing procedure. For TPV 25: Ensure that all green sutures have been removed from the attachment suture loops on the TPV before loading onto the DCS. Prevent contamination of the TPV, its storage solution, and the DCS with glove powder. Verify the orientation of the TPV before loading it onto the DCS. The inflow end of the TPV with attachment suture loops must be loaded first. Do not place excessive pressure on the TPV during loading. Inspect the sealed DCS packaging before opening. If the seal is broken or the packaging has been damaged, sterility cannot be assured. Proper functioning of the DCS depends on its integrity. Use caution when handling the DCS. Damage may result from kinking, stretching, or forceful wiping of the DCS. This DCS is not recommended to be used for pressure measurement or delivery of fluids. Carefully flush the DCS and maintain tight DCS connections to avoid the introduction of air bubbles.

During use: The TPV segment is rigid and may make navigation through vessels difficult. Do not advance any portion of the DCS under resistance. Identify the cause of resistance using fluoroscopy and take appropriate action to remedy the problem before continuing to advance the DCS. Careful management of the guidewire is recommended to avoid dislodgement of the TPV during DCS removal. Once deployment is initiated, retrieval of the TPV from the patient is not recommended. Retrieval of a partially deployed valve may cause mechanical failure of the delivery catheter system or may cause injury to the patient. Refer to the section below for a list of potential adverse events associated with Harmony TPV implantation. During deployment, the DCS can be advanced or withdrawn prior to the outflow struts protruding from the capsule. Once the TPV struts contact the anatomy during deployment, it is not recommended to reposition the device. Advancing the catheter forward once the TPV struts make contact with the anatomy may lead to an undesired deployment or may cause damage to or failure of the TPV and injury to the patient. Refer to the section below for a list of potential adverse events associated with the Harmony TPV implantation. Physicians should use judgment when considering repositioning of the TPV (for example, using a snare or forceps) once deployment is complete. Repositioning the bioprosthesis is not recommended, except in cases where imminent serious harm or death is possible (for example, occlusion of the main, left, or right pulmonary artery). Repositioning of a deployed valve may cause damage to or failure of the TPV and injury to the patient. Refer to the section below for a list of potential adverse events associated with the Harmony TPV implantation. Ensure the capsule is closed before DCS removal. If increased resistance is encountered when removing the DCS through the introducer sheath, do not force passage. Increased resistance may indicate a problem and forced passage may result in damage to the device and harm to the patient. If the cause of resistance cannot be determined or corrected, remove the DCS and introducer sheath as a single unit over the guidewire, and inspect the DCS and confirm that it is complete. If there is a risk of coronary artery compression, assess the risk and take the necessary precautions. Endocarditis is a potential adverse event associated with all bioprosthetic valves. Patients should make their healthcare providers aware that they have a bioprosthetic valve before any procedure. Post-procedure, administer appropriate antibiotic prophylaxis as needed for patients at risk for prosthetic valve infection and endocarditis. Prophylactic antibiotic therapy is recommended for patients receiving a TPV before undergoing dental procedures. Post-procedure, administer anticoagulation and/or antiplatelet therapy per physician/clinical judgment and/or institutional protocol. Excessive contrast media may cause renal failure. Preprocedure, measure the patient's creatinine level. During the procedure, monitor contrast media usage. Conduct the procedure under fluoroscopy. Fluoroscopic procedures are associated with the risk of radiation damage to the skin, which may be painful, disfiguring, and long term.

Potential Adverse Events
Potential risks associated with the implantation of the Harmony TPV may include, but are not limited to, the following: • death • valve dysfunction • tissue deterioration • hematoma • heart failure • cerebrovascular incident • perforation • rupture of the right ventricular outflow tract (RVOT) • compression of the aortic root • compression of the coronary arteries • sepsis • pseudoaneurysm • erosion • stent fracture • arrhythmias • device embolization or migration • pulmonary embolism • occlusion of a pulmonary artery • laceration or rupture of blood vessels • device misorientation or misplacement • valve deterioration • regurgitation through an incompetent valve • physical or chemical implant deterioration • paravalvular leak • valve dysfunction leading to hemodynamic compromise • residual or increasing transvalvular gradients • progressive stenosis and obstruction of the implant • hemorrhage • endocarditis • thromboembolism • thrombosis • thrombus • intrinsic and extrinsic calcification • bleeding • bleeding diathesis due to anticoagulant use • fever • pain at the catheterization site • allergic reaction to contrast agents • infection • progressive pulmonary hypertension • progressive neointimal thickening and peeling • leaflet thickening • hemolysis. General surgical risks applicable to transcatheter pulmonary valve implantation: • abnormal lab values (including electrolyte imbalance and elevated creatinine) • allergic reaction to antiplatelet agents, contrast medium, or anesthesia • exposure to radiation through fluoroscopy and angiography • permanent disability.

Please reference the Harmony TPV system instructions for use for more information regarding indications, warnings, precautions, and potential adverse events.

CAUTION: Federal law (USA) restricts these devices to the sale by or on the order of a physician.

Medtronic

710 Medtronic Parkway
Minneapolis, MN 55432-5604
USA
Tel: (763) 514-4000
Fax: (763) 514-4879
Toll-free: (800) 328-2518

LifeLine
CardioVascular Technical Support
Tel: (877) 526-7890
Tel: (763) 526-7890
Fax: (763) 526-7888
rs.structuralheart@medtronic.com

UC202307963 EN
11/2022

medtronic.com

Rady Children's Hospital in 2023

Leadership and Institutional Organization

In 2005 Rady Children's Hospital recruited physician leadership in cardiac surgery. The following year in 2006, leadership in cardiology was secured. Leaders made long-term commitments to Rady Children's Hospital and to the University of California San Diego and were installed as Director and Co-Director of the Heart Institute. From the outset, a top priority of Heart Institute leadership was to engage the administrations of the hospital and University. An academic and clinical program can thrive only with institutional support that allows for a tripartite mission of clinical excellence, generation of new research to advance the field, and teaching and preparing subsequent generations to build on established excellence. The governance and operations of the Heart Institute is led by an executive committee consisting of the physician directors, other key faculty leaders in cardiology and cardiovascular surgery, the Heart Institute administrative director, and several members of executive hospital leadership. There is a well-defined organizational chart that includes all faculty, staff, and leadership, and multiple venues for communication amongst all members.

Long-Term Strategy and Culture

From the beginning, the goal of physician leadership was to create an outstanding program, competitive with the best in the world. This strategy was codified in the Institute Mission "to provide the best possible and most personalized heart care for infants, children and young adults with congenital heart defects or acquired heart disease."[3]

Additional like-minded physicians and professionals with training and experience in excellent and highly rated programs were recruited to San Diego to lead and staff the Institute. Recruitment of the best and best-fitting personnel is one of the most important tasks of an institution. Leadership sought to create and foster a culture of excellence among physicians, trainees, nursing, and other staff. The mission and culture are endorsed and reinforced continuously and at all levels.

In a field as dynamic as pediatric cardiology and heart surgery, innovation and early adoption of cutting-edge technology are critical to a program's ability to grow and thrive. The Heart Institute places a premium on providing faculty with support to innovate and implement changes that will have lasting impact. Even in well-established and historically successful programs, stasis can sometimes dominate a culture and prevent timely change for the better. A flexible and supportive culture in our program has resulted in being at the forefront of major innovations in the field, including MRI-guided catheterization,[4] PDA stenting[5] and airway stenting.[6]

Program Infrastructure

With growth comes opportunity for specialization, program development, and an increase in breadth and depth of all components needed for a comprehensive cardiovascular center. Programs and sections in every aspect of pediatric and adult congenital cardiovascular medicine were formed during this time, including fundamental program pillars such as cardiothoracic intensive care unit, heart transplant/VAD program, and a fetal program. An advanced adult congenital heart disease program was established in partnership with UCSD adult cardiology. Furthermore, given the complexity of many cardiac patients, strong and formal collaborations were established with other critical pediatric specialties including neonatology, otolaryngology, and pulmonary medicine. These collaborations helped to devise customized and sometimes novel approaches to patient care resulting in important benefits such as reductions in ICU ventilator times and length of stays.

As the number of faculty in every section continued to grow, disease-specific programs for even rare and difficult-to-treat conditions were formed and innovation thrived. Today, over 20 specific programs exist to provide the most comprehensive and specialized care possible. Some are as specific as the pulmonary vein stenosis program, and others such as the neurodevelopmental program are broadly applicable across all patient populations.

The importance of administrative support toward program infrastructure cannot be understated. Administrative leadership and support staff who work in service of clinical excellence, research, and teaching are indispensable parts of the whole.

Continuous Quality Improvement

Well before the comprehensive program infrastructure was completed, leaders of the Heart Institute recognized the need for robust and continuous quality improvement. Part of the strategy involved participation in all relevant national registries. These registries provided important comparative data from multiple programs nationally, and importantly were externally audited and focused on national quality improvement. They provide important vehicles for the assessment of relative strengths and weaknesses in a given center and are a springboard for initiating positive change. Also, internal mechanisms to assess

honestly and comprehensively everything from individual patient outcomes to center-wide practices were emphasized and supported to continually enhance care.

The already large and ever-growing amount of data used for registries and quality improvement requires significant time and effort to adequately track and analyze. A data team was established in our center years ago and has shown a positive return on investment ever since.

More recently, patient experience data generated by questionnaires have been incorporated into quality improvement efforts. The Heart Institute Family Council meets regularly with the administrative director and physician leaders to provide direct feedback and suggestions for improvement from a patient and family perspective.

All data from these and other sources are reviewed in detail throughout the Heart Institute in monthly meetings. A program scorecard was developed by the data group and is available to everyone in the Heart Institute. These data inform nearly every major decision made at the highest levels of the Institute.

Conclusion

Establishing a culture of excellence, promoting open communication, making data-driven decisions, relentless quality improvement efforts, and tight integration with hospital and University leadership have allowed for the substantial growth and rise of Rady Children's Hospital Heart Institute.

References

1. Mendu M, Kachalia A, Eappen S. Revisiting US News & World Report's Hospital Rankings—Moving Beyond Mortality to Metrics that Improve Care. J Gen Intern Med. 2021 Jan; 36(1): 209–210.
2. https://health.usnews.com/best-hospitals/pediatric-rankings/cardiology-and-heart-surgery
3. https://www.rchsd.org/programs-services/heart-institute/
4. https://www.congenitalcardiologytoday.com/_files/ugd/616c37_bc2e14e255c84f1a95f86dfacf28086a.pdf
5. Ratnayaka et al. Patent Ductus Arteriosus Stenting for All Ductal-Dependent Cyanotic Infants: Waning Use of Blalock-Taussig Shunts. Circ Cardiovasc Interv. 2021;14:e009520. DOI: 10.1161/CIRCINTERVENTIONS.120.009520
6. El-Said H, et al. Bronchial stenting in infants with severe bronchomalacia: Technique and outcomes. Int J Pediatr Otorhinolaryngol. 2021 Jun;145:110703. doi: 10.1016/j.ijporl.2021.110703. Epub 2021 Apr 6. PMID: 33910043.

Special Thanks to Dr. John Nigro, Dr. Rohit Rao, and Dr. John Lamberti who each reviewed the manuscript and provided comments.

JOHN MOORE, MD, MPH

Emeritus Professor of Pediatrics,
UC San Diego School of Medicine
Director of Cardiology,
Rady Children's Hospital (2006-2021)
Medical Editor, Congenital Cardiology Today
San Diego, CA, USA
Jwmmoore1950@gmail.com

CHRISTOPHER DAVIS, MD, PHD

Clinical Professor of Pediatrics,
UC San Diego School of Medicine
Clinical Director of Cardiology,
Rady Children's Hospital
Interim Director of Cardiology,
Rady Children's Hospital (2021-2023)
San Diego, CA, USA

CAREER OPPORTUNITY

INOVA L.J. Murphy Children's Hospital

Medical Director of Non-Invasive Cardiovascular Imaging

Inova L.J. Murphy Children's Hospital is seeking a full-time pediatric cardiologist to serve as **Medical Director of Non-Invasive Cardiovascular Imaging** to support our rapidly growing team within Inova Children's Heart Center.

Responsibilities and Practice Details:

- The Division of Pediatric Cardiology includes 20 board-certified pediatric cardiologists and 12 APPs.
- Inova Children's Heart Center is a comprehensive team, including congenital cardiac surgery, cardiac intensive care, outpatient and inpatient cardiology, fetal cardiology, non-invasive cardiology, adult congenital cardiology, fetal cardiology, diagnostic and interventional catheterization, heart failure, and electrophysiology.
- Our services include fetal, transthoracic, and transesophageal echocardiography, and a partnership with radiology on cMRI and CT scans. The division is supported by a dedicated team of inpatient and outpatient congenital sonographers.
- Routine patient care will include outpatient clinic, inpatient consultation, supervision of APPs, and hospital service.
- The candidate should have advanced training in non-invasive imaging while possessing professional, clinical, and leadership skills.
- This position will work with the Chief of Pediatric Cardiology and Heart Center leadership to execute personal and programmatic goals focused on the fundamentals of extraordinary care: safety, quality, patient experiences, access, and stewardship.
- Seeking a candidate that thrives in an environment based on teamwork, collaboration and dedication to patients, families, and each other.
- Although patient care is our primary focus, education and research are encouraged and supported by a dedicated research team.

Position Highlights:

- Highly competitive salary with incentives
- Full Medical, dental and vision
- Generous time-away plan and paid time to attend CME
- Paid Parental Leave Program
- Located Northern Virginia

Inova L.J. Murphy Children's Hospital is a 226-bed children's hospital based at Inova Fairfax Medical Campus and is dedicated to providing care in a welcoming environment that offers the latest in technical innovation and kid-friendly spaces. Other features of our hospital include:

- Level IV Neonatal (108 bed NICU, 20,000+ deliveries)
- Level One Pediatric ICU and Pediatric Cardiac ICU
- Inova Children's Cancer Center
- Level One Trauma Center
- Multidisciplinary, complex pediatric care
- Pediatric Emergency Department that sees over 100,000 patients annually
- Child Life Services dedicated in each inpatient space and outpatient procedural area
- Specialized air and ground transport service
- Ronald McDonald House

Requirements:

- Board-certified/eligible in Pediatric Cardiology
- Able to obtain an unrestricted Virginia Medical License.
- The ideal candidate will have extensive experience in the field, specifically in the area of echocardiography (TTE, TEE, etc).
- Preference will be given to those with experience at higher volume centers and demonstrated leadership roles in imaging.
- Additional preference will be given to those with previous experience or education in medical administration and those who have clinical research experience.
- Eligible for faculty appointment at The University of Virginia School of Medicine

Interested Candidates should reach out to:
Mitchell Cohen, MD, FACC, FHRS, Mitchell.cohen@inova.org
Chief of Pediatric Cardiology, Co-Director of the Children's Heart Center

Matters of The Heart and Mind: Interviews

Neil Wilson, MBBS, DCH, FRCPCH, FSCAI

I have had some very intimidating, entertaining, humiliating and disappointing interviews. In the UK at least, an interview defines the final selection process of applying for a position in the National Health Service at just about any level excepting the most junior position (House Officer) immediately post-graduation. The House Office appointment is largely based on a summary from The Dean of The Medical School of one's career in the five or six years as a student. There used to be a face-to-face interview with The Dean and 10 or 11 senior Medical School Professors, Surgeons, Physicians, Psychiatrists to get into Medical School in the first place. I remember mine very well, not least of all because the letter in 1977 inviting me for interview had gone astray. I owe the personal assistant to the Medical School Registrar a massive thanks for sending a second letter saying: 'We were sorry not to see you for interview today, please could you let us know if you are still interested in studying at St Thomas's Hospital Medical School?' Or words to that effect. I raced to the telephone to tell the story of the undelivered invitation. Thankfully the door was still ajar. Believe me, getting an interview was a big deal. It usually meant you had about a one in six chance of getting a place. These are massively reduced odds from about the one in two hundred which started when you first applied with a headmaster's report, details of exam results and extracurricular achievements and interests. I was excited. For most students this interview was perhaps the only face-to-face exposure to The Dean. The Dean did usually give a pep talk at the commencement but that was to the whole year of 60 students and had overtones of reminding us what an honour it was to be there, how lucky we were and work hard and behave yourselves. The usual.

Cut to my interview for Medical School with the great and the good. An ante room with the lions to the slaughter, interviewees, sizing each other up. Despite my shy retiring nature, I could barely pluck up the courage to chat. It was something like 'Which school do you go to?' and that was it. Only one Etonian but it became apparent I was from further away than anyone, coming from a small town in Yorkshire. In I go to a quiet oak panelled room with arrays of portraits of Deans from hundreds of years ago to the present day. A beautiful rectangular polished oak table. Twelve occupants of the chairs facing me. And me, just me, opposite. To say it was intimidating is an understatement. I do not remember many of the questions. I suspect they were the usual 'Why do you want to be a doctor? Why St. Thomas's? But one did floor me: 'Mr. Wilson, I see you're from Yorkshire, tell me, some people say that a Yorkshireman is similar to a Scotsman but lacking the streak of generosity, what do you think?' Cue: 11 of the 12 suited interviewers burst into raucous laughter... an "in joke." What is going on? I find out subsequently that The Dean was a Yorkshireman, and the question was a good-natured dig at him. My answer? Easy… I was born in Cumberland, not Yorkshire, so I was able to reply stating so, adding 'And as you know Cumbrians are very generous people.' I do not suppose my answer was the reason, but they gave me a place. The rest is history.

I saw a bit more of The Dean than most having been summoned because of a couple of episodes of bad behaviour following rugby matches when I had consumed a little more beer than the average. Well, we were celebrating victories. Thinking back, he was a star, a metaphorical rap on the knuckles for me and letters of apology from me and I was forgiven. There was not a third strike, though I did get close. The night before my pathology finals viva voce exam I had stood in for 'Mangler,' one of the actors in The Christmas Show, who had the most florid periorbital cellulitis you have ever seen and claimed he couldn't perform. His was a small part, most of the words were indecipherable grunts as he was supposed to be a monster type figure. Not many lines to learn. Sure, I could do it. Imagine my surprise as that evening I lurched on stage spitting my words out to the front row only to find myself face to face with The Professor of Pathology. Yes, you guessed, he was my finals examiner at 9:30 the very next morning. The Professor seemed to leave most of the interrogation to his co-examiner who lobbed me some fairly benign questions on kidney disease. I sensed The Professor was desperately trying to remember why he recognised me more acutely than some of the other exam candidates. By the time the penny dropped I was on my way out of the room. Nevertheless, I was relieved to see a PASS next to my name when the results were declared some days later.

So on to senior interviews, how on earth do you choose a fellow position say, when everyone seems to have a reference worthy of instant appointment to the board of the World Health Organisation? As you stagger towards some sort of seniority it does eventually fall to you to make some important decisions as to who you might choose as a fellow, a senior fellow, an attending colleague even. It is almost impossible when 99% of written testimonials read 'It is with the humblest pleasure and respect that I find myself in the privileged position of recommending Dr. Jane Doe / John Doe who is by far the most fantastic, smartest, kindest, talented world beating innovative etc… I have ever had the privilege of working with and recommending for the position of… (insert position).' Saintly individuals, every one of them. Better get on the telephone. Unless the line is bugged, you can get a more useful idea of a candidate's strengths and weaknesses if you did not know them before. Two senior fellow interviewees spring to mind. I will spare their blushes of pride I hope rather than embarrassment, by not revealing their names. Some of you will guess anyway. Dr. 'John Doe' rocks up for interview, his testimonial reads as I described above with the added qualities: 'He is a beast of computer literacy, writes code, and has a wicked sense of humour.' I do not write code, though I am good at shouting 'Help' into the ether when I get stuck (frequently) on the computer. So 'John' comes into my office, every bit the techie. We have barely shaken hands and I have handed him my iPhone which has some ridiculously irritating glitch. In the length of time it has taken to shake hands, I have the cured phone back in my hand. John makes an extremely funny but tactful ironic

CAREER OPPORTUNITY

INOVA L.J. Murphy Children's Hospital

Pediatric Cardiologist – Cardiac Multimodal Imaging Physician

The Division of Pediatric Cardiology at Inova LJ Murphy Children's Hospital is seeking candidates to join our dynamic and growing faculty. Inova LJ Murphy Children's Hospital is a quaternary care, academic children's hospital in Northern Virginia and is seeking a full-time pediatric cardiologist to serve as Medical Director of Non-Invasive Cardiovascular Imaging to support our rapidly growing team within Inova Children's Heart Center.

The Heart Center at INOVA L.J Murphy Children's Hospital has been caring for the children of Northern Virginia and the Greater Washington Region for more than 30 years. Each year, the program is responsible for approximately 550 procedures. The program provides surgical repair of the most complex congenital heart defects, including hypoplastic left heart syndrome. In addition to providing care for children with complex congenital anomalies, the program provides a lifetime of care as part of the Inova Schar Heart and Vascular, which includes the Adult Congenital Program. Inova Children's Heart Center is a comprehensive team, including congenital cardiac surgery, outpatient cardiology, fetal cardiology, non-invasive cardiology, adult congenital cardiology, diagnostic and interventional catheterization, and electrophysiology and advanced heart failure therapies. The team includes 23 board-certified pediatric cardiologists, 8 pediatric cardiac intensivists, 3 pediatric cardiac surgeons and 17 advanced practice providers. With respect to non-invasive imaging, the division currently performs fetal, transthoracic, and transesophageal echocardiography, and partners with radiology on cMRI and CT scans.

Inova LJ Murphy Children's Hospital is a 226-bed children's hospital at Inova Fairfax Hospital medical campus, located in Northern Virginia. As the only dedicated children's hospital and pediatric heart center in Northern Virginia, we provide care in a welcoming environment that offers the latest in technical innovation in kid-friendly spaces. The children's hospital has a 108-bed, level IV Neonatal Intensive Care Unit with approximately 17,000 annual deliveries. The Pediatric Cardiac Intensive Care Unit and Acute Care Step-Down Unit are part of the Inova Children's Heart Center.

We are seeking a Board Certified/Eligible Pediatric Cardiologist committed to a career in Pediatric Cardiology with advanced training in pediatric multimodal imaging to join our growing and dynamic practice as Pediatric Cardiology Multimodal Imaging Leader. Our ideal candidate will be energetic, enthusiastic, and work effectively as part of a team. The candidate must be an outstanding clinician dedicated to the care of hospitalized children and their families, and an excellent advanced imager who works well with MRI/CT technicians and heart center care providers.

Responsibilities and Practice Details:

- The candidate should have a passion for advanced training in non-invasive and multimodal imaging while possessing professional, clinical, and leadership skills.
- Flexibility, strong communication and collaborative skills are key.
- This position will work with the Chief of Pediatric Cardiology and the leadership of the Inova Children's Heart Center to execute on yearly personal and programmatic goals focused on the fundamentals of extraordinary care: Safety, quality, patient experiences, access, and stewardship.
- This is a perfect position for the candidate that thrives in an environment that focuses on teamwork, collaboration and dedication to patients, families, and each other.
- Although patient care is our primary focus, education and research are also encouraged and supported with access to dedicated research professionals including a statistician, research manager, and research coordinators.

Position Highlights:

- Highly competitive salary with incentives
- Full Medical, dental and vision
- Generous PTO and paid time to attend CME
- Paid Parental Leave Program
- Located Northern Virginia

Requirements:

- Board-certified/eligible in Pediatric Cardiology
- Advanced training in cardiac MR and CT imaging
- Interested individuals should be board-certified in Pediatric Cardiology and able to obtain an unrestricted Virginia Medical License
- Eligible for faculty appointment at The University of Virginia School of Medicine

Inova Health System is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to age, color, disability, gender identity or expression, marital status, national or ethnic origin, political affiliation, pregnancy (including childbirth, pregnancy-related conditions and lactation), race, religion, sex, sexual orientation, veteran status, genetic information, or any other characteristics protected by law.

Interested Candidates should reach out to:
Mitchell Cohen, MD, FACC, FHRS, Mitchell.cohen@inova.org
Chief of Pediatric Cardiology, Co-Director of the Children's Heart Center

comment about my techless-talents which has me laughing. We barely discuss anything else as I have made up my mind that I will offer him the job, though I had better play the game and at least speak to the other interviewees. 'John' has since moved on to an attending position in a city beginning with 'I.' He still has me phoning him two or three times a year to unravel a tech problem and to cheer me up with his rapidly developing Wilsonic humour. One day he will invent something which will ring very loud bells in the interventional treatment of Congenital Heart Disease.

Dr. 'Jane Doe' comes for interview preceded by the usual written testimonial described above. The phone call I have from a World Class Interventional Cardiologist is very positive and supportive. It is winter and her travel plans, arriving from The East Coast in the evening and my work pattern is such that the interview is essentially 'Trial by dinner' in my house. Catering courtesy of Mrs Wilson. We get on well, I am witnessing the same qualities of this doctor described in the phone call I had a few days earlier with her previous boss above. I get up to take a phone call and while I am in the kitchen giving an opinion on a clinical problem in CICU it is taking a bit of time but we had pretty much finished the meal, ending with a Wilson Affogato. I glance back to the table. 'Jane's seat is empty.' I finish the call. I gently ask Mrs. Wilson 'Where's she gone?' 'I'll tell you later,' says Meredith. Dr. 'Jane' comes back to the table. I notice she is carrying quite a large purse, but there you go, what would I know about purse fashion? The evening comes to a natural end, we arrange for her to meet others at the hospital in the morning for a look round and a chat with the categorical fellows who will no doubt give her the real low down. Off she goes in a taxi to the hotel. I retire to the kitchen. I'm very good at cleaning pans. My wife is very good at instructing me such that I do it correctly…

Spontaneously she comes out with… 'Do you realise what was in her handbag'? (Handbag is British talk for purse). 'She had a baby two weeks ago, she's expressing… the baby girl is in New York with Dad.' Momentarily I stop scrubbing. How does the saying go? 'A defining moment.' I challenge anyone to demonstrate a passion for interventional cardiology which could hold a candle to her display of dedication to child and career. I am not even sure I saw 'Jane' the next day but I did hear she had a good look around and had impressed all those she met. It did not matter. I had made my mind up that she had got the job before I had finished the washing up the night before. As you would predict she is already an outstanding opinion in the field of interventional paediatric cardiology. You almost certainly will have heard her speak (quickly, but she's getting better…).

I'd like to tell 'John' and 'Jane' how much I miss their company.

NEIL WILSON, MBBS, DCH, FRCPCH, FSCAI

Formerly Professor of Pediatrics
University of Colorado School of Medicine
Formerly Director Cardiac Catheter Laboratory
Children's Hospital Colorado
Colorado, USA
Neilwilson1955@icloud.com

Children's Mercy KANSAS CITY

Director of Research

About the program and organization
Our Heart Center is one of the 15 largest pediatric cardiac programs in the USA. We serve a population of 5 million+, consisting of diverse urban, suburban and rural communities with a multi-state geographic catchment that includes Missouri, Kansas and adjacent portions of Nebraska, Iowa, Oklahoma and Arkansas. Annually, we perform over 500 cardiac operations, 600 cardiac catheterizations including over 200 invasive EP procedures, 18,000 outpatient visits, and 20,000 echocardiograms.

Position Summary
This is a new leadership position with significant administrative responsibilities; candidates must have significant prior leadership experience. Direct reports to the Director currently include the Administrative Director for Research and Quality; as the research enterprise grows, direct reports are expected to increase in number and scope. In addition to leading their own research program and seeking extramural funding to support that effort, duties will include, but not limited to:

- Establish the vision and strategic direction of TWFHC Research Program.
- Develop short and long-term plans for Heart Center Research strategy and staffing that are aligned with organizational plans and vision.
- Recruit and retain faculty and staff to build the academic profile of TWFHC and the recruitment of clinical and translational scientists positioned to lead our field.
- Lead a culture of research mentorship: help accelerate investigators' progress towards independence and eliminate barriers to successful extramural funding.
- Create and maintain a robust training/educational program for grant education, development, submissions and awards specific to pediatric cardiac science.
- Develop the research enterprise in a manner that is integrated seamlessly with the clinical enterprise, thus facilitating synergies and enabling clinicians and scientists to work together to identify and address clinically relevant problems.

Candidate Profile
The ideal physician candidate should be board-certified or board-eligible in Pediatric Cardiology; PhD candidates should have a career focus on pediatric cardiac research. Familiarity with federal funding and/or industry/foundation sponsored clinical trials is required. We value prior experience as a Principal Investigator or Project Director under federal grants or cooperative agreements, familiarity with award processes, experience as a PI on industry sponsored clinical trials and/or investigator initiated research, and/or knowledge of regulatory requirements of the FDA, GCP, and applicable IRB/IACUC requirements.

Please submit CV and cover letter to:
https://faculty-childrensmercykc.icims.com/jobs/26738/physician/job

For more information:
Aliessa Barnes, MD
Co-Director, Ward Family Heart Center
apbarnes@cmh.edu

CAREER OPPORTUNITIES

Children's Hospital Colorado

Affiliated with University of Colorado Anschutz Medical Campus

Introducing Shelley Miyamoto, MD, Chair of Pediatric Cardiology

Children's Hospital Colorado and the University of Colorado School of Medicine are pleased to announce Shelley Miyamoto, MD as the Co-Director of the Heart Institute and Section Head of Cardiology, Department of Pediatrics, University of Colorado School of Medicine. Dr. Miyamoto holds the inaugural Jack Cooper Millisor Chair in Pediatric Heart Disease at Children's Colorado. Through basic and translational research, she studies dilated cardiomyopathy and congenital heart disease. As a member of multiple industry associations, Dr. Miyamoto has been awarded several patents and has played a critical role in the Heart Institute's recent acceptance into the Pediatric Heart Network.

Career Opportunities

MEDICAL DIRECTOR, CARDIOVASCULAR IMAGING

The Medical Director of Cardiovascular Imaging will provide overarching leadership for all non-invasive cardiovascular imaging activities. The Director will be empowered to promote advancements in cardiac imaging techniques, provide mentorship and career development of faculty, and promote the education and training of fellows.

- Imaging team includes 14 faculty, 28 sonographers and technicians trained in obtaining cardiac MRI and CT images
- Advanced fellowship in cardiac imaging and cardiac echo research core laboratory capability
- High volume multimodality imaging program (25,000+ echos, 1,700+ fetal echos and 600+ cardiac MRIs performed annually)
- Robust telehealth capabilities across 7-state referral region
- Faculty with expertise and research interests in 3D echo, strain imaging, cross-sectional imaging (including fetal cardiac MRI) and intracardiac echo (ICE)
- Active echo QI program

MEDICAL DIRECTOR, SINGLE VENTRICLE PROGRAM

The inaugural Medical Director of the Single Ventricle Program at Children's Colorado will provide leadership of established single ventricle outpatient clinics and will be encouraged to develop a vision for how to optimize and advance the inpatient transition of single ventricle patients across all surgical stages.

- Team includes 6 physicians, an APP and dedicated nurse coordinator
- Performed the 2nd most Norwood procedures in the country in 2022
- Existing Complex Congenital Heart Disease Clinic for interstage patients that includes a home monitoring program and a Single Ventricle Continuity Clinic for patients stage II and beyond
- A Fontan Multidisciplinary Clinic that includes expertise in pediatric and ACHD cardiology, hepatology, pulmonology, neuropsychology and nutrition

MEDICAL DIRECTOR, FETAL CARDIOLOGY

The Medical Director of Fetal Cardiology will have critical leadership responsibilities with respect to strategic planning, and advancements of medical education, research, and QI initiatives in both the Heart Institute and the Colorado Fetal Care Center.

- Fetal cardiology team includes 4 cardiologists, 2 sonographers and a dedicated nurse coordinator
- Over 240 deliveries with 105 attributed to cardiac abnormalities
- High volume fetal echo telehealth program
- Membership in the Fetal Heart Society
- 7-state referral center for fetoscopic laser photocoagulation treatment in twin-twin transfusion syndrome, fetal arrhythmias, heart block, cardiomyopathies, complex congenital heart disease and more

ACUTE CARE HOSPITALIST

Responsibilities will include providing intermediate level cardiac care in the Cardiac Progressive Care Unit (CPCU), a dedicated telemetry unit with a favorable nurse to patient ratio and a supporting cardiology consultative service throughout Children's Colorado.

- Team supported by APPs, cardiology fellows, as well as dedicated nutritionists, pharmacists, social workers and discharge coordinators
- Over 700 cardiac surgeries performed in 2023
- Averaged nearly 1,400 CPCU admissions annually for the past 3 years
- Opportunities to contribute to medical education, QI projects, and clinical protocol development
- Participation in the Pediatric Acute Care Cardiology Collaborative (PAC3)

To apply, please contact:

SHELLEY MIYAMOTO, MD

Chair, Pediatric Cardiology, University of Colorado School of Medicine

Co-Director, Heart Institute, Children's Hospital Colorado

Shelley.Miyamoto@childrenscolorado.org

Pediatric Cardiac Intensive Care Unit Nursing Global Workforce

Dorothy M Beke, MS, RN, CPNP-PC/AC, FAAN

Pediatric Heart Disease is a primary cause of morbidity and death in children worldwide, and responsible for 66% of preventable mortality in low- and middle-income countries (LMICs).[1] The prevalence of Congenital Heart Disease (CHD) has been reported to be steadily increasing globally in recent years.[2] A systematic analysis of the global burden of CHD in 2017 found it to be a substantial occurrence, noting 261,247 deaths worldwide, with the majority of deaths in LIMCs, and an overall increasing number (11,998,283 people) living with CHD, accounting for an ~19% increase since 1990[3] in both LMICs and high-income countries (HICs). Despite the increase in CHD, a lack of crucial care needs attributed to inadequate resources and insufficient academic consideration for management requirements globally has been identified.[1]

Optimal care and management of children with cardiac disease requires specialized training and skills. Pediatric cardiac intensive care unit (PCICU) nursing practice is a highly specialized, subspecialty in countries across the world, and includes care of a fragile population of children ranging from neonates to adolescents. Adequately trained nurses are a crucial limiting factor for the provision of safe PCICU care in both LMICs and HICs. The World Health Organization reports nurses as the largest occupational healthcare group worldwide, and an essential force for meeting global strategies on human resources for health goals for the future.[4] Despite the need for skilled nursing care of pediatric cardiac critically-ill patients, there is very limited published data on the current state of formal PCICU nursing education and on-the-job training on a worldwide level. A scoping review of the literature across five geo-regions by Macey, et al.,[8] found a variety of structured and informal education strategies for nurses in critical care settings across the globe; however, comprehensive descriptions for training in low-income (LIC) countries and LMICs were extremely deficient. Furthermore, although resources were extremely variable across settings, LIC and LMICs frequently described them as inadequate.[8] While education level and critical care certification are described in HIC settings,[5-7] specific details of PCICU training are lacking.

Identifying the status of formal PCICU nursing education, certification and on-the-job training globally may help to inform a scientific foundation in this area. Reducing the knowledge gap and informing the nursing science will assist in promoting the development and implementation of nursing initiatives in countries underserved by healthcare resources, and aid in identifying potential barriers and facilitators to obtaining requisite knowledge and skills required to provide optimal PCICU nursing care.

We are looking for PCICU RNs in all settings to complete this survey. Please use the QR code to access the survey. Please feel free to forward this information to others at your organizations.

References

1. Vermoot D, Cardarelli M. (2020). The global unmet need of congenital cardiac care: a quantitative analysis of the global burden of disease. Card in Young, 30. 1688-1693.
2. Liu Y, Chen S, Zuhlke L. et al. (2019). Global birth prevalence of congential heart defects 1970-2017: updated systematic review and meta-analysis of 260 studies. Int J Epidem, 48(2). 455-463.
3. Sable CA. (2020). Global, regional, and national burden if congenital heart disease, 1990-2017: a systematic analysis for the global burden of disease study 2017. Lancet Child Adolesc Health, 4(3). 185-200.
4. WHO. (2016). Global strategy on human resources for health: workforce 2030. Geneva, Switzerland: World Health Organization.
5. Hickey PA, Gauvreau K, Curley MA, et al. (2013). The effects of critical care nursing and organizational characteristics on pediatric cardiac surgery mortality in the US. J Nurs Admin, 43. 637-644.
6. Hickey PA, Paquali SK, Gaynor JE, et al. (2016). Critical care nursing's impact on pediatric patient outcomes. Ann Thorac Surg, 102. 1375-1380.
7. Bronicki RA, Pollak U, Argent AC. Et al. (2017). Global perspective on training and staffing for pediatric cardiac critical care. Card in Young, 27(6).S9-S13.
8. Macey A, O'Reilly G, Williams G, and Cameron P. (2017). Critical care nursing role in low and lower middle-income settings: a scoping review. BMJ.1-6. Doi:10.1136/bmjopen-2021-055585.

DOROTHY M BEKE, MS, RN, CPNP-PC/AC, FAAN

CICU Nurse Practice Specialist
Boston Children's Hospital
Boston, MA, USA
Dorothy.Beke@childrens.harvard.edu

CAREER OPPORTUNITY

PennState Health
Children's Hospital

Outpatient Pediatric Cardiologist

Penn State Health Children's Heart Group is seeking a dedicated outpatient pediatric cardiologist who has the desire to develop a community-based practice that will align itself with local hospitals and neonatology practices, provide personalized services to pediatricians and family practice providers in these communities, and grow the practice in these cities. The intention is for the successful applicant to reside in one of the following cities, or a nearby community: Lancaster, York, or Reading.

Join our Division of Pediatric Cardiology now! We are committed to excellent clinical care, teaching, and research. **Interested applicants, please apply here and send CV and Cover Letter to John P. Breinholt, MD Professor and Chief, Pediatric Cardiology jbreinholt@pennstatehealth.psu.edu**

Our team of providers consists of 12 board-certified pediatric cardiologists, 6 adult congenital cardiologists, 5 advanced practice providers and support staff. Our cardiologists have expertise in pediatric cardiology, adult congenital heart disease (ACHD), interventional cardiology, cardiac imaging and MRI, fetal cardiology, electrophysiology, preventive cardiology, and telemedicine.

We have state of the art facilities in these communities, supported by APPs, echo sonographers, and close alignment to the specialized services provided at the medical center, including: exercise physiology, electrophysiology, interventional cardiology, and cardiac surgery. We are closely aligned with the ACHA accredited Adult Congenital Heart Disease program who provide outreach services to these areas. There is an ACGME accredited fellowship program that accepts one fellow per year.

- The ideal candidate has at least one to three years of clinical experience and demonstrated excellence in outpatient pediatric cardiology care
- Supported by on-site clinical support staff and sonography services
- Academic position as an assistant or associate professor of pediatrics at Penn State College of Medicine
- The Echocardiography laboratory at Penn State Children's Hospital is accredited in pediatric transthoracic, TEE and fetal echocardiography
- Fetal cardiology abilities are desirable, but not required. Fetal cardiologists provide services to these areas at present, however a cardiologist with this skill set would be able to utilize it in this practice location.
- Opportunity to participate in the inpatient service is optional, based on applicant preference.

What we're seeking:

- We are seeking someone BC/BE trained in Pediatric Cardiology.
- M.D., D.O., or foreign equivalent
- Candidates must be board certified or board eligible in pediatric cardiology and able to obtain an unrestricted PA license.
- BLS and PALS certification is required.

Opportunity highlights:

- Competitive salary and benefits
- Sign on bonus and Relocation assistance,
- CME time and funds,
- LTD and Life insurance, and so much more!
- Penn State University tuition discount for employees and dependents

Area highlights:
Penn State Health has opened new pediatric outpatient centers in Lancaster and York in 2022. We are looking to open a new clinic in Reading. The Lancaster Pediatric Center (47,000 sq feet) houses more than 40 exam and consultation rooms. It includes 20 medical and surgical pediatric specialty and sub-specialty services. It also offers consultations with psychiatrists and behavioral health specialists. The York Leader Heights Center (5600 sq feet) houses pediatric sub-specialties, reproductive endocrinology and fertility. It provides a wide spectrum of care for children including 5 medical and surgical pediatric sub-specialty services.

Forbes magazine describes Lancaster as a "newly hip Victorian city—just three hours from New York City—is still one of the U.S.'s best kept secrets. The center of Amish country is bucolic but boasts a bustling food scene and is quickly becoming a cultural hotbed. The architecture is the real star, so explore the alleys and cobblestone streets by foot, checking out the many repurposed old warehouses that house thriving businesses... The arts are central to Lancaster's growth, notably the stunning Fulton Theatre and neighboring Prince Street, Lancaster's gallery row, which pulses with art on summer first Fridays."

Founded in 1741, the city of York is considered by many as the first capital of the United States. The Articles of Confederation were signed by the Second Continental Congress here in 1777. Its beautifully restored historic district is an architectural treasure. While York retains its farming and manufacturing heritage, at its heart York is a thriving cultural community that has attracted creative talent and innovative entrepreneurial investors from across the nation. Life in York County offers affordable housing, options for higher education, a thriving arts and cultural community, historical attractions, parks and recreational resources, a semiprofessional baseball team, fine dining and more — within an easy drive of major East Coast cities, including Baltimore, Washington D.C., and Philadelphia. It is also near the scenic Pocono Mountains to the north.

This is an opportunity to direct program growth in one of our population centers, and tailor a practice to your expertise and interests. Neighboring cities are also potential areas of growth.

About Penn State Health: Penn State Health is a multi-hospital health system serving patients and communities across 29 counties in central Pennsylvania. It employs more than 18,000 people systemwide.

The system includes Penn State Health (PSH) Milton S. Hershey Medical Center, Penn State Health Children's Hospital and Penn State Cancer Institute based in Hershey, Pa.; PSH Hampden Medical Center in Enola, Pa.; PSH Holy Spirit Medical Center in Camp Hill, Pa.; PSH Lancaster Medical Center in Lancaster, Pa.; PSH St. Joseph Medical Center in Reading, Pa.; Pennsylvania Psychiatric Institute in Harrisburg, Pa., and 2,450+ physicians and direct care providers at 225 outpatient practices. Additionally, the system jointly operates various healthcare providers, including PSH Rehabilitation Hospital, Hershey Outpatient Surgery Center and Hershey Endoscopy Center.

In 2017, Penn State Health partnered with Highmark Health to facilitate creation of a value-based, community care network in the region.

Penn State Health shares an integrated strategic plan and operations with Penn State College of Medicine, the University's medical school. With campuses in State College and Hershey, Pa., the College of Medicine boasts a portfolio of more than $150 million in funded research and more than 1,700 students and trainees in medicine, nursing, other health professions and biomedical research.

Arineta Receives FDA Clearance for its Deep-Learning Image Reconstruction Technology in SpotLight™ Cardiovascular CT Scanners

DLIR Enhances Image Quality with Reduced Noise and Low Dose for Cardiac, Vascular and Thoracic Clinical Procedures

Arineta Cardio Imaging, a leader in point-of-care cardiovascular CT solutions, announced 510(k) clearance from the U.S. Food and Drug Administration (FDA) for its deep-learning image reconstruction (DLIR) technology for use in its SpotLight™ family of cardiovascular CT (CCT) scanners. This next-generation image reconstruction technology, powered by artificial intelligence, allows Arineta to provide enhanced image quality and image noise reduction to its customers.

DLIR utilizes an advanced deep-learning convolutional neural network (CNN) that was trained on more than 3 billion image data points. In comparison to prior technology, DLIR decreases pixel-wise noise magnitude without reducing high-contrast spatial resolution.

DLIR is available on both of Arineta's second generation systems, including the SpotLight dedicated cardiovascular CT and SpotLight Duo cardio-thoracic CT systems. SpotLight CT systems with DLIR are indicated for diagnosis of disease or abnormality and for planning of therapy procedures.

"We have used Arineta cardiac CT systems for several years, and they provide the highest quality cardiac CT clinical images for our practice," said Matthew Budoff MD, a professor at UCLA. "From our FDA 510(k) reader study, Arineta's DLIR technology continues that excellence. Arineta's SpotLight systems make the highest performance cardiac CT available at point-of-care, in an office, mobile, or cath lab setting."

"Today, fewer than 5 percent of US patients that need cardiac CT are getting appropriately scanned due to lack of access at point-of-care," said Arineta CEO Scott Schubert. "This FDA clearance continues Arineta's vision and leadership to make cardiac CT the front-line imaging test for patients with chest pain and suspected cardiovascular disease, as recommended by the ACC & AHA 2021 guidelines."

For more information, visit www.arineta.com.

More THAN A Hospital | Akron Children's Hospital

Adult Congenital Cardiologist Opportunity
Northeast Ohio

Ohio-based Akron Children's Hospital seeks an additional ***Adult Congenital Cardiologist*** to join its expanding Heart Center. Akron Children's Hospital is the largest pediatric healthcare system in Northeast Ohio and is ranked among the best children's hospitals.

This integrated healthcare delivery system includes:

- Two free-standing pediatric hospitals
- More than 800 providers, who manage over 1.1 million patient visits annually
- A network of more than 50 primary and specialty care locations
- Robust research and innovation endeavors

The successful candidate will join a well-established group, expanding the services of the Heart Center team, and will treat ACHD patients. Our team includes 16 pediatric cardiologists, 7 advanced practice providers and 2 cardiothoracic surgeons who provide a complete spectrum of coordinated, compassionate, cardiac care to over 10,000 patients annually. Services include: advanced diagnostics, complex surgical procedures, an adult congenital heart disease program, a fetal imaging program and a cardiac MRI program.

This position offers opportunities for:

- Partnership with an established team of Cardiologists affording exceptional work-life balance
- Active involvement in medical student and resident education; academic appointment at Northeast Ohio Medical University is available and commensurate with experience
- An attractive compensation plan that includes bonus compensation

Requirements include board eligibility/certification in Adult Congenital Heart Disease and the ability to obtain an active medical license in the state of Ohio.

Akron Children's Hospital is set in the beautiful Cuyahoga Valley, just minutes south of Cleveland. From major league attractions to small-town appeal, the greater Akron area has something for everyone. The area is rich in history and cultural diversity, and provides a stimulating blend of outstanding educational, cultural and recreational resources. This four-season community offers outdoor enthusiasts more than 40,000 acres of parks for year-round enjoyment. Northeast Ohio has become a premier destination to work, live, play, shop and dine.

Interested candidates may contact Jane Hensley, Physician Recruiter at 330-543-3015 or jhensley@akronchildrens.org. To learn more, visit our website at www.akronchildrens.org.

RICOH 3D for Healthcare Partners with Materialise to Broaden Access to 3D-Printed Patient-Specific Solutions

First-of-its-Kind End-to-End Solution also Enabled Through Ricoh's Expanded Partnership with Merative for Streamlined 3D Print workflow

PRNewswire -- Ricoh USA, Inc. announced at the RSNA Assembly and Annual Meeting, a partnership with Materialise that will provide software solutions to support RICOH 3D for Healthcare – a HIPAA-compliant, ISO 13485 certified 3D medical manufacturing center for the development, design and production of 3D-printed anatomic models – in both their centralized medical device manufacturing facility, as well as in Ricoh's Point of Care facilities. Through the partnership, Ricoh will now be able to drive more personalized healthcare solutions and make it simple to create or expand on-site Point of Care centers.

With an uptick in 3D printing, hospitals are either now seeking to enter the market by establishing Point of Care centers onsite or scaling existing offerings. A main driver of either option is co-located management of facilities and production through partners such as Ricoh, with technologies like those from Materialise. However, it is important for care providers to recognize that when these 3D-printed models and other instruments are used for patient care, they may be considered medical devices, subject to FDA regulation. With RICOH 3D for Healthcare, hospitals can adopt or advance Point of Care manufacturing quickly and affordably without the need to become an FDA-registered medical device manufacturer, implement a complex and costly quality management system, navigate regulatory requirements, or tackle the administrative aspects to support it all with a multidisciplinary team. The partnership reimagines Point of Care 3D printing to democratize enterprise-wide, patient-specific surgical innovation to the rest of the population.

Ricoh is partnering with Materialise to leverage their leading software solutions to bring affordable Point of Care 3D printing services to hospitals across the country. The partnership will allow both parties to expand the use of Materialise software within Ricoh's workflows and continually improve the available toolset to better serve patient care.

"Materialise's software tools will not only help Ricoh provide a better experience for its customers, but also support Ricoh in its goal of democratizing equitable access to impactful tools such as patient-specific anatomic models," said Gary Turner, Managing Director, Additive Manufacturing, North America, Ricoh USA, Inc. "The ecosystem of Ricoh partners, inclusive of Materialise, Merative and Stratasys, has enabled Ricoh to bring world-class software in a first-of-its-kind, end-to-end solution to different healthcare institutions around the country to drive more Point of Care locations and capabilities around the country."

"Outside of large academic medical centers, physician and patient access to 3D printing applications has been limited," said Bryan Crutchfield, Vice President and General Manager of Materialise North America. "This is often due to a lack of resources and technical knowledge to implement and operationalize the technology in the hospital environment. This partnership with Ricoh brings a large managed services infrastructure, which will enable hospital systems to more quickly and affordably implement and scale 3D technology for their physicians and patients. We are excited to partner with Ricoh to bring our end-to-end software platforms to support 3D planning and 3D printing applications at the Point of Care."

Materialise is the latest strategic partnership helping Ricoh continue to lead the way in offering democratized access to patient-specific 3D-printed models in healthcare.

Merge by Merative: Through an expanded partnership with Merge by Merative, a leader in flexible enterprise imaging solutions, Ricoh will make it easier for hospitals and clinicians to access the RICOH 3D for Healthcare Platform via the new PACS Print Gateway. The workflow will be easily initiated via a simple "Send to RICOH 3D" button that can be added to a variety of DICOM viewers. This will initiate the transfer of the appropriate DICOM study to a secure, cloud-based vendor neutral archive. It will also activate the RICOH 3D for Healthcare Case Management Portal to easily manage the case in conjunction with the clinical team. This expansion of Ricoh's partnership with Merge by Merative will accelerate Ricoh's goal of streamlining workflow to more easily democratize access to the program so that more clinicians and therefore more patients can gain access to these patient specific solutions.

Stratasys: RICOH 3D for Healthcare engages in a strategic collaboration with Stratasys to leverage their 3D printing technology to expand access to 3D-printed medical models.

Ricoh's award-winning Managed Services platform and long history of providing highly complex services on-site to customers across the country, will play a crucial role in how Ricoh will provide medical manufacturing services on-site at the Point of Care. RICOH 3D for Healthcare has received 510(k) clearances from the U.S. Food and Drug Administration (FDA) for patient-specific anatomic modeling for diagnostic use, including cardiovascular, neurological, gastrointestinal, genitourinary, and breast applications, as well as craniomaxillofacial (CMF) and orthopedic patient-specific anatomic modeling. The clearances empower Ricoh to support more surgical specialties and patient diagnoses to print diagnostic quality 3D anatomic models of bony and soft tissue using Stratasys 3D printing technology and materials. With the ability to manage 3D print operations at the Point of Care, RICOH 3D for Healthcare provides a streamlined and efficient solution for producing these models.

RICOH 3D for Healthcare is taking a phased approach to integrate Point of Care manufacturing into healthcare systems nationally, thereby creating a nationwide ecosystem for networking and cross-system collaboration. Ricoh currently supports thousands of healthcare organizations with various aspects of their business, including 9 out of 11 of the largest for-profit hospital systems, and 22 out of 32 of the largest nonprofit hospital systems, with about 3,200 facilities under its support – and is also responsible for managing over 1 million pieces of equipment in the United States through more than 2,100 U.S. field technicians across various industries.

To learn more about RICOH 3D for Healthcare, visit Ricoh in booth #8300 at the RSNA Assembly and Annual Meeting. For more information about RICOH 3D for Healthcare, view the RICOH 3D for Healthcare webpage or follow the company's social media channels on Facebook, Instagram, LinkedIn, X (formerly Twitter) or YouTube.

More THAN A Hospital | Akron Children's Hospital

Pediatric Cardiologist Opportunity
Northeast Ohio

Ohio-based Akron Children's Hospital seeks a Pediatric Clinical Cardiologist to join its expanding Heart Center. Akron Children's Hospital is the largest pediatric healthcare system in Northeast Ohio and is ranked among the best children's hospitals.

This integrated healthcare delivery system includes:

- Two free-standing pediatric hospitals
- More than 800 providers, who manage over 1.1 million patient visits annually
- A network of more than 50 primary and specialty care locations
- Robust research and innovation endeavors

The successful candidate will join a well-established group, expanding the services of the Heart Center team. Our team includes 16 pediatric cardiologists, 7 advanced practice providers and 2 cardiothoracic surgeons who provide a complete spectrum of coordinated, compassionate, cardiac care to over 10,000 patients annually. Services include advanced diagnostics, complex surgical procedures, an adult congenital heart disease program, a fetal imaging program and a cardiac MRI program.

This position offers opportunities for:

- Partnership with an established team of Cardiologists affording exceptional work-life balance
- Active involvement in medical student and resident education; academic appointment at Northeast Ohio Medical University is available and commensurate with experience
- An attractive compensation plan that includes bonus compensation

Requirements include board eligibility/certification in Pediatric Cardiology and the ability to obtain an active medical license in the state of Ohio.

Akron Children's Hospital is set in the beautiful Cuyahoga Valley, just minutes south of Cleveland. From major league attractions to small-town appeal, Northeast Ohio has something for everyone. The area is rich in history and cultural diversity, and provides a stimulating blend of outstanding educational, cultural and recreational resources. This four-season community offers outdoor enthusiasts more than 40,000 acres of parks for year-round enjoyment. Northeast Ohio has become a premier destination to work, live, play, shop and dine.

Interested candidates may contact Jane Hensley, Physician Recruiter at 330-543-3015 or jhensley@akronchildrens.org. To learn more, visit our website at www.akronchildrens.org.

Accarent Health Announced Affiliation with Children's Hospital Los Angeles to Provide Virtual Cardiology, Oncology and Musculoskeletal Second Opinion Services

GLOBE NEWSWIRE -- When your child has a health condition, you want the best possible care. Children's Hospital Los Angeles (CHLA) provides exceptional family-centered care and life-saving treatments delivered by renowned physicians, surgeons, nurses and technicians in a child-friendly environment. CHLA also routinely ranks among the top pediatric hospitals nationwide and is one of the largest in the Western U.S., with the expertise across service lines to provide answers to treat the most complex conditions and diseases.

Recognized by US News & World Report as the #7 pediatric academic medical center nationwide, and by Newsweek as the #4 pediatric hospital in the world, CHLA has agreed to furnish specialists to deliver virtual, peer-to-peer bundled second opinion services in the following pediatric specialties: cardiology & cardiothoracic surgery, oncology, hematology, neurosurgery, vascular anomalies, retinoblastoma, orthopedics, and musculoskeletal disorders. Each bundle includes:

- Review of medical records by a medical specialist in member's diagnosis
- Additional medical record review with surgical or radiation team as needed
- Genetic risk screening
- Clinical trials screening
- Written summary of finding and treatment options sent to the referring physician who will share with the patient
- Virtual consultation to discuss the second opinion report.

CHLA has also developed multiple surgical episodes of care for cardiovascular, musculoskeletal disorders, neurologic conditions and gene replacement therapy to support their second opinion services. All of CHLA's bundled offerings are available through the Accarent network.

Accarent Health connects employers, patients, and plan administrators to a network of top-rated medical centers for superior, cost-effective care. Accarent Health offers transparent, pre-defined bundled pricing, pertinent clinical information, travel and concierge assistance, and case management directly to consumers, making value-based healthcare understandable for the decision-maker with no annual membership fees or volume requirements.

Employers interested in adopting a value-based health care system can learn more about Accarent Health at www.accarenthealth.com.

Outpatient Imaging Cardiologist

The Ward Family Heart Center at Children's Mercy Kansas City seeks a pediatric cardiologist at the assistant or associate professor level who would have equal roles in echocardiography and general outpatient cardiology. The successful candidate would join an existing group of 28 cardiologists (25 in Kansas City, 2 in Wichita, KS and 1 in Topeka, KS), 4 CV surgeons, 30 APNs. Experience and interest in peri-operative and peri-procedural TEE is a must. Proficiency in 3D and stress echocardiography is preferred. Training/knowledge in MR/CT imaging is preferred but not required. Trainees in their final year are welcome to apply. In addition to providing echocardiography coverage, the successful candidate will be expected to spend one-two days per week in our local general outpatient clinics and serve as attending on cardiology inpatient or consult service 4-6 weeks/year.

Candidates must be board-certified or board-eligible in Pediatric Cardiology. Strong communication skills are key. There are ample opportunities for clinical/translational research and teaching (medical students, residents and Pediatric Cardiology fellows). Salary and academic rank are commensurate with experience.

Our Heart Center serves a population of over 5 million in the heart of the U.S.A. We perform over 500 cardiac operations, 600 cardiac catheterizations including over 200 invasive EP procedures, 18,000 outpatient visits, and more than 20,000 echocardiograms annually. Our two state-of the art catheterization labs are both hybrid labs and equipped with the latest 3D imaging and EP technology. Telehealth is available and facilitates our outreach clinics. We have video-conferencing capabilities that are routinely used by providers from distant locations to dial into our conferences for patient care and education. In 2022, the Ward Family Heart Center program was ranked #19 nationally by USNWR.

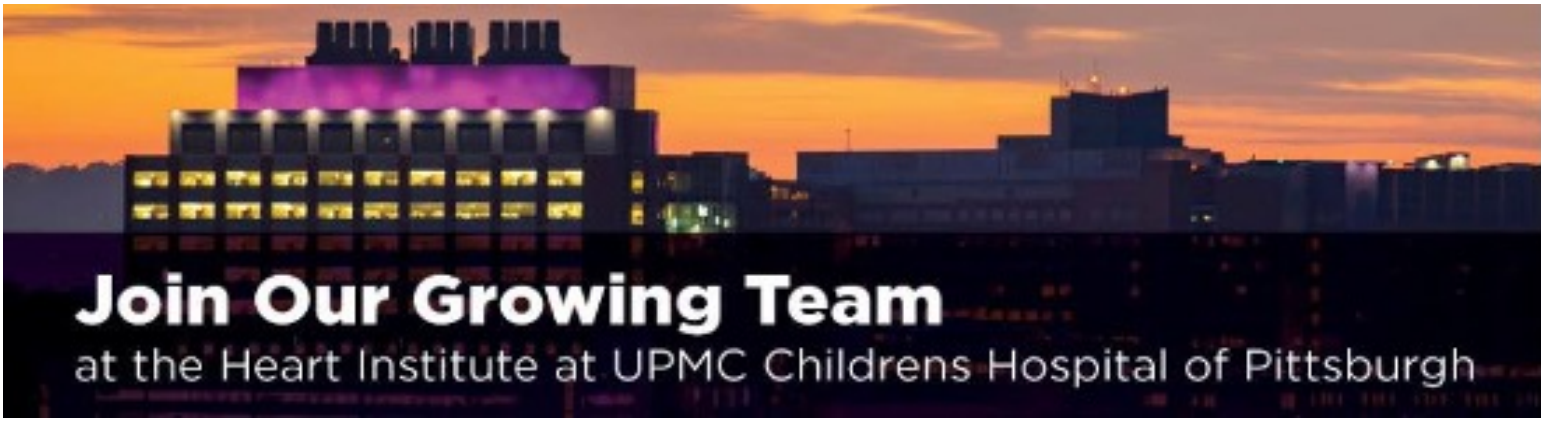
Our super-specialty resources include Electrophysiology (which includes Clinical EP, pacing and Genetic Arrhythmia), Cardiac Transplantation/Heart Failure, Interventional Cardiology and Advanced Cardiac Imaging (fetal echo, 3D echo, trans-esophageal echo, CT, MRI and 3D printing). We also provide specialized, team-based care in Fetal Cardiology (with on-site delivery services for high-risk neonates), Interstage Monitoring (CHAMP), Preventive Cardiology, Cardiac Genetics, Cardio-oncology, Single Ventricle Survivorship, Pulmonary Hypertension, a dedicated POTS clinic and Cardiac Neurodevelopmental Services.

Please submit CV and cover letter to:
https://faculty-childrensmercykc.icims.com/jobs/24847/physician/job

For more information:
Aliessa Barnes MD, Co-Director, Ward Family Heart Center; Chief, Section of Cardiology
816.983.6225, apbarnes@cmh.edu

Children's Mercy Kansas City is an independent, non-profit, 390-bed pediatric health system, providing over half a million patient encounters each year for children from across the country. Children's Mercy is ranked by U.S. News & World Report in ten specialties. We have received Magnet® recognition five times for excellence in nursing services. In affiliation with the University of Missouri-Kansas City and the University of Kansas, our faculty of nearly 800 pediatric specialists and researchers are actively involved in clinical care, pediatric research and educating the next generation of pediatricians and pediatric subspecialists. cmkc.link/TakeYourPlace.

CAREER OPPORTUNITIES



UPMC CHILDREN'S HOSPITAL OF PITTSBURGH

The Division of Cardiology at UPMC Children's Hospital of Pittsburgh / University of Pittsburgh School of Medicine, one of the premier pediatric cardiology programs in the country, is currently recruiting two excellent candidates for the faculty positions of Adult Congenital Heart Disease and Electrophysiology.

The Heart Institute provides comprehensive pediatric and adult congenital cardiovascular services including CT surgery, interventional cardiology, cardiac intensive care, electrophysiology, advanced imaging (MRI/CT), heart failure, transplant, pulmonary hypertension, adult congenital, fetal, and preventative cardiology programs, among others. Our program serves pediatric and adult congenital heart patients within central and western Pennsylvania, and surrounding states, as well as national and international locations. Our group consists of 35 pediatric cardiologists, 5 pediatric cardiothoracic surgeons, 8 pediatric cardiac intensivists, and 11 cardiology fellows along with 24 advanced practice providers and a staff of more than 300. We are honored to be ranked **#8 nationally** and **#1 in Pennsylvania** for pediatric cardiology and heart surgery by U.S. News and World Report. The Heart Institute at UPMC Children's is continually recognized by the Society of Thoracic Surgeons (STS) for excellence in congenital heart surgery. Our surgical program, led by Dr. Victor Morell, achieves the highest possible rating by the STS, which places UPMC Children's among the top institutions in the U.S. and Canada for patient care, CT surgery outcomes, and congenital heart surgery. UPMC is a nationally ranked medical center that serves as the regional referral center for multiple specialties providing a growing collaborative environment for quality care.

ADULT CONGENITAL HEART DISEASE FACULTY

- The well-established ACHD program is currently supported by 3 ACHD physicians (including one ACHD Director), 2 advanced practice providers, 2 dedicated RNs, a research coordinator, and a social worker. We are currently seeking an applicant who has expertise in the management of adult congenital heart disease with prominent clinical, teaching, and research skills. He or she will be working closely with the division chief, the ACHD director, and hospital leadership to support program expansion. Candidates must be board-eligible/certified in pediatric cardiology or adult cardiovascular diseases and in adult congenital heart disease.

ELECTROPHYSIOLOGY FACULTY

- We are seeking a full-time pediatric electrophysiologist at the Assistant or Associate Professor level. Candidates should be board-eligible/certified in pediatric cardiology, and subspecialty trained in pediatric electrophysiology (EP). Certification from IBHRE for electrophysiology or cardiac devices is recommended though not mandatory.
- Candidates should be clinically excellent and have demonstrated academic productivity. The role would include responsibilities for inpatient and outpatient EP care, including cardiac device management. Experience in invasive EP (ablations and device implantation) is preferred though candidates with an interest in non-invasive EP would be considered. Experience in adult congenital heart disease electrophysiology is desirable. Teaching of multi-disciplinary learners (medical students, residents, fellows, advanced practice providers and nurses) would be expected. The candidate would be joining an EP team consisting of 2 full time invasive electrophysiologists, an EP PA and 2 EP nurses.

UPMC Children's Hospital of Pittsburgh has been named one of the top U.S. News & World Report's Best Children's Hospitals. Consistently voted one of America's most livable cities, Pittsburgh is a great place for young adults and families alike.

This position comes with a competitive salary and faculty appointment commensurate with experience and qualifications at the University of Pittsburgh School of Medicine. The University of Pittsburgh is an Equal Opportunity/Affirmative Action Employer. Interested individuals should forward a letter of intent curriculum vitae, and three letters of reference. Informal inquiries are also encouraged.

Contact information:
Jacqueline Kreutzer, MD, FSCAI, FACC; Chief, Division of Cardiology UPMC Children's Hospital of Pittsburgh
412-692-6903, Jacqueline.kreutzer@chp.edu

MAY

02ND-04TH

SCAI 2024
Long Beach, California, USA
https://scai.org/scai-2024-scientific-sessions

10TH-11TH

6th International Conference on Cardiomyopathy in Children
Virtual
https://web.cvent.com/event/260bd0ea-5117-4ce7-9291-0808337a91eb/summary?mc_cid=1f1e6b4461

16TH-19TH

Heart Rhythm 2024
Boston, Massachusetts, USA
https://heartrhythm.com/

JUNE

05TH-08TH

1st World Summit for Pediatric and Congenital Heart Surgery
Bologna, Italy
https://www.worldsummitpchs2024.org/

Program Directory 2023-2024

Published Mid-August

Directory of Congenital & Pediatric Cardiac Care Providers in North America

Contact information at each program for Chief of Pediatric Cardiology & Fellowship Director

Lists each program's Pediatric Cardiologists & Cardiothoracic Surgeons

Lists Pediatric Cardiology Fellowships

Distributed to Division Chiefs by mail

Electronic version available on CCT's website:
CongenitalCardiologyToday.com/Program-Directory

Need to update your listing?
Contact Kate Baldwin
kate.f.baldwin@gmail.com

CAREER OPPORTUNITY

Phoenix Children's

Pediatric Cardiologist
Heart Transplant and Advanced Heart Failure

Phoenix Children's - Division of Cardiology, is actively seeking up to 3 full-time faculty to join the Advanced Heart Failure – Cardiac Transplant Team at the level of Instructor, Assistant, or Associate Professor of Clinical Pediatrics and Child Health. There is an opportunity for the right candidate to join as or develop into the role of Director of Mechanical Circulatory Support depending on experience. The program performs an average of 12-15 heart transplants annually, follows heart failure patients in both the inpatient and outpatient setting and supports a mechanical circulatory support program offering the full range of pediatric and adult devices. Applicants must have an M.D. or equivalent degree, be board certified or board eligible in Pediatric Cardiology by the American Board of Pediatrics and eligible for medical licensure in the State of Arizona. Candidates will have already completed an ACGME accredited 3-year fellowship in Pediatric Cardiology, with additional 1-2 years of advanced subspecialty training in pediatric advanced heart failure including management of cardiac transplant patients and mechanical circulatory support. This position is not currently accepting J1 visa candidates.

Candidates should demonstrate a rigorous academic focus preferably in clinical and/or translational research, however, basic science opportunities are also available. Academic clinical faculty appointments will be facilitated at the University of Arizona College of Medicine – Phoenix and Tucson, Creighton University School of Medicine, and Mayo Clinic School of Medicine – Scottsdale. Additional research collaborations exist with the Translational Genomics Research Institute (tGen) and the Arizona State University, Department of Bioengineering.

The Division of Cardiology currently hosts a fellowship training program in general pediatric cardiology with 9 fellows distributed over 3 years. The Phoenix Children's Center for Heart Care also hosts subspecialty fellowships in pediatric cardiac critical care, advanced cardiac imaging, and interventional cardiac catheterization. The inpatient service includes a 48-bed CV intensive care unit and transition care unit. Patient care is interdisciplinary involving transplant cardiology, cardiovascular surgery, and dedicated cardiac NP and PA providers. The provision of both workplace based and didactic teaching to fellows, residents, medical students, and nurses is an expectation in this role. The successful candidate(s) will join our program with 24 cardiologists, 13 cardiac intensivists, 3 cardiovascular surgeons, and 25 advanced practice providers. Inpatient pediatric cardiac care is centered at the Phoenix Children's Hospital while adult congenital inpatient care and procedures are also provided at St. Joseph's Hospital and Medical Center. Ambulatory cardiac services are centered at the Center for Heart Care – Thomas Campus and satellite offices are located throughout the Phoenix metropolitan area. Additional general cardiology outreach offices are in Tucson, Prescott, and Yuma AZ.

The Phoenix metropolitan area is the 5th largest metropolitan area in the United States with a population of ~1.6M and an estimated pediatric population of 1M in Maricopa county alone. Phoenix Children's is one of the largest freestanding children's hospitals in the nation with 433 licensed beds and a faculty of over 1200 employed / affiliated physicians. Phoenix is consistently ranked among the Best Places to live in the United States and boasts over 300 sunny days per year and convenient access to ocean and mountain attractions.

Interested candidates should send a curriculum vitae with a cover letter of introduction to:

David Blaha
Physician Talent Acquisition Partner
dblaha@phoenixchildrens.com

Interested candidates can also contact the program director directly:
Steve Zangwill, MD
szangwill@phoenixchildrens.com

CONGENITAL CARDIOLOGY TODAY

CORPORATE OFFICE
PO Box 52316
Sarasota, FL 34232 USA

CORPORATE TEAM

EDITORIAL BOARD

OFFICIAL NEWS & INFORMATION PARTNER OF

PICS Society
Pediatric *and Congenital* Interventional Cardiovascular Society

ISSN 1554-7787 print. ISSN 1554-0499 electronic.
Published monthly.