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ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Exploring the Careers of Cardiologists: A Noninvasive Cardiologist's Journey & a First-Year Student's Story

Dr. Brown:

Atherosclerotic cardiovascular disease, or ASCVD for short, typically presents itself in women ten years later than in men. And despite that fact, many risk factors for ASCVD are the same in men and women. Do we truly understand the workings of nontraditional risk factors in women? Welcome to *Heart Matters* on ReachMD. I'm Dr. Alan Brown and joining me to discuss choosing cardiology as a specialty are Dr. Heval Kelli and Alan Amedi. Dr. Kelli is a cardiologist who specializes in general noninvasive cardiology and preventative cardiology at Northside Hospital in Atlanta. Dr. Kelli, welcome to the program.

Dr. Kelli:

Oh, thank you. It's a pleasure to be here.

Dr. Brown:

And Alan Amedi is a first-year medical school student at Emory University. Alan is the first Kurdish American to attend the Emory School of Medicine. Alan, welcome to the program.

Mr. Amedi:

Hi, Dr. Brown. Thanks so much for having me.

Dr. Brown:

Okay, so we're gonna start with you, Dr. Kelli. You have a captivating background. After struggling through language barriers and economic disparities, you found your way into practice in cardiology while mentoring medical students in the process. And now looking back to when you were a med student, tell us what attracted you to cardiology. And just as a little background information, I'm the Chief of Cardiology at a teaching hospital outside of Chicago, and I have many fellows in training who had sort of a similar story, and I always find that fascinating, so I'm looking forward to hearing, your background and how you found your way to our field.

Dr. Kelli:

You know, that is a great question. I think it goes back way beyond medical school, because, you know, I came here as refugees, as Kurdish refugee, and we lived in some of the poorest communities in Atlanta, and, you know, we dealt with access of care and within my first week in America, my dad had a heart attack and we had to go to the emergency room. We didn't even know what 9-1-1 was and making a phone call with the ambulance. And then dealing with his care, and then honestly in my community where I lived, it was so, you know, underserved, you know, the only time the ambulance came to our apartment complex, either someone got shot or someone had a heart attack. And I think that led me into like thinking about doing something for the community. The interesting part – I became a cardiologist, and my brother is becoming a trauma surgeon next year.

Dr. Brown:

Wow, that's really eye-opening to hear that story. I will say that I always tell my trainees and my friends who are immigrants that, thank God that we continue to have people coming to the United States from elsewhere, because it reminds us what we're supposed to be as a country, and it continues to keep us reminded of what America is supposed to be about. And sometimes, when generations have lived here, I think they lose sight of those things that made the country great, so I really appreciate that. And for our listeners sake, can you tell us about how long both the cardiology fellowship and internal medicine residency are, so we know a little bit about your experience going through your training after medical school?

Dr. Kelli:

Yeah, you know, as we know, medical school usually is around four years, internal medicine residency around three years, general cardiology is about three years, and of course, you need further training if you want to do interventional electrophysiology. So, to become a general cardiologist, you do about six years after medical school in total.

Dr. Brown:

Right, tell us a little bit about your residency and fellowship experience, and how old were you when you came to the United States?

Dr. Kelli:

So when I came to the United States, I was eighteen. You know, I was in high school for one semester and learned English. My journey started a little different from many people, you know, I had to work myself, support my family as, interestingly, one of my first jobs was dishwasher, which I did for four years in college. And then I went to Morehouse Medical School, and in 2012, I technically started my residency at Emory University, which happens to be right across from the restaurant, so I used to always get a free drink with my Emory ID. That was the benefit working across from Emory all these years, and then I finished my fellowship there too, so for me, it's always like going back to work and doing my residency and fellowship I think was different from a lot of people. I looked at it as like a privilege, like I don't have to wash dishes, I don't have to cut grass for people to pay my rent. I could just go to work and get paid as a resident, so for me, it was always like a positive encounter throughout residency and fellowship.

Dr. Brown:

Yes, and what a terrific place to train. I mean, some of the Gods in cardiology, like Dr. Hurst and others, were at Emory, so a really long history of fantastic leadership there, and many other great people still there, obviously. What kind of advice would you have for our listeners who are thinking about cardiology as their specialty? Why did you choose cardiology and when you were finished with your residency, and what kind of considerations do you recommend that folks who are interested in cardiology keep in mind?

Dr. Kelli:

It's a evolving, growing field, you know, there's always something new, discovered and changing our field. We tend to do a lot of things, you know, you could do imaging, you could do, you know, like see patient in clinic, in hospital, you could do procedures, so it's a very diverse field from technical and knowledge base. But also like, you go into any crowd and you ask someone, "Do you know someone who has heart disease in your family or friends?" Usually, someone will raise their hand. So, heart disease affects everyone, so you could really make an impact on an individual and community level. So that's what I love about cardiology. You know, the heart is just a muscle, but, you know, it's the engine of the body, and it is so much fun to learn about it, and like I said, you know, every year, we're discovering new thing, new medication getting implemented. So that's what I enjoy about the field. It's always dynamic and growing over time. And, you know, I tell people this, cardiology itself is so diverse, so always you can find something in cardiology that meets your personality.

Dr. Brown:

I think that's very well said. I can tell you that when I finished my training, number one, the cardiologists were the heroes at our hospital. I went to school at Loyola, and cardiology was one of the stronger departments, so going through med school, you look up to the cardiologists. And number two, if you were interested in procedures, you could do the internal medicine to give you an understanding of all the diseases, and then in cardiology you could still do procedures. For those people that really want to have the internal medicine background, but still are interested in procedures, it gives you those options.

For those just tuning in, you're listening to *Heart Matters* on ReachMD. I'm Dr. Alan Brown, and I'm speaking with Dr. Heval Kelli and Alan Amedi about medical students choosing cardiology as their specialty.

So Alan, time to talk to you. You're a first-year medical student at Emory. Congratulations on that. Again, I have the utmost respect for Emory, and you've already decided on cardiology, which is unusual during your first year. So, what made you decide to look at cardiology as your specialty?

Mr. Amedi:

I will say that it is unusual. A lot of people tell me that. I know I'm just an M1, and it might be too early, and I might change my mind. Those are fair points, but I'm pretty confident I want to be in the cardiac field, so we'll just have to wait three years to actually find out. My family has always had a history of heart issues, so I've always been intrigued by the physiology and the inner workings of the heart, and my mentor, Dr. Kelli, he's a cardiologist, so I was interested in learning more about the field. In college, the first time I shadowed was in the O.R., and it was a coronary artery bypass grafting. Seeing the chest open and the heart beating on the table right in front of me was one of the most exhilarating experiences that I've ever had, and I was instantly hooked. And then fast forward a couple years, towards the end of my college career. I was lucky enough to find a spot in a cardiothoracic research lab at Emory, when I was an undergrad, and I worked there up right up until before medical school. And that's where my desire to be in the cardiac field was truly solidified. At the lab, I was involved with a couple different projects, and countless large and small animal cardiac surgeries, and I really

began to fall in love with the biomechanics and the structural geometry of the heart. It's so super complicated for me, and I have a ton to learn, but that's what motivates me to enter the field. And there's still a lot to find out within the cardiac field, and that's what I want to be a part of.

Dr. Brown:

Well, it's exciting for me, again as a division chief and dealing with trainees at all levels, to hear someone with your intellectual curiosity, and I think you've done all the right things at this point in your career to have a very good opportunity to do training at an excellent site, if you stay with cardiology. And what I mean by that was taking the time to get involved in some research related to the field, spending time with someone who's already in the division as a cardiologist, who not only you can learn from, but could support your application to fellowship and all those things are terrific. And having a mentor who gets you excited about academics is also very important.

Mr. Amedi:

Oh, yes. I've been super blessed, super lucky to have the people around me that have motivated me and supported me up until this point.

Dr. Brown:

So, what kind of things have you learned from Dr. Kelli, your mentor, that got you excited and that you might want to share with other medical students who might be thinking about any kind of a career, but especially cardiology?

Mr. Amedi:

I would say one of the most important things that I've learned from Dr. Kelli is how the role of a doctor is much more than prescribing and diagnosing. A doctor has the potential to become a role model in the community by being present and accessible. I think doctors can empower community members to take control of their health and to follow their dreams, whatever they may be. And sometimes the biggest impact that you can make is right there in your own community. Dr. Kelli was that role model for me, and it's not every day you see a Kurdish doctor. Seeing him do it, seeing him make it, become a doctor, that made me think, "Why can't I? Why can't I do it?" And that hope that he gave me is what I want to instill in others down the line. Mentoring is simply just sharing your story and experiences with someone and providing them guidance, and speaking from personal experience, being on the receiving end, the impact that it can have is truly life changing.

Dr. Brown:

Well, that's very profound, and it makes me a little teary-eyed thinking about, my grandparents, who were immigrants and who instilled those feelings in me about, being able to sort of make whatever you want out of your life with hard work. And I also think there's an important rule of life that you've sort of described, that Dr. Kelli clearly has, and that is that the way you influence others has nothing to do with what they think about you. It has everything to do with how they feel about themselves when they're in your presence, right? If he is an example of that with his patients and as well as you, then he's gonna have a lot of influence, and he's gonna be very proud later in his life that that influence led somebody like you to have a very successful career. I think when we look back on our successes as we get older, it's not so much what's on our resume. It's a lot about who did we influence, and how did we change people's lives, and both of you should be very proud of what you've accomplished together. Are there some resources that you've found helpful, websites, podcasts, mentorships that maybe as a med student, you would recommend to other medical students who are thinking about a cardiology career?

Mr. Amedi:

First thing that comes to mind is there's this incredible website called, "CV Physiology." It's really good at explaining basically everything about, cardiac physiology, and that's a website that I go back to pretty frequently. That's one of my top resources that I've used continuously throughout my cardiac module here at Emory. And besides that, there's many, many YouTube, medical students, and residents who do a really good job of showing you what it's like to be a cardiologist, and to, live the life of a cardiologist, and I've really enjoyed watching their videos as well.

Dr. Brown:

Yeah, that's great. And I'd think as you get further in your career, you're gonna use such things as the ACCEL webcasts from ACC that, while driving in the car, you can hear interviews with the top people in the country. There's other similar webcasts. I like to think that this is a good one, for people to listen to podcasts, but that's very helpful and I appreciate it.

So, I'd like to turn back to Dr. Kelli. So as an immigrant and now a successful doctor, from your vantage point, what should the rest of the medical community be aware of if they were to meet a young student that's considering medical school or specializing in cardiology? And what kind of advice would you give them, I guess, what kind of advice did you give Alan?

Dr. Kelli:

You know, that's a good question. I was fortunate that, by matter of luck, I met a heart surgeon, Dr. Omar Lattouf, who took a chance on me and mentored me, but I had to prove to him that I was worth his mentorship and his time. And I think, you know, he saw something in me, maybe I didn't see at that time. But he believed in my story and my background, and I think a lot of people, when they mentor someone, they need to keep in mind that you're not gonna meet the perfect candidate, with perfect scores and perfect CV and GPA. Most of the time, people who have these statistics, they might actually not need your help the most. There's people you want to take who have come from underserved background, give them the network, give them the mentorship. I mean it's a fact, if you come from a poor community or an underrepresented background, your neighbors are not doctors. So how do you get mentorship? You don't see them in your community. You know, that's the number one reason to succeed in the field, in any field, is having the mentorship and network. And that's why I made myself available to Alan, not only that, he could do that through the virtual space. I usually go to a coffee shop in Clarkston called Refuge Coffee, where I just hang out there, sometimes do my work. Community people recognized me. They usually come ask me questions, where they will say, "Hey, my son wants to do medicine, he is in college. Do you have, you know, kind of, some resources for him?" And based on that experience, actually create something called the Young Physician Initiative, that I started during my fellowship and that program actually goes into schools and teaches people what it's like to be a doctor by doing medical cases. And Alan was a premed student part of the program at Georgia State University. And now he is one of the people who volunteer for the program, to go back to school and teaches others about medicine. So, there is many ways for us as physicians to be engaged beyond the exam room. You know, we could treat heart disease in poor communities all day long, but the only impact we really can make if we can recruit people from those backgrounds to become doctors, nurses, and nurse practitioners to help us in our effort. And we need to be present and be involved in these mentorship programs, to inspire this generation to come join us.

Dr. Brown:

Well, I think that's wonderful insight, and heartwarming, obviously. And, you know, Alan, I'm gonna challenge you as you go forward in your career, to pay it forward, right? So, Dr. Kelli was the recipient of a mentorship by somebody who took him under his wing, and got him excited and confident in becoming a doctor, and you're gonna have many of those opportunities as you go forward too, and we all have to take the time to do that. And as I said earlier, when you look back on your career, when you're my age, those will be the things you consider the biggest successes in your career, not how many letters you have after your name. So, both of you clearly have the personality that is going to, be a wonderful gift to people who study under you.

Thank you both for sharing your insights. These are terrific insights on the cardiology field and also through the lens of being an immigrant. So, I want to thank my guests, Dr. Heval Kelli and Alan Amedi, for joining me in this very important and heartwarming discussion. It was great having you both on the program, and I'm grateful for your insights and all that you do.

Dr. Kelli:

Thank you so much for your time.

Mr. Amedi:

Thanks so much for having me. It was a pleasure.

Dr. Brown:

I'm Dr. Alan Brown. To access this and other episodes in our series, visit ReachMD.com/HeartMatters, where you can be part of the knowledge. Thanks very much for listening.