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Time needed to complete: 1h 55m

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### What Is Missing in Echocardiography Training of the Pulmonology Fellow?

#### Announcer:

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#### Dr. McLaughlin:

Hello, and thank you for joining us on this series about echocardiography. I'm really excited to move forward with our roundtable now on echo training during physician fellowship. I'm Val McLaughlin from the University of Michigan. And I'm joined today by Bettia Celestin from Stanford and Ahmed Sadek from Temple. Thanks for joining me, you guys.

#### Dr. Sadek:

My pleasure. Thank you for having us.

#### Dr. McLaughlin:

Yeah, so as cardiologists we get pretty formal training in echo, but as you know, probably more than half of the doctors who take care of pulmonary hypertension are pulmonary trained, and not really sure how much they get beyond point-of-care ultrasound. Bettia, are what are your thoughts on echo training in pulmonary fellowships?

#### Dr. Celestin:

Thank you. Thank you for having me. I think that we have like a lack of good training on the right heart because we know a lot about the left heart. But the right heart is almost well-known by all the physicians, pulmonologists or cardiologists. So we have to train more on the right heart - on the anatomy of the right heart, and on the quality of the heart condition of the right heart imaging.

#### Dr. McLaughlin:

Yeah, absolutely. So Ahmed, I've seen you walk around with your little point-of-care ultrasound, I imagine that pulmonary fellows use that all the time, looking for a big pericardial effusion or something like that. How do you teach people to assure that there's adequate image quality and that you're trying to get the images that you can use to make conclusions about the right heart, as Bettia, you know, acknowledged was so important?

#### Dr. Sadek:

Right. I use it all the time in the office. We have our own kind of point-of-care ultrasound. A lot of times you have patients that come to us as new referrals, and we don't have the echo images. And the report doesn't tell us the whole story. But I do focus a lot on - I tend to de-emphasize the focus of the RVSP and the PASP, and - because there's a lot of technical issues that can come with that, as we kind of discussed in the previous episodes, and more on kind of the supporting features, things like interventricular septal flattening, and the pulse wave Doppler looking for the notching. And all of that are pretty easy to acquire even by someone who's not kind of an echo tech and who has just kind of, you know, a reasonable skill. So I do try to emphasize kind of those structural features. And I tend to use it a lot to follow my patients as they're on PH medication therapy. So I find the point-of-care ultrasound extremely kind of powerful in that regard.

**Dr. McLaughlin:**

Yeah, so Bettia, a point-of-care ultrasound, you know, you're using it in the unit during a pulmonary fellowship, sick patients, that sort of thing. You know, maybe there needs to be more formal training. What do you think about pulmonary fellows, particularly those who are interested in pulmonary hypertension, perhaps spending some time in the echo lab to learn a little bit more about some of the supporting features of pulmonary hypertension outside of RVSP?

**Dr. Celestin:**

Yes, you today, right, we have to give the fellow who are really interesting in PH and how to do the (inaudible) of PH, as Ahmed said, of with all the features that he already talked about. We have to like stand out, reporting I think in the general disease of PH so they can focus on the different feature we have to acquire and we have to know and do the interpretation of the right heart feature for PH patients. So we need training. And to act for this training, we maybe have to try to have like a dataset of all the PH patients, so they can train how to acquire images and how to try to find the feature for PH diagnosis.

**Dr. McLaughlin:**

Yeah, and courses like this one are great. And we'd given some patient examples. And I think that's really useful for learners. You know, I think there's no better example than your own patient. And some institutions are set up where this is easier, and some are not as easy. Ahmed, when you are with us, you know, we would walk down to the echo lab every single patient and take a look at the echos ourselves. And that's probably something that a pulmonary fellow who perhaps not spending as much time in the echo lab as you or I, that might be very beneficial as they see their patients in clinic. What do you think about that?

**Dr. Sadek:**

We've had good experiences with that actually. We've had a few - we're a cardiology-based pulmonary hypertension program. But we do have visiting pulmonary fellows join us in clinic. And we've had a few in particular that are very interested in pulmonary hypertension. And I think there's no substitute. The reports are good, especially when you have a good echo lab that knows the PH signs like at Temple and Michigan have, but there's no substitute for looking at the images and actually seeing the right heart for yourself and really seeing how things progressed. And I think the pulmonary fellows have found it very valuable in our regard and have actually become very comfortable with interpreting the echo from a PH standpoint. It's something that's feasible and tangible. It just takes some practice, even if you're not in a cardiology program.

**Dr. McLaughlin:**

So I think this has been a great discussion. It would be wonderful if more pulmonary fellowships had opportunities to learn more about echo. And we can make them between point of care, doing a rotation in the echo lab, looking at the echos of your own patients and really focusing on much more than just the RVSP and all the supporting features. So Bettia, Ahmed, thank you so much for joining me.

**Dr. Sadek:**

Thank you.

**Dr. Celestin:**

Thank you. Thank you, Val.

**Announcer:**

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