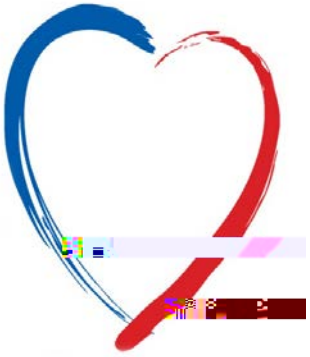

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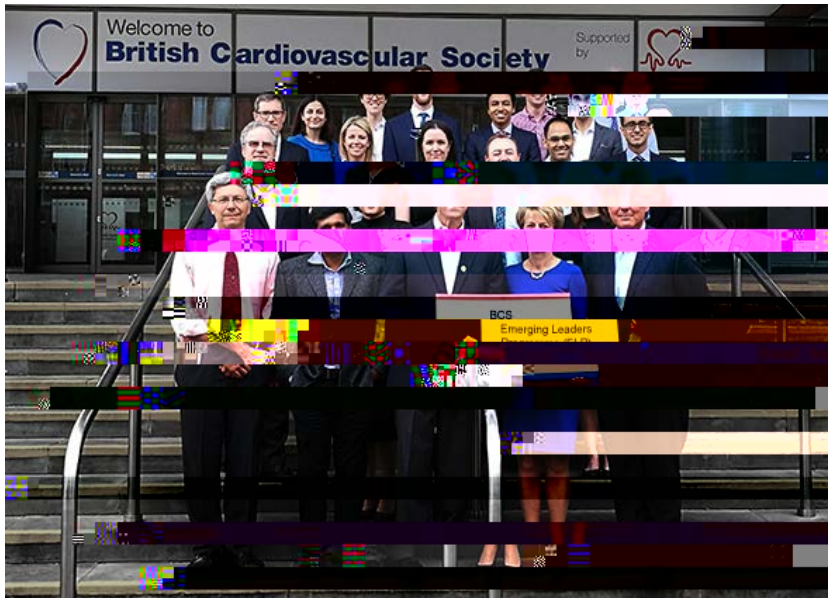
However, we successfully continued the programme virtually although recognise the difficulties that some of the cohort faced with service development projects being delayed or shelved. We know that our Emerging Leaders have used their new and enhanced skills in leadership to help trusts and Systems to adapt and change during the pandemic.



As you will see from this yearbook, our Emerging Leaders are outstanding and enthusiastic about leading and delivering change. We provide details of the inaugural Programme, our delegates and the service improvement projects. They have had a huge impact with a variety of improvement initiatives which have improved patient care and outcomes. The feedback has been overwhelmingly positive and we have included some comments about the programme and what our Emerging Leaders felt they gained from being involved. The yearbook will also be useful for those considering applying for future programmes and will also provide insights for the sponsors who we thank for their financial support for this inaugural 2019 programme.

We wish our Emerging Leaders every success to drive forward change and lead cardiology services to further enhance patient care over their careers.

Our particular thanks are extended to AstraZeneca, Bayer, Daiichi-Sankyo and Novo-Nordisk for their sponsorship of the Programme. It is noted that they have had no input to the development or delivery of the programme.

Professor Simon Ray
President of the British Cardiovascular Society


Programme

Dr Laura Dobson

Networking details :

Dr Laura Dobson

Consultant Cardiologist
Wythenshawe Hospital, Manchester University NHS Foundation Trust

Email address: Laura.dobson@mft.nhs.uk

Dr Laura Dobson is a Consultant Cardiologist with a specialist interest in Echocardiography and Valvular Heart Disease at Wythenshawe Hospital in Manchester. She was appointed as a Consultant in 2017 and leads a busy heart valve service, overseeing a nurse led valve surveillance clinic of around 1500 patients and well as recently developing a multidisciplinary complex valve clinic.

Prior to this she completed her Cardiology training in the West Yorkshire Deanery, an Advanced Imaging Fellowship in non-invasive imaging at Monash Heart in Melbourne, Australia and a MD at University of Leeds investigating the use of CMR to assess patients with aortic stenosis. She has been a member of the British Heart Valve Society Council since 2016, firstly as Communications Secretary and more recently as Programme Chair. She is also part of the British Cardiac Society Program Committee, being responsible for organisation of the Imaging Village at the BCS annual conference and was a Fellow of the Inaugural BCS Emerging Leaders Programme.

She has a keen research interest, having over 50 peer reviewed publications and is local PI for the Easy-AS study. Laura is heavily involved in education, running courses for sonographers and doctors locally at Wythenshawe Hospital. Outside of work she enjoys CrossFit, running around after her energetic toddler, travelling and skiing.

Project abstract

Project title: Development of a novel Complex Valve Assessment Clinic

Background
With an ageing population, the incidence of heart valve disease is increasing and cases increasingly challenging due to complex co-morbidities and a rapidly changing landscape of valvular interventions available. Once symptoms are heralded timely valve intervention is essential with ESC guidelines suggesting 2 months between diagnosis and treatment.

Methods
Our project involved the creation of a rapid access joint physiologist/cardiologist Complex Valve Assessment Clinic (CVAC) to assess those with complex/symptomatic valve disease with the aim of reducing time to valve intervention using a 'one stop clinic' model. Patients received a tele-consult within 2 weeks of referral and were invited to a 'one stop' clinic the following week for a diagnostic workup including bloods / BNP, ECG, advanced echo, exercise/dobutamine stress echocardiography, treadmill testing and 6 minute walk test depending on the underlying valve condition. We audited the time taken from referral to valve intervention prior to the clinic starting and following 12 months of the new CVAC clinic.

Results
Prior to CVAC, the median wait from referral to cardiologist review was 70 days (range 28-112 days). One year audit data of 47 patients referred to CVAC demonstrated a reduction in median time to first clinic appointment of 13 days. Time from referral to valvular intervention was 101 days via the CVAC and 193 days via the traditional pathway.

Conclusion
The creation of a novel rapid-access Complex Valve Assessment Clinic led to an average reduction in time from referral to valvular intervention of 92 days. Although this intervention led to a shorter pathway for patients with high risk valvular lesions at risk of decompensation, further work still needs to be completed to shorten the patient journey to achieve intervention within 60 days as per the ESC guidelines.

Acknowledgements : I would like to thank Mr Keith Pearce for his help in setting up this new service and Dr David Lai who helped collate the audit data presented.

Dr Rebecca Dobson

Networking details :

Dr Rebecca Dobson

Consultant Cardiologist (Imaging and Cardio-Oncology)
Liverpool Heart & Chest Hospital

Email address: Rebecca.dobson@lhch.nhs.uk

Dr Dobson's sub-specialty interests are echocardiography and cardio-oncology. She is particularly interested in the field of cardiac toxicity and is leading the development of a new regional cardio-oncology service. She is also passionate about equality for all within cardiology and runs several local initiatives to champion/support women within the specialty.


Programme


Programme

Dr Paul Haydock

Networking details:

Paul M. Haydock

Consultant Cardiologist, Heart Failure & Devices
University Hospital Southampton

Email address: paul.haydock@uhs.nhs.uk

Paul is a Consultant Cardiologist at University Hospital Southampton. He read Medical Sciences at Emmanuel College, Cambridge, with a Part II in Pathology, before transferring to Guy's, King's and St Thomas' Hospitals' School of Medicine for clinical training. He spent his early career in London, Kent and Melbourne, Australia, prior to taking his MD from Imperial College.

He completed his speciality training in the Wessex Deanery and was appointed to his current post in February 2017. His research interests include heart failure epidemiology and the impact of inequalities on cardiovascular disease –

Paul is the lead for Foundation and IMT Doctors in Cardiology at University Hospital Southampton and is also the sub-speciality lead for the clinical aspects of the Year 1 & 2 BM5 Medical Student programme at the University of Southampton.

He is passionate about supporting patients to make wise choices about their care and is the Lead for the NHS England Vanguard Shared Decision Making Programme in Cardiovascular & Thoracics, Orthopaedics, and Neurosciences at the Trust.

Project abstract

Developing an Integrated, Multidisciplinary Clinic for Duchenne Muscular Dystrophy Patients and their Carers from across the Wessex Region.

Duchenne Muscular Dystrophy (DMD) is an X-linked, recessive, inherited, progressive neuromuscular condition characterized by profound

Dr Shazia Hussain

Networking details:

Dr Shazia T Hussain PhD , MbChb, MRCP

Consultant Interventional Cardiologist
Glenfield Hospital, University Hospitals of Leicester NHS Trust.

Email address:

Aim

To evaluate the adherence of the cardiology department at Glenfield Hospital to international guidelines in identification and follow up of patients with significant left ventricular systolic dysfunction (LVSD), following ST Elevation Myocardial infarction (STEMI).

Method

We performed a review of patients who underwent primary percutaneous coronary intervention (PPCI) for STEMI in the 3 months period between the 1st of February and the 30th of April 2019. Electronic records were used for data collection.
Significant LVSD was defined as an LV ejection fraction (EF) < 35%, severe LVSD, moderate to severe LVSD, significant LVSD.
In patients with significant LVSD prior to discharge, we evaluated if a second assessment of LVSF was carried out, the findings and time interval between assessments.

Results

81 patients were included in the analysis and 80% of patients (n=65) had pre-discharge assessment of LV function. 14 of the 16 patients who did not have pre-discharge assessment had an assessment post discharge.

A quarter of patients (n=16) who had LV function assessment pre-discharge had severe LVSD. 87.5 % of patients with severe LVSD had PPCI involving the left main artery (LMS) or the Left Anterior Descending artery (LAD).

Of patients with severe LVSD and repeat assessment of LV function (n=12), improvement of LV function was seen in 58% (n=7). Of these only 3 (30%) had repeat scans within 12 weeks.

Conclusion

The majority of patients (80%) who undergo PPCI for STEMI have an assessment of LV function prior to discharge. However, one fifth do not have documented evidence of LV function prior to discharge, a significant deviation from recommended practice.

A quarter of patients with significant LVSD prior to discharge do not have repeat assessment of LV systolic function to guide further management. Repeat scanning was done within the 12week recommended timeline in only 30% of patients.

Dr Joann a Lim

Networking details:

Joanna Lim

Consultant Cardiologist (Adult Congenital Heart Disease)
Oxford University Hospitals NHS Foundation Trust

Email add ress: Joanna.lim@doctors.org.uk

Jo graduated from Oxford University in 2006. She completed junior doctor training in London and Bristol before returning to the Oxford Deanery to train in General Cardiology. Jo undertook higher specialist training on the Pan-London Adult Congenital Heart Disease Rotation from 2014-2019, completing fellowships at the Royal Brompton Hospital, St Thomas' Hospital, St Bartholomew's Hospital and Great Ormond Street Hospital for Children, where she was nominated for Trainee of the Year in 2014.

Jo was appointed as a Consultant in Oxford in 2019. She is interested in all aspects of congenital heart disease and has a particular interest in congenital transthoracic echocardiography.

Jo has extensive experience in undergraduate, postgraduate and multi-disciplinary teaching. She completed her Postgraduate Certificate in Medical Education in 2010. In July 2020 she established the on-line Oxford ACHD Echo Teaching Programme, which is now attended by Physiologists and Cardiologists from over 10 Trusts across the country. She also leads the Oxford Heart Centre Staff Well-being Team which she established at the outset of the COVID pandemic in March 2020.

Methods

1. Standardised protocols from the International Society for ACHD (ISACHD) for data acquisition and reporting were implemented at OUH. An audit was commenced assessing compliance of echo reporting with these standards.
2. A regional on-line teaching programme was launched in July 2020, designed to equip Physiologists with the knowledge and skills to approach these patients with confidence and to support them in pursuing accreditation.
3. A weekly Consultant ACHD

Dr Aneil Malhotra

Networking details:

Dr. Aneil Malhotra

Project abstract

Initiating and leading a Prevention, Rehabilitation & Sports Cardiology Service in the North of England

Over the course of the Emerging Leaders Programme, my aim was to set up and establish a Preventive, Sports and Rehabilitation Cardiology Service, unique to the north of England where there is a 20% greater disparity of mortality compared to the south. Although this rate is multifactorial and encompasses several socioeconomic factors, tackling health inequalities and the provision of specialist services to northern conurbations in order to readdress this balance, should be a government priority.
Regular physical activity is an important component of therapy for most cardiovascular diseases and is associated with reduced cardiovascular and all-cause mortality. In an era where there is an increasing trend towards a sedentary lifestyle and a rising prevalence of obesity and associated diseases, the promotion of exercise is more crucial than ever and at the forefront of priorities not only for all scientific cardiovascular societies but also for national governments.

Despite the substantial health be

NHS Foundation Trust (largest trust in the UK). In addition, there are several academic bodies (BRC), charities (CRY) and sporting teams (Manchester City FC, Team GB, British Cycling) who support and raise the profile of this initiative.

Through the ELP I have gained invaluable insight into the infrastructure of the NHS, its values, culture and behaviours. I feel better equipped to design and lead this ambitious service and my efforts have been reflected by being appointed working group lead for inherited cardiac conditions and sports cardiology within the NHS Trust. Moreover, I am now taking regional and national referrals for further management of patients with cardiovascular disorders that wish to continue participating in sport, at both recreational and professional levels. I have learnt key skills such as self-awareness, enhancing my impact as a leader and familiarising myself with business plan writing- as I put together a case for a dedicated inherited cardiac conditions nurse and family co-ordinator, to help further develop this service.


Programme

He has published over 80 research articles and book chapters, which can be accessed at *researchgate.net/profile/William_Moody.* Current research interests include investigating the role of non-invasive imaging in amyloidosis, liver transplant candidates.

He is presently enrolled on the inaugural BCS Emerging Leaders Program 2019-2020 and has used this opportunity to help establish a national amyloidosis network, with the aim of achieving earlier diagnosis and improved outcomes for these patients. Previously, he was elected onto the Specialist Advisory Committee as the Band ml

for assessment 79 (63%) were diagnosed with cardiac amyloidosis: 70 (89%) subjects with transthyretin amyloid cardiomyopathy (ATTR-CM), 7 (9%) with light chain amyloid cardiomyopathy (AL-CM), 1 (1%) ApoA1 and 1 (1%) AA sub-type. Sanger TTR gene sequencing revealed 12 out of 70 (17%) had hereditary ATTR-CM: V122I (n=7), T60A (n=3) V30M (n=2). To date, 50 patients (40%) have been discussed in a video MDT with the NAC, including 14 over the age of 80 years (16%) who had declined to travel to London. By removing the need for patients to travel to London, a total of 23,207 patient miles were saved (186 ± 28 miles per patient). Of the 58 wild-type ATTR-CM patients, 15 received tafamidis under the Early Access to Medicines Scheme, and 8 have thus far been enrolled locally into phase III trials of RNA silencing therapy.

Conclusion

A hub-and-spoke service model ensures continued ease and equity of access to specialized amyloidosis healthcare for the increasing numbers of elderly patients diagnosed with ATTR-CM.

Dr Sukhjinder Nijjer

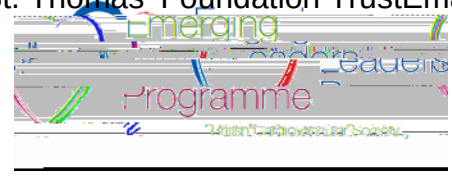
Project abstract

Cardiac Risk Optimisation Clinic

Cardiac care in London is fragmented. There are multiple cardiac services at primary, secondary and tertiary levels, all caring for the same patients without knowledge of care being provided at other sites. Pressure on secondary care services mean patients are often discharged following coronary intervention or bypass surgery such that longer term therapies, shown to improve outcomes are not initiated.

We propose a solution utilising a universal medical record available across North West London (SystmOne). Patients with known coronary artery disease and prior revascularisation in enrolled CCGs will automatically be reviewed in a virtual clinic by a Consultant Cardiologist. The Cardiologist will have direct access to all prior records sent to primary care, including investigations and tests performed in other Hospitals. They will then make recommendations to the general practitioner to optimise therapy, including the duration of dual antiplatelet therapy, identifying those suitable for prolonged antiplatelet therapy or dual pathway ttoutimhway

Daniel O’HareNetworking details:Dr. Daniel O’HareElectrophysiology Fellow Guy’s and St. Thomas’ Foundation TrustEmail addr



Dr Alex Rothman

Networking details:

Alex Rothman

Wellcome Trust Clinical Research Career Development Fellow and Honorary Consultant Cardiologist.
University of Sheffield and Sheffield Teaching Hospitals NHS Trust.

Email address: a.rothman@sheffield.ac.uk

Alex is a Wellcome Trust Clinical Research Career Development Fellow and Honorary Consultant Cardiologist at The University of Sheffield and Sheffield Teaching Hospital NHS Foundation Trust. Alex's clinical work is in the National Pulmonary Hypertension Centre and cardiac intervention and his research interests is in the development of new treatment strategies in heart failure, pulmonary hypertension, coronary artery disease and hypertension.

Project abstract

Dr Rajiv Sankaranarayanan

Networking details:

Dr Rajiv Sankaranarayanan

Heart Failure Clinical Lead Consultant Cardiologist
Aintree University Hospital and Community- South Sefton, Liverpool

Email address: Rajiv.Sankaranarayanan@liverpoolft.nhs.uk

Dr Sankaranarayanan is a Consultant Cardiologist who completed his cardiology specialist training in North West England hospitals (Wythenshawe Hospital, Manchester Royal Infirmary and Blackpool Victoria Hospital) and obtained his PhD from the University of Manchester through a fellowship grant awarded by the British Heart Foundation. He is the Clinical Lead for Heart Failure at Liverpool University Hospital (Aintree site & Community Heart Failure Services-Liverpool & South Sefton) as well as the lead for the Aintree Ambulatory Heart Failure Unit since 2016.

He received the National Roy Award in 2018 by the HF patient Charity, Pumping Marvellous, in recognition of his services towards heart failure patients including; developing the HF Mobile App - Aintree Heart Failure Passport and other innovations such as; use of an elastomeric pump for ambulatory diuretic infusion and point of care testing. Rajiv also leads the novel virtual Heart Failure Multispeciality MDT which incorporates input from several specialists for the holistic care of HF patients. He has an active research role, having been appointed as NIHR Research Scholar and Honorary Clinical Lecturer at Live51(nt)-3(rrf(urcey-1.,)Tj 0by-1-1(an ac)-4(nt)-3(er[(o)3(ra)1(nnoR)-4(.9(

Project abstract

Community IV Diuretics for acute decompensated heart failure using a portable elastomeric pump and point of care blood tests

Objective

Acute decompensation of heart failure (HF) contributes to 5% of emergency admissions with consequent prolonged hospitalisation for intravenous diuretics. Our HF specialist nurse-delivered, consultant-led multi-disciplinary ambulatory (outpatient) HF Unit has treated over 1000 HF patients safely and efficaciously with intravenous (IV) diuretics on an outpatient basis. However, this strategy can be cumbersome for housebound patients or those with mobility problems. The objective of my BCS ELP project was to develop a business case for community IV diuretics.

Methods

We piloted the use of point of care (POC) blood tests (renal function, electrolytes) and the use of an elastomeric portable infusion pump (Vygon) in our ambulatory HF unit for bolus furosemide infusion (4 mg/mt). Funding (£15000) was obtained by winning competitive bids

Dr Anvesha Singh

Networking details:

Dr Anvesha Singh

Honorary Consultant/ Associate Professor in Cardiology
University of Leicester/ University Hospitals of Leicester NHS Trust

Email address: as707@le.ac.uk

I am an Honorary Consultant/Associate Professor in Cardiology at the University of Leicester, UK. I specialise in cardiac imaging, including echocardiography and magnetic resonance imaging (MRI) and have BSE accreditation in trans-thoracic and trans-oesophageal echocardiography, EACVI level-3 accreditation in cardiac MRI and SCCT level-2 accreditation in cardiac CT. My research interests include using imaging and blood biomarkers to improve risk stratification in asymptomatic aortic stenosis.

I qualified in Medicine from Cardiff University in 2005, and moved to Leicester to continue my medical training in 2007. I took 3 years out of training to complete a PhD (attained in 2016) at the University of Leicester on the ‘use of MRI-measured myocardial perfusion reserve in aortic stenosis’ as part of the PRIMID-AS study, which was published in the European Heart Journal, and for which I won two young investigator awards (BHVS 2015 and SCMR 2016). I was an NIHR Academic Clinical Lecturer between 2017-2019, before successfully applying for my current post. I was a member of the British Society of Cardiac MRI (BSCMR) trainee committee until 2019, and am now the regional BSCMR training lead for East Midlands and a member of the BSCMR valve working group. I am also part of the College of Life Sciences’ Athena Swan self-assessment team at my university, and we have recently achieved a Silver award. I am passionate about promoting gender equality at the workplace, and encouraging female students and trainees to go into STEM subjects and Cardiology.

Project abstract

Local utilisation of cardiac imaging in ischaemic heart disease: producing a combined cardiac imaging request form to streamline the referral pathway

Background:
NICE guidelines recommend the use of various cardiac imaging tests in assessing patients with known or suspected ischaemic heart disease, depending on local expertise and patient risk profile. These include CT calcium score+/-coronary angiography (CTCA), nuclear myocardial perfusion scan (MPS), cardiac stress magnetic resonance imaging (MRI) and dobutamine stress echocardiography (DSE). Locally, there is variation in the referral pathway and booking process for each test, with no request form available for DSE.

Objectiv es:
1. To assess the local utilisation of the various imaging tests via a snapshot audit of waiting times for each test.
2. To produce a combined cardiac imaging referral form, to streamline the referral process, allow easier auditing in the future and allow re-direction to an alternative test (if appropriate) by the Vetting Clinician.

Method and Results:
An audit on 28/01/2018 revealed a marked discrepancy between 'supply' and 'demand' for the various tests, with the longest waiting time for DSE (11 weeks), compared to 6 weeks for MRI, 4 weeks for CTCA and 0.2 weeks for MPS. Using a new proposed referral pathway to guide clinicians, we identified suitable alternative tests for 75% of the 86 DSE requests on the waiting list, which would have reduced the waiting time to ~4 weeks for DSE, with slight increases in the other modalities.
QIP: In conjunction with Radiologists and Imaging Cardiologists, I have designed a new combined imaging request form, which is to go live on the electronic system, and will be available as paper and electronic forms. This will allow the Vetting Clinician to re-direct to an alternative test if appropriate, using the proposed pathway that has resulted from this work. This will also introduce a new referral/booking pathway for DSE, which was previously managed manually by three separate secretaries, using individual folders.

Conclusion: This is an example of a clinical audit that has directly led to a quality improvement project, that is of benefit to the patients, and results in more collaborative working between the different departments.

Dr Ibrahim Yearoo

Networking details:

Ibrahim Yearoo

Consultant Interventional Cardiologist
Health Service Executive, Beaumont Hospital, Dublin, Republic of Ireland

Email address ibrahim_yearoo@hotmail.com

I completed most of my post graduate training in General and Interventional Cardiology, rotating through various cities across the Republic of Ireland and working mainly in tertiary centres. I finished my training with post CCT fellowship in Complex Coronary Interventions and Structural Cardiology at the Bristol Heart Institute.

I work as a Consultant Cardiologist at Beaumont Hospital, Dublin and my interests are in complex coronary procedures including CTO, adjunct technology like Shockwave Lithotripsy, Rotational Atherectomy and Intravascular Imaging to optimise patient outcomes post stenting. I recently became a father to a little girl who brings immense joy to our family. In normal times, I still enjoy a good night out with friends and work colleagues at the end of each month to keep us all bonded and happy.

Comments about the Emerging L eaders Programme

‘A truly excellent course that has already proven incredibly useful in terms of the skills I have developed and people I have met. The

‘Why I applied – as a new consultant, I wanted some formal leadership training. The BCS-ACC tie up interested me as a Fellow of the ACC. The fact that the programme was being delivered by the BCS and we were to be the first cohort made it a prestigious opportunity if selected.

What I particularly enjoyed – the coaching sessions. As a healthy-sceptic at the beginning of the process I was surprised as to how useful I found it in the end and ended up having a number of sessions with my coach Jim McKenna.

Regularly meeting my peers and developing friendships with other members of the group was another highlight. Our WhatsApp chat group was a source of fun and support especially during the COVID-19 pandemic. We also bounced different leadership and managerial ideas off each other in the group which was helpful to all. It was disappointing when the course became virtual due to COVID as it meant we couldn’t have our traditional post-course get-togethers! The variety of topics covered and teaching delivered was also a highlight of the programme.

Key learning points - I found the talks on compassionate leadership, teams-based approach, critical problem appraisal, difficult conversations and NHS funding sources to be very valuable especially for my leadership project’.

This programme equips you with the necessary interpersonal skills to resolve difficult conflicts and lead within teams. It allows you to understand your own strengths and weaknesses and how to use these to achieve results.

Participating in the ELP programme has given me the confidence to take on two new leadership roles, the first of which is leading the ACHD Echocardiography quality improvement project, and the second of which was establishing and leading the Oxford Heart Centre Staff Well-being Team during the Covid pandemic. The latter has been well-received and was cited in the British Cardiovascular Society

‘Enrolling in the inaugural ELP has more than lived up to expectation. All of the invited speakers have been excellent. There are too many highlights to mention but one day that stood out for me in particular was “Managing Difficult Conversations and Developing Resilience” – I have recycled many of the techniques introduced during the role-play session and put them to good use in real-life scenarios already this year.

For me though, the most valuable aspect of ELP has been the chance to develop a number of friendships with like-minded peers who are at similar stages in their careers. Having forged such strong collaborative links across the UK and by working as a group rather than as

‘I applied to the programme as I thought it would be a great opportunity to obtain skills necessary to navigate the transition into my first role as a consultant cardiologist. Whilst the course did indeed deliver on this, the unexpected camaraderie within the group was much more beneficial. Immediately we had a group where we could share experiences, ask for help and offer advice during this challenging transition. This was invaluable during 2020 as we all struggled to cope with the challenges that COVID-19 brought to all of us.
As part of the course, we were very lucky to engage with Richard Kovacs and Mike Valentine, both past presidents of the American College of Cardiology, who offered great advice into the challenges of leading a department, and also hurdles that we may face along the way. Both Richard and Mike, and multiple other speakers throughout the year offered to stay in touch and be personally contacted with any questions we may have in the future’.

Daniel O’Hare

‘Excellent program. Will be further enhanced with iteration and many of the issues related to the projects can be addressed with the experience gained from running previously’.

Alex Rothman

“I am privileged and honoured that I was chosen to participate in the inaugural Emerging Leadership Program conducted in 2019-2020 by the British Cardiovascular Society in collaboration with the American College of Cardiology. Starting from the very 1st session which contained an entertaining, enlightening skit by Dr Mike Valentine and Dr Dick Kovacs from the ACC regarding the DISC leadership profile,


Programme

also found the experience of one-to-one coaching by James Makena extremely useful. This, along with the DISC personality tests that we undertook, really helped my understanding of both my own and others' leadership styles, and introduced new ways to interact with different personality types. I would highly recommend this programme to anyone considering applying, and have already been promoting it to my colleagues locally'.

Anvesha Singh

'I was seeking a learning experience that would give me new perspectives into the array of factors and new entrants, that are shaping evolving Healthcare models right now. It was also a tremendous networking opportunity - one that has enabled me to join a diverse community of care. Through the program, I have identified a framework to reimagine a digital driven person-centred care model through strategic partnerships with providers'.

Ibrahim Yearoo

Project Abstract References

Dr Arjun K Ghosh

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Dr Daniel O’Hare

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