

Subject: Early Career members

November 4, 2015

Sarah Joyner, MD, MPH, FACC (joyner.sarah1@gmail.com)

Working with the Early Career Section as one of the Governor representatives along with having a personal interest in making sure that we are welcoming and involving Early Career members in our respective Chapters as I know all are interested in, I wanted to obtain ideas that different Chapters are doing to involve their Early Career members. We are putting together a Fellows in Training Conference for the Spring and while we have a variety of Speakers in place, we have put together a FIT Conference Planning Committee comprised of Early Career members.

Do Chapters have a specific Early Career Council position or are you working to having some of Council positions as Early Career members?

On a recent Early Career Conference call, there was an idea of Governors or their respective representative sign up for time slots to meet with Early Career members from their State at the ACC Scientific Sessions in the Early Career lounge OR having this follow a possible planned Early Career speaker presentation OR other.

Thoughts?

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DJ Lakkireddy, MBBS, FACC (clakkireddy@kumc.edu)

This is definitely a very good initiative to improve engagement of early career ACC members

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Andrew Miller, MD, FACC (amiller@cvapc.com)

We have a place on our council specifically for an early career rep. I noted new FACCs in our April newsletter and highlighted the FITtoFACC link at ACC.org. I'm empowering our ECP rep to do whatever he wants and would also welcome any suggestions.

November 4, 2015

Edward Fry, MD, FACC (fry5@comcast.net)

Sarah,

We have 2 designated FIT positions on our IN ACC Council - each representing one of the two training programs in the state (IU and St. Vincent).

However, without specifically designating an Early Career Professional spot on our state Chapter Council, we have 5, excellent, ECP's currently serving on our Council of 18. This has been deliberate and the result of strong mentoring at a local level, inclusiveness of the Chapter in promoting these elected positions to be filled with ECP's from around the state, and a strong desire to have broad representation of those who will be the leaders of our state Chapter (and nationally) in the future. More senior cardiologists within each of the geographic regions that elect their own representatives to the Council have identified

these ECP's and have encouraged them to run. We have been lucky with the interest demonstrated by the ECP's to serve, and equally lucky to have strong role models for the ECP's to emulate.

"Better lucky than good" may be OK in basketball, but probably is not sustainable at the Chapter level. Accordingly, we can do a better job of assuring future success in engaging the ECP's at the Council level, by codifying a specific number of positions from around the state. Five of 18 is probably a pretty good ratio. I will be interested to hear what are some typical percentages from others.

November 6, 2015

Hadley Wilson, MD, FACC (Hadley.wilson@carolinashealthcare.org)

Sarah,

Like Ed we are luckier than good being blessed with several ECPs on our council by mentoring from senior councilors passing the torch on in their respective districts. We do have designated FITs and CCAs on the Council

but this discussion makes me realize it is time to formalize this for ECPs, and perhaps suggest a template for other states to consider following voluntarily. I think >25% minimum ECPs on a Chapter Council is a good number as Ed has suggested below.