

Dear friends and colleagues,

Summer is coming to an end and in this newsletter we present two interviews from two special women who have dedicated their life in being womens' advocates #sheforshe, Dr Ritu Thamman who among other questions gives us her top 5 from ASE 2022 and Dr Purvi Parwani who discusses SCMR 2022.

We would like to acknowledge our newsletter group: Dr Indah Sukmawati, Dr Sonia Borodzicz-Jażdżyk, Dr Stefania Di Fusco, Dr Preeti Choudhary & Dr Krassimira Hristova.

This teamspirit proves that we can achieve so many things together!

Find out more about our group and register for free: [https://www.escardio.org/Sub-specialty-communities/European-Association-of-Cardiovascular-Imaging-\(EACVI\)/Membership-and-Communities/eacvi-task-force-women-in-cardiovascular-imaging](https://www.escardio.org/Sub-specialty-communities/European-Association-of-Cardiovascular-Imaging-(EACVI)/Membership-and-Communities/eacvi-task-force-women-in-cardiovascular-imaging)

Also don't miss our latest manuscript describing the task force:
<https://pubmed.ncbi.nlm.nih.gov/35869827/>

Have a great summer!

Dr Julia Grapsa

Dr Ana Almeida

Dr Krassimira Hristova

Interview with ASE Women in echo chair, Dr Ritu Thamman

By Dr Krassimira Hristova & Dr Julia Grapsa
American Society of Echocardiography meeting – 2022



Dr Ritu Thamman is an Assistant Clinical Professor of Medicine at the University of Pittsburgh School of Medicine. She is a Fellow of the American College of Cardiology (FACC) and of the American Society of Echocardiography (FASE). She is on the Board of Directors of the American Society of Echocardiography (ASE). She is chair of the ACC Women in Cardiology Leadership Council Communications Committee, started the ACC PA chapter of Women in Cardiology, and is the inaugural chair of Women in Echocardiography for ASE. Dr Thamman is the Social Media Editor for Circulation Cardiovascular Quality and Outcomes and the Journal of American Society of Echocardiography. She is an international figure for social media advocacy and education.

1. Doctor Thamman, could you tell us more about your professional journey?

My professional journey started when I was a medical student at Northwestern in Chicago. I come from a family of doctors, including my parents, my grandfather so I knew from a very early age that I wanted to be a doctor. But it was at Northwestern and particularly when I was at Columbia, where I was for my training, where I met Mike Weisfeldt who was the reason behind my going into cardiology: He felt that women should be entering the field of cardiology. He was a tremendous sponsor of women residents going into cardiology. He knew it was a field full of innovation and that there was so much opportunity to make profound change in patient care. Then I ended up marrying a Pittsburgher and that's how I ended up at the University of Pittsburgh where I met John Gorcsan who again was a huge influencer in terms of echo, but you know falling in love with echo images was such an easy thing to do and I think for all of us that is the uniting reason why we are all in this imaging field. I can never get tired of looking at those images of the heart and it holds my fascination even decades after being in the field.

When I was at Columbia there was some interest in doing 3D and we were supported by Weisfeldt to apply for grants, and I remember getting 2000-dollar grant to conduct research on 3D and at the time that was a lot of money, and it was great to be given that opportunity. And when I went to Pittsburgh it was clear that Gorcsan was really ahead of his time, and he loved what he was doing and so that passion really came through. I think that is what mentors and sponsors do- they are infectious, their love for their subject is so great that you follow that energy, and you get consumed and that certainly happened to me. There was a huge, tremendous cardiothoracic surgery department that was very active, so it made for asking research questions and really suited the whole feeling that really propelled us, certainly propelled me in wanting to know more and do more.

2. You are chairing women in echo session for ASE & you have done a wonderful job - could you describe how a woman can join you?

Anyone who is a woman and does Echo is welcome to join, we have a working group at the current time, but if there are enough people who are interested it potentially could turn into a specialty interest group, which then could lead to a seat on the board if we are large enough to become a council. But anyone who is interested should reach out and join. There is no formal process by now.

They should send me an email. For all the women that are watching please reach out to me. My email is easy – rit9@pitt.edu and I will forward it to our staff lesion at ASE so that they would be able to participate in our webinars, receive our information as it gets updated.

3. What were your top 5 take home messages from ASE 2022?

It was an incredible burst of energy but number one, interventional echocardiography is front and center of what we are doing, it is growing exponentially, and we all need to be cognizant whether we are doing the procedures or not, because we are still involved with pre- and post-care of these patients and those numbers are only expanding. So there were many sessions on that, and they were enormously full. We had a total of almost 400 live presentations in almost a 100 different sessions and Interventional cardiology was only one of them.

Number two- there was a lot of interest in different focus groups. We now have perioperative echo, congenital and fetal echo. Because these fields are growing, there was a lot of information that was newly shared in these areas. Number three, there were a lot of different sessions that were just technical, related to cropping, how to get a 3D image, how to control the knobs, because the devil's in the details – we really need to know and learn how to acquire the most precise images and an extension of that is once we can do that we also have to be effective at communicating with our surgical colleagues and all of our heart team members exactly what we are looking at, so the procedure or surgery can go as smoothly as possible.

Number four is artificial intelligence. There is a huge amount of interest and talk. There was a great debate between Nat Pandian and Akhil Narang on the pros and cons and ultimately, we know that we need AI to manage our workflows of the future. Some of AI being a black box, we don't know exactly the input, but I think with time and effort AI is going to continue to grow.

And number five was this idea that ASE is home for sonographers, for people around the world with 48 countries represented, over 20% of our members are not in the US, and we saw research that was presented from Brazil and Japan and just amazing amount of research in the young investigator awards, and it was really heartening to see that – our future is bright in this field.

4. How do you spend your free / personal time? What is your hobby?

My hobbies include interior design, because we are redoing our house and so we are living in my husband's family home, and it is more than 100 years old. And everything is being redone- infrastructure and to the walls. So that takes up a lot of my time. My daughter is on a launching pad, so I will have more as I would be an empty nester in a few months. I love to garden and that's a work in progress all the time and from my garden I like to cook, because I like bringing people together even for simple meals, casually or in big parties.

5. Have you encountered a challenging time at work where you felt that as a woman you have been harassed or bullied?

I think this is a universal phenomenon and yes, I have been, including by female fellows and also harassment from attendings that was unwarranted like sexual harassment, and you know there is a fine line between what that constitutes, but over the years I have come to almost expect that that is going to happen and to be very mindful that it is not me and I haven't done anything wrong. I do believe that there is a sense of karma if somebody have been bullied, I've had other female cardiology fellows really put me down and say I don't deserve to be there, I'm not worthy, I'm stupid, really backstabbing comments, but ultimately no matter what, no one can't stop what is inside of you and you would be able to overcome that, you have to learn and you really have to put on a thick skin.

The nicer you are the worse you experience. You can be nice, but you have to learn how to set boundaries for yourself, you be perfectly nice, but then also be like a velvet harpoon I would say. Have an arsenal of words that you can use to set your boundaries. It is something that we in Women in Echo talked about at this meeting and I hope to compile a few phrases and ways of thinking of those phrases that come in handy, because we all have to manage those types of conflicts. They are ubiquitous and as you rise in the ranks they don't go away – you just get better at handling it.

6. What is your favourite research topic?

My fascination is with the mitral valve, mitral valve prolapse, mitral angular disjunction, because there is so much that we don't know about it and it really is this unknown entity that potentially is more affecting women, we are not 100% sure of that. Even if you're researching something that can save the life of somebody young it is really important, in US, in Kentucky congressmen's wife died from that recently and he introduced something called the Carol Bill into Congress for research in this, so it is a good time to be interested in this and interested in all outcomes related work particularly for women

7. What is the most important advice to a woman who wants to do cardiology in 2022?

Do not give up! No matter what circumstance you find yourself in we all share in that struggle, we all have had to find within us some kind of grit from very deep to keep going. Every single female cardiologist that you talk to will tell you how many times they wanted to quit. I, myself, wanted so many times in training. 'Why am I doing this?', 'what will happen to me?' - those sorts of questions and feeling that you are not good enough or being told you are not good enough that should not daunt you – you are good enough and we need you. So don't give up.

8. What was the last book you read?

It was One Hundred Years of Solitude – I reread a lot of books, I love Gabriel Garcia Marquez, he is inspirational, because of the sense of time being not linear and I feel as we get older we experience that more and more, because some things seem so far away and then like just coming to this meeting – we hadn't met in three years and yet it felt so like it just happened. I love that book and I love his writings, so that is the last thing I read.

9. What was the last movie you watched?

The last movie I watched was a Hindi movie, called Jersey and it was about a cricket player and the interesting twist to that is it is told about a young cricket player, who has heart disease, and he keeps it from his family, then he ends up dying and it is told retrospectively. I didn't know it had anything to do with cardiology, you know people just love cricket and so , but I thought it was valuable, they should've really hold in on the message that even if you are young, the guy was in his late 30s, you could still have heart disease and you should not ignore your symptoms or your disease, take your medicine if you need to, so that was the last one.

10. How important it is to have a mentor?

I think mentors are key to one's success, I don't think you need to have one mentor, nor do you need to have a mentor locally, because of social media now you could have mentors that are older than you, younger than you, that you find in all those various ways. You are a mentor to me, Julia, I am older than you, but you still can have that same striving together. We are doing things that align in a way that will be helping the both of us, that is how I look at mentorship. Sponsorship, little bit different, because that is somebody that is going to vouch for you in a position of power and say 'yes, this person can do it' and then if they say that you just have to come through.

11. JG:/KH You are right. It is very different. It is hard to find a sponsor but is very important to have a good mentor. And if a woman from around the world reads this interview, how do you think she can have more opportunities. We have a few ladies from Indonesia, India.

RT: I think you're perfectly right. Get on social media, join the conversation, because that is what it is and from that will grow opportunities, because you meet people through conversations. We all have similar interests and that we are all cardiologists or in training, want to be cardiologists, so much work to be done, so many things to be improved and I think that is the easiest way – joining groups like what you are running with the EACVI or with the ASC, our missions are the same in terms of really spreading awareness and advocating for women in Echo. And so, they could potentially write about situation that they are in and we can help spread that message. I think that is the first thing – get your story down, get your message out there and then see what happens, let it be amplified by repetition and just presence in time.

12. That is so true.

To follow ASE women in echo, visit ASE website: <https://www.asecho.org/>

Interview with Dr Purvi Parwani, MBBS MPH FACC



Dr Purvi Parwani is the Director of Women's Heart Centre in Advanced Imaging and Cardiac MRI, Faculty Director of Social Media activity, serves on the Early Career board for SCMR and SCCT and is on the working group for ACC Imaging Women in Cardiology. She is also a part of JACC Case Reports, Voices in Cardiology and the ACC Emerging Faculty cohort 2022.

Vibrant and full of energy at the end of a busy day of clinics and a TV appearance, Purvi opens up about her career and the important role social media has played in influencing its trajectory.

"A bit of luck, a bit of emotional intelligence and correct timing" has allowed Purvi to wield the power of social connection using social media for the last seven years. I was fortunate to share her excitement and career journey with some very insightful advice.

Q: How did it all start - #throwback to the good old days?

Purvi: I was an Imaging Fellow at the University of California, San Francisco in 2015/2016 when I came across some very interesting clinical cases. I began to share these via Twitter initially and got an amazing response. Other clinicians also became involved and would come to me saying "Put this case up" and we were taken aback by the overwhelming response.

I am intrinsically an extroverted person who is passionate about cardiac imaging. It was ultimately the connection and a sense of community of like-minded imagers that was most appealing and we all learnt along the way.

Q: Imaging as a visual specialty integrates well with Twitter as a platform. How do you use different platforms and what is your approach?

Purvi: I am not a purist by any means, however I do carefully think about how I present my work across different platforms. I use Twitter as a senior professional, for cases, data and interesting literature that I come across. Instagram on the other hand is for my personal facets. I post my thoughts on lifestyle, yoga, diet, exercise and the like. My Instagram followers are either patients or junior doctors. Facebook is more personal and I restrict viewership accordingly.

Q: What is your strategy regarding posting? Do you have a schedule?

Purvi: As a fellow, I posted quite frequently but this was spontaneous and not pre-planned or scheduled. As a consultant and now Director of the Women's Heart Service, I have less time. I believe in being kind and compassionate to oneself. I do not get tied to posting schedules and post when I see an important issue to discuss.

Q: How has your social media presence influenced your career? Is there any advice for early career Women in Cardiology?

Purvi: It has influenced my career immensely! Within the academic context, I have had recognition, I am able to provide my academic standpoints on issues and have received numerous invitations to join boards, become an early career chair.

What started as something I did because I was passionate about, led to Subha and Chiara sitting down with me at a SCMR conference, explaining to me that this was an important voice and that social media engagement is an important aspect for various societies and that this role should be formalized.

From a clinician perspective, each time I engage with social media in a meaningful way, or do a TV interview promoting women's health, there is a huge spike in referrals. Patients relate to my posts on diet and lifestyle. It becomes part of my "brand" in a sense – that I practice what I preach.

Q: It is common for early career women in senior meetings to be quiet unless solicited for an opinion. The feeling of "I should have said...." is overcome by social media where one can edit, revise and rephrase in an impactful manner. What is your experience with this?

Purvi: Absolutely. I began with being part of the ACC/AHA blog and discussing my opinion on published evidence as part of this. I was a migrant from India and had a distinct accent. However, over time, looking at the responses to the blog, I gained confidence knowing that what I thought was important. It garnered debate and discussion. It was a phenomenal passive

learning tool. Subsequently, I've become very comfortable speaking up at meetings, conferences and am confident in voicing my thoughts and opinions.

Q: So you learned to advocate for yourself. How is social media able to advocate for others?

Purvi: it is a great tool, especially for early career women in Cardiology. In a sense, you are building a brand of who you are and what is important to you. You have the confidence to showcase it. There is negative commentary on social media, however one takes a calculated risk in the content that is posted and you have to be emotionally intelligent about how you deal with negative comments.

Q: Professionals from other careers concentrate so much time, expense and effort on their brand but in medicine we do not give it adequate attention...or importance.

Purvi: Absolutely. Who you are and what you stand for is so crucial. For example, Twitter ran this "I look like acardiologist" thread drawing attention to how we are all diverse yet strong clinicians. It is a very powerful tool because of this community. I have become an influential academic and my social media presence has enabled me to have a voice in so many ways.

By,

Dr Preeti Choudhary (MBBS (Hons1), PhD, FRACP).

Be part of our professional community!

[EACVI Task Force - Women in Cardiovascular Imaging](#)