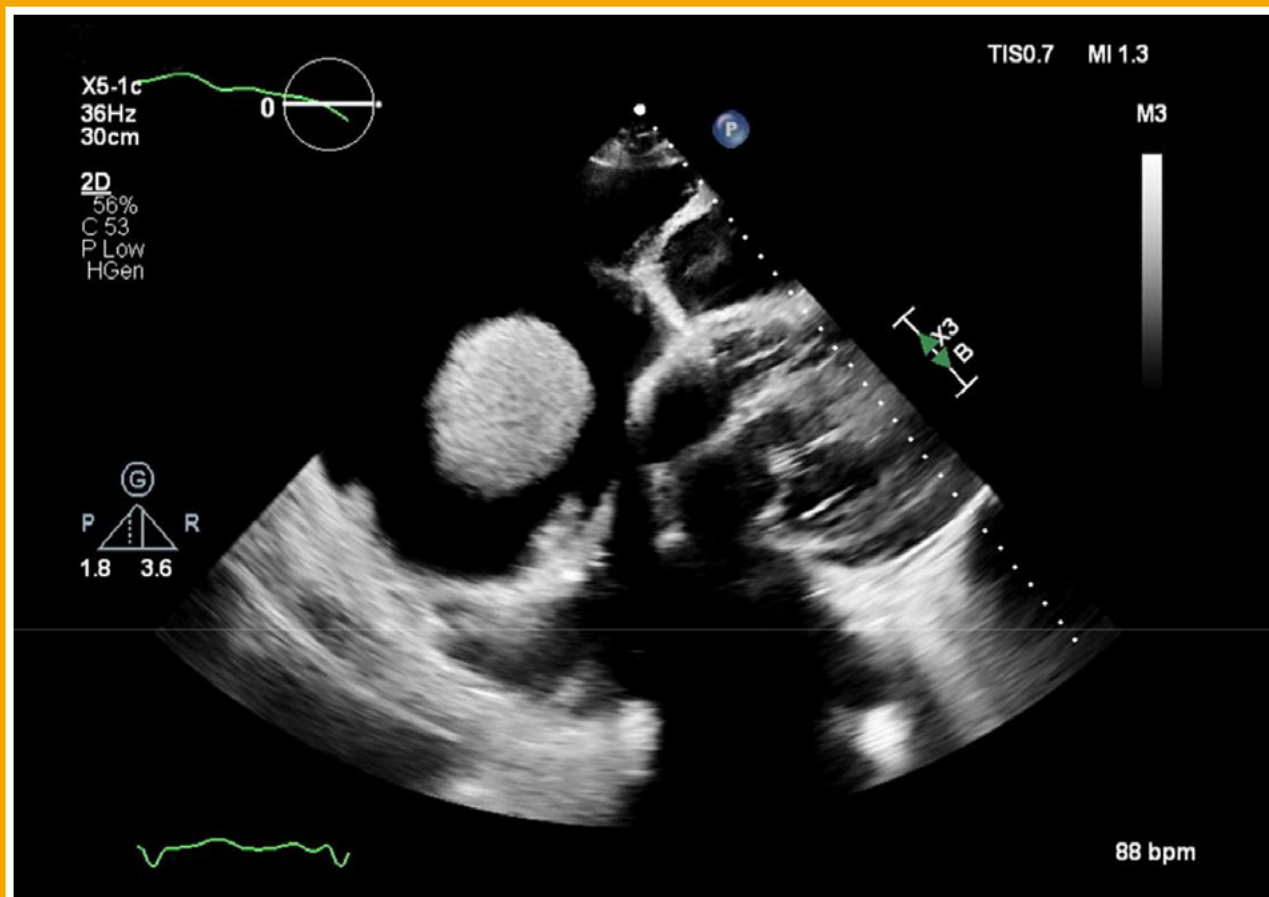


# ECHO



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# 2023 EDUCATION CALENDAR

## CONTENT AVAILABLE NOW

### Advanced Echo: Echo Access Online Course

*Featuring the best content from Echo Hawaii and State-of-the-Art Echocardiography*

Jointly provided by ASE and the ASE Foundation

### 24th Annual ASCeXAM/ReASCE Review Course | Virtual Experience

*Live Q&A July 8, 2023*

Jointly provided by ASE and the ASE Foundation

### Registered Physician in Vascular Interpretation (RPVI) Online Review Course

*An overview of all vascular imaging modalities for board review, introductory learning, or as a review for experienced imaging readers*

## JUNE

### 34th Annual Scientific Sessions

*June 23-26, 2023*

*Gaylord National Resort & Convention Center  
National Harbor, MD*

Jointly provided by ASE and the ASE Foundation

Discounted rates for ASE members. To learn more and register, visit us at [ASEcho.org/Education](https://ASEcho.org/Education).

## OCTOBER

### 11th Annual Echo Florida

*October 7-9, 2023*

*Disney's Yacht & Beach Club Resort  
Orlando, FL*

Jointly provided by ASE and the ASE Foundation

### SAVE THE DATE: Echo in Pediatric & Congenital Heart Disease: Echo Access Virtual Experience

*September 30 – October 1, 2023*

Jointly provided by ASE and the ASE Foundation

### SAVE THE DATE: 33rd Annual Echo Hawaii

*January 15-19, 2024*

*Fairmont Orchid, Kohala Coast,  
Big Island, HI.*

Jointly provided by ASE and the ASE Foundation

### SAVE THE DATE: 36th Annual State-of-the-Art Echocardiography

*February 9-12, 2024*

*Westin Kierland Resort & Spa,  
Scottsdale, AZ.*

Jointly provided by ASE and the ASE Foundation

*This text also appears in the June JASE.  
[OnlineJASE.com](https://OnlineJASE.com)*

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## AMERICAN SOCIETY OF ECHOCARDIOGRAPHY

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of Echocardiography

Cover art: "Must Be a Full Moon ..." Jason B. Pereira, MS, RCS, FASE, Hospital of Central Connecticut, Hartford Healthcare Heart and Vascular Institute Central Region, New Britain, Connecticut

## EDITORS' NOTE

ASE is very grateful to our members who contribute to *Echo* magazine and value their willingness to share personal insights and experiences with the ASE community, even if they may not be in total alignment with ASE's viewpoint.

# REFLECTION, PREPARATION, AND GRATITUDE

Contributed by **Stephen H. Little, MD, FASE**, Cardiology Fellowship Program Director at Houston Methodist Hospital, System Director for Structural Heart, Professor of Medicine, Weill Cornell Medical College, Cornell University, and Adjunct Professor at Rice University in the Department of Bioengineering

“

As ASE has grown, so too has the complexity of our volunteer opportunities and interactions.”

**F**rom a driver’s perspective, windshields are always large and rearview mirrors are always small. That’s because the most important stuff is always in front of you, especially when you’re moving quickly. In considering my time as the president of the American Society of Echocardiography (ASE), I’d like to take a small look back at what we’ve accomplished this year, but to also consider the important challenges that ASE is moving towards.

As ASE has grown, so too has the complexity of our volunteer opportunities and interactions. Recognizing that the “internal” communication amongst member groups had become quite challenging, we created a series of Affinity groups to facilitate discussion and dissemination of ideas between like-minded or at least similarly tasked committee groups. For example, the committees for Guidelines, Education, Public Relations, and Advocacy will meet regularly as an Affinity group to align their communications and actions with the strategic goal of ensuring that ASE meets the educational needs of our community. So far, this new Affinity structure has already demonstrated new synergies and efficiencies for several committee tasks (**Figure 1**). As this tool is adopted, and adapted, we hope to see further permeation of the silos of committee work – and ultimately a more efficient and enjoyable committee experience for our members.

As an interventional echocardiographer, I have unabashedly directed some of our ASE resources to the important needs of this new field. This influence has included the production and promo-

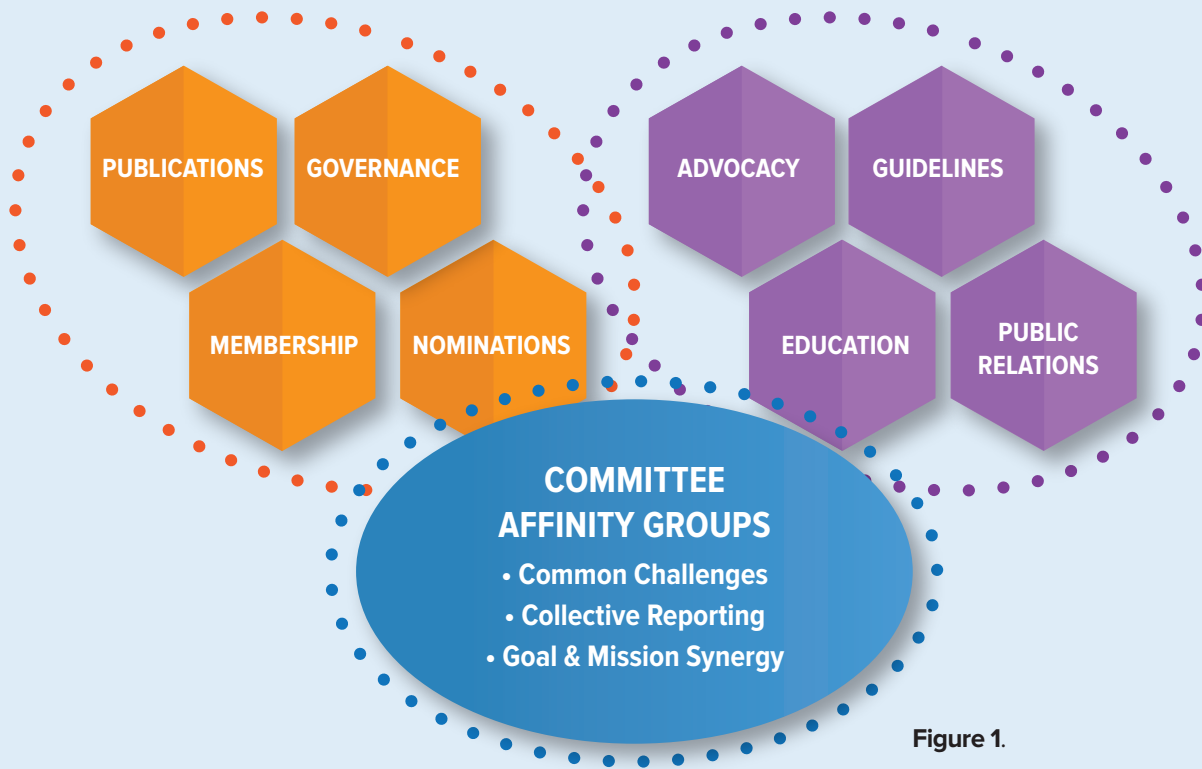


Figure 1.

tion of new guidelines; the advancement of Interventional Echocardiography (IE) from a specialty interest group (SIG) to a full council with representation on the ASE board of directors – and a very successful first steering committee meeting in Boston in March; and the creation of a task force to explore the current and future use of intracardiac echocardiography (ICE) within the structural domain. We have also tapped upon the expertise of our advocacy and coding experts to again tackle the complex challenges of policy and payment reform for the central role of an Interventional Echocardiographer within the structural heart care team.

As we look to the near future of ASE, we have many interesting challenges yet to tackle. One significant area is the very rapid development of Artificial Intelligence (AI) tools that are predicted to have a profound impact on all aspects of medical imaging. Thankfully our ASE membership includes several thought leaders in this field, who have been recruited to contribute to a new AI task force. The purpose of this task force is to identify

our education, research, and advocacy priorities so that ASE is focused and prepared for the challenges ahead.

Another area for our societal attention will be in identification and serial-evaluation of specific cardiomyopathies and ventricular dysfunction. Although this has long been a focus for sonographers and echocardiographers, the recent development of impressive pharmacologic therapies for specific myocardial disorders will undoubtedly impact the national efforts to identify and treat such patients. Indeed, our newest Industry Round Table (IRT) members have already brought forth exciting partnership ideas with this goal in mind. Additional new IRT members with a commercial interest in imaging platforms, PACS, and autonomous decision support tools, are also very much involved in these early efforts – thus demonstrating unique synergies that are realized through an affiliation with the ASE.

A final challenge which we aim to soon address, is the realignment of in-person educational meetings to better reflect the strategic goals as set forth by the ASE

board of directors. These principal goals - created every five years and reviewed annually- are the tenets that need to drive our educational focus. With a thorough review of our in-person meeting structure and focus, we will ensure that the many activities and priorities of ASE are well represented in our most premier educational activities.

As a final presidential comment, I need to acknowledge (as Steve Jobs did), that all significant accomplishments within ASE are a result of incredible teamwork. Especially the executive and management staff at ASE headquarters who maintain a remarkable memory of ASE history, past deliberations, and strategic goals – all while keeping the ship afloat and the engines purring. Throughout this year I have been continually impressed and humbled by the selfless giving of time, expertise, and sweat equity from so many member volunteers. From those participating in micro-volunteering, to those devoting multiple years on the executive board – all contribute in immeasurable ways to the current and future success of ASE. I am grateful for the opportunity to have served as president of such a wonderful professional society.

*“Great things in business are never done by one person; they’re done by a team of people.”*

-Steve Jobs

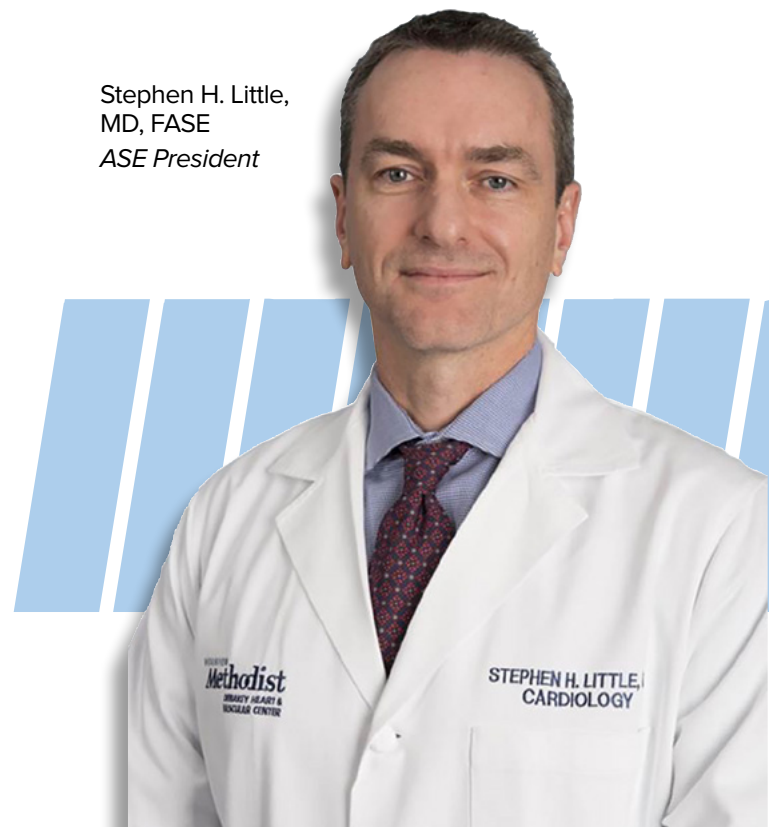
*This text also appears in the June JASE. OnlineJASE.com*

“

Great things in business are never done by one person; they’re done by a team of people.”

-Steve Jobs

Stephen H. Little,  
MD, FASE  
ASE President



**Sonographer**  
**VOLUNTEER**  
**OF THE MONTH-**  
**JUNE**

**Congratulations**

**Megan Kraushaar, BS, RCS, FASE**

*UCSD Medical Center*

*Manager of Non-Invasive Imaging*



**When and how did you get involved with cardiovascular ultrasound?**

I got involved with cardiovascular ultrasound 12 years ago when I was finishing up my degree in Exercise Physiology. My concentration during this time was cardiac rehabilitation and I was interested in learning about the other procedures these patients had undergone. This led me to shadow cardiac sonographers. Their role was unlike any other I had encountered. I left the echo lab and immediately began searching for adult cardiac ultrasound schools to apply.

**What is the name and type of facility/institution at which you work, and what is your current position?**

I currently work at UC-San Diego Health, which is a large teaching institution in southern California. The position I hold is the Manager of Non-Invasive Imaging.

**When and how did you get involved with the ASE?**

I got involved with the ASE initially by becoming a member and attending the Scientific Sessions, even as an ultrasound student. Then with “gentle” encouragement by Monet Strachan ACS, RDCS, FASE, I started applying for ASE committees. The first one I was

“

**I volunteer for the ASE because the direction of our profession also needs a sonographer voice.**

”

selected for was the Membership Committee, which was a great way to start getting involved with the organization. Following this, I became fortunate enough to participate in the FASE, Training and Certification Advisory Committee. These two volunteer opportunities reinforced the importance of advocating for our profession and creating a space for sonographers in the field of echocardiography. After this, not only did I start getting involved in speaking at the Scientific Sessions, but it fostered my desire to apply for the 3rd cohort of the Leadership Academy.

**Why do you volunteer for ASE?**

I volunteer for the ASE because the direction of our profession also needs a sonographer voice.

**What is your current role within ASE? In the past, on what other committees, councils or task forces have you served and what have you done with the local echo society?**

My current role in the ASE is with Leadership Academy and the Membership Committee. I also plan to speak at the Scientific Sessions again this year in Maryland and am representing the ASE on the SDMS Scope of Practice Task Force. Locally, I am on the Board of Directors for the San Diego Society of Echocardiography.

**What is your advice for members who want to become more involved in their profession or with the ASE?**

My advice is the same as Nike, just do it. No matter how small you think your contribution will be, it's a starting point and that's important.

**What is your vision for the future of cardiovascular sonography?**

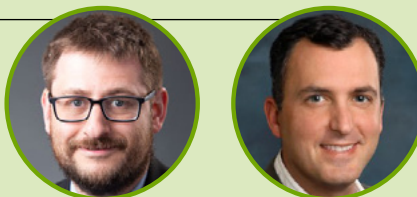
I have big visions for the future of our field. I am most excited about the potential to integrate more artificial intelligence (AI) into our daily practice and the advancement of strain imaging. I am also looking forward to sonographers getting more involved with structural cases and broadening our scope of practice.

*I am most excited about the potential to integrate more artificial intelligence (AI) into our daily practice and the advancement of strain imaging.*



# Become a Registered Physician in Vascular Interpretation with ASE's New Online Review Course

Contributed by **Stanislav Henkin, MD, FASE**, Director of Vascular Medicine Program at Dartmouth-Hitchcock Medical Center and **Bryan Wells, MD, FASE**, Director of Vascular Medicine at Emory Healthcare



*Vascular ultrasound is rarely comprehensively taught during either general or subspecialty cardiovascular fellowship training.*

**M**ULTIMODALITY IMAGING HAS become a popular area of focus within cardiovascular medicine. However, vascular ultrasound is rarely comprehensively taught during either general or subspecialty cardiovascular fellowship training. Still, vascular imaging is a growing area for those practicing cardiovascular medicine and graduating cardiovascular medicine fellows may be asked to perform and interpret vascular imaging in their practice. Due to the lack of a comprehensive vascular imaging curriculum in most fellowships, trainees and practicing cardiovascular medicine physicians need resources for education (including continuing medical education) and Registered Physician in Vascular Ultrasound® (RPVI) [Certification board review](#).

ASE's mission is to enhance the knowledge and skills of cardiovascular ultrasound professionals by providing educational opportunities to a broad base of individuals including cardiologists, trainees, sonographers, cardiovascular surgeons, and other health professionals. As part of this mission, the Circulation & Vascular Ultrasound (CAVUS) Council developed the [Registered Physician in Vascular Interpretation \(RPVI\) Online Review Course](#) a comprehensive educational program on vascular ultrasound, which provides 9.75 AMA PRA Category 1 Credits.™

As the CAVUS Steering Committee began its quest to develop the RPVI Review Course, the goal was to invite world-renowned clinician educators to teach vascular ultrasound topics (including physics) to our cardiovascular ultrasound peers. The lectures cover topics that are included in the RPVI Certification Exam including laboratory technology and operations, cerebrovascular ultrasound, abdominal ultrasound, peripheral arterial physiologic and duplex imaging, and peripheral venous ultrasound. All lectures provide case examples and board-review type questions to ascertain that the learner comprehends the presented material. With this goal in mind, the following curriculum was developed:

- Vascular Ultrasound (including Doppler) Physics taught by Dr. Muhamed Saric, the Director of Non-Invasive Cardiology Laboratory at NYU Langone Health.
- Image Acquisition of the aorta, mesenteric arteries, renal arteries, peripheral arteries and veins, and cerebral vasculature (including instrumentation settings) taught by Dr. Carol Mitchell, a prolific teacher and education researcher at University of Wisconsin.
- Aorto-iliac duplex, taught by Dr. Rebecca LeLeiko, a vascular medicine specialist at Emory Healthcare.
- Arterial physiologic studies, taught by Dr. Esther Kim, a vascular medicine specialist and the director of the Center for Women's Cardiovascular Health at Atrium Sanger Heart & Vascular Institute. Dr. Kim is the lead author of a consensus statement describing interpretation of peripheral arterial and venous Doppler waveforms.
- Carotid artery duplex, taught by Dr. Daniella Kadian-Dodov, a vascular medicine specialist and program director for the Vascular Medicine fellowship at Mount Sinai, New York.
- Lower extremity arterial duplex, taught by Dr. Aaron Aday, a vascular medicine specialist at Vanderbilt University Medical Center.
- Lower extremity venous duplex, taught by Dr. Matthew Vorsanger, a cardiovascular medicine specialist at NYU Langone Health.
- Renal and mesenteric duplex ultrasound, taught by Dr. Bryan Wells, the co-editor of this course, and the Director of Vascular Medicine at Emory Healthcare.
- Transcranial Doppler, taught by Larry Raber, clinical manager of Neurovascular Laboratory at Cleveland Clinic.
- Upper extremity arterial studies, taught by Dr.

*The ASE RPVI Review Course is ideal for learners at all levels, whether as an introduction to vascular ultrasound or as review for experienced imaging readers.*

The graphic is a promotional poster for the RPVI Online Review Course. It features a dark blue background with a green header and footer. The header contains the text 'REGISTERED PHYSICIAN IN VASCULAR INTERPRETATION' and 'ONLINE REVIEW COURSE'. The main body of the poster is dark blue and contains the text 'Prepare for the RPVI Examination' followed by 'EXPERT-LED LECTURES & PRACTICE EXAM QUESTIONS' in large, bold, yellow letters. Below this, it lists the website 'ASEcho.org/RPVIReviewCourse' and the hashtag '#RPVIReviewASE'. The footer is green and contains the text 'REGISTER TODAY!' in bold, dark blue letters. The central part of the poster is a collage of four images: a color Doppler ultrasound image, a grayscale B-mode ultrasound image, a grayscale M-mode ultrasound image, and a grayscale image of a vascular tree.

Stanislav Henkin, the co-editor of this course, and the Director of Vascular Medicine Program at Dartmouth-Hitchcock Medical Center.

- Upper extremity venous studies, taught by Dr. Fadi Shamoun, the chair of the CAVUS Steering Committee, and a vascular medicine specialist at Mayo Clinic (AZ).

The ASE RPVI Review Course is ideal for learners at all levels, whether as an introduction to vascular ultrasound or as review for experienced imaging readers. We are confident that the review course will help individuals prepare for the RPVI examination and feel confident interpreting vascular imaging studies in clinical practice.

# Viewpoint in Structural Echocardiography: Junior Faculty Spotlight

Contributed by **Muhamed Saric, MD, PhD, FASE**, Professor, Department of Medicine at NYU Grossman School of Medicine, Clinical Director, Non-Invasive Cardiology and **Richard Ro, MD**, Assistant Professor (Clinical) of Medicine, Scholar Academic Track in the Leon H. Charney Division of Cardiology, New York University Langone Health, New York, NY



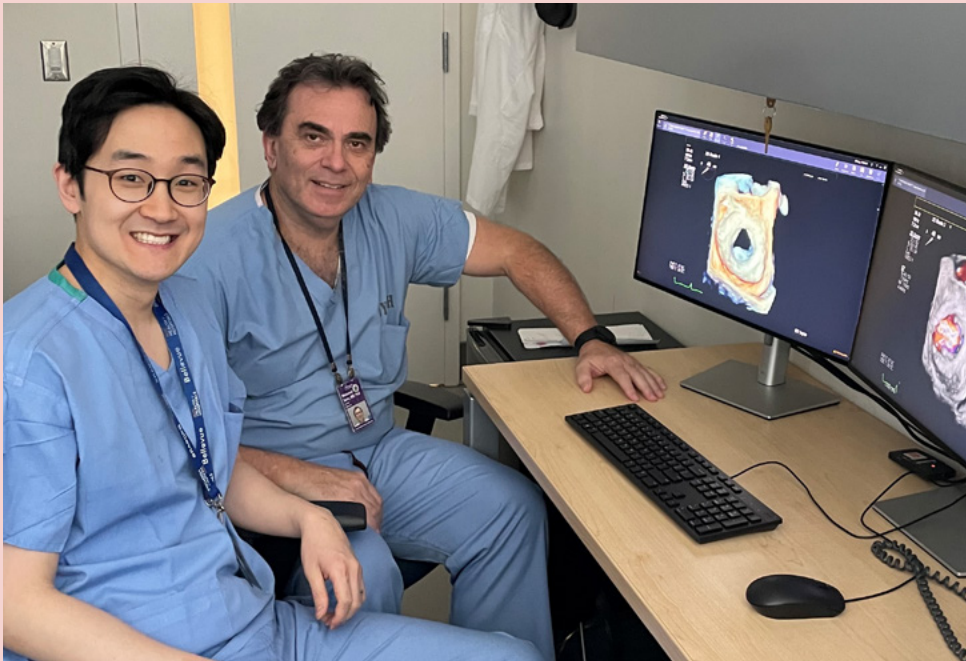
*This subspecialty is unique in that we deal with complex cardiac pathology which we are able to identify, describe, and aid in a therapeutic intervention.*

**MS:** Richard, you are one of our stellar junior faculty in structural and interventional echocardiography here at NYU Langone Heart and have so far been involved in over 800 cases. What drew you to this exciting field?

**RR:** Muhamed, it's been a pleasure being part of the structural echocardiography team here. For me, this subspecialty is unique in that we deal with complex cardiac pathology which we are able to identify, describe, and aid in a therapeutic intervention. We can also prevent potentially life-threatening complications with left atrial appendage occlusion, for example. There is also excitement in the field, as you mentioned, because advances are continually being made.

**MS:** We all know that training in structural echocardiography is varied. How was your training experience?

**RR:** I was the inaugural structural echocardiography fellow at Mount Sinai Hospital after Dr. Stamatios Lerakis created a program there. It was an excellent fellowship program that allowed for complete immersion into the field with strong mentorship and research opportunities. There are a number of programs around the country, with some offering training in multimodality imaging. I would highly recommend dedicated training to anyone who is interested in a career in structural echocardiography.



**MS:** What would you say are the most appealing parts of the field that you did not necessarily know before?

**RR:** I think one big appeal that I did not really grasp until starting as an attending was the highly collaborative nature of this role. We interact with the referring physicians about results of their abnormal transthoracic and transesophageal echocardiograms, who often inquire about possible percutaneous therapeutic options. We also rely heavily on our sonographers, who are instrumental in best demonstrating pathology initially on transthoracic echocardiography and alerting us of this. I also really enjoy the team approach taken by the heart team.

**MS:** We know that the echocardiography team is an integral part of the heart team. How has your experience being a part of the heart team?

**RR:** We work very closely with the heart team discussing and reviewing studies, which is a fulfilling and stimulating part of the job. Intraprocedurally, concise and clear communication with our interventionalists is essential for success. Understanding the steps of the procedure and anticipating what information the proceduralists may need next makes things run smoother. There is a lot of thinking on your feet that takes place, as well.

**MS:** Tell us about your experience being part of the echocardiography team.

**RR:** We also are constantly discussing cases amongst our echocardiography team, as we always strive to make the correct diagnosis. Structural heart disease can be complex and even intimidating. There also are instances where we encounter unusual or even rare pathology. Excellent guideline documents such as the recent [Recommended Standards for the Performance of Transesophageal Echocardiographic Screening for](#)

[Structural Heart Intervention: From the American Society of Echocardiography](#) chaired by Dr. Rebecca Hahn and you are tremendously helpful, but sometimes a second opinion can be invaluable.

**MS:** Have you been involved in aspects of multimodality imaging beside echocardiography?

**RR:** Over the years our echocardiography lab has become an integral part of multimodality imaging for structural heart disease. On a daily basis, we review computed tomography (CT) and other radiologic imaging to augment echocardiographic findings and to leverage the best capabilities of each imaging technique.

**MS:** What do you think are future directions of the field?

**RR:** I think there are a lot of potentially interesting things in the future of structural echocardiography. There are always going to be new devices and newer iterations of current devices, which will hopefully improve procedural outcomes. The role of artificial intelligence will always be a hot topic. In the short term, I think structural echocardiographers will incorporate multimodality imaging into their practice. Understanding this will only help us and in turn help our patients.

# Putting the Puzzle Together: Reflections from a Master Teacher

Contributed by **Rita France, RDCS, RDMS, RT, FASE; Jimmy Lu, MD, FASE; Shiraz Maskatia, MD, FASE; Seda Tierney, MD, FASE; and Jennifer Hake, RDCS (PE, AE), RDMS (FE), FASE**



## Q/A

*I think it's so important to approach learning from being curious, not from being afraid. I understand that is hard, particularly when you are starting out.*

**P**ETER FROMMELT, MD, FASE, is this year's recipient of the American Society of Echocardiography Excellence in Teaching in Pediatrics Award. This award is given biennially to recognize a physician or sonographer for "exceptional commitment and skill in teaching pediatric echocardiography, who has been a mentor to students and serves as a role model for the profession, and who fosters a sense of clinical excellence and research investigation in the individuals they teach".

Dr. Frommelt completed his medical degree at the University of Iowa, residency in pediatrics at the University of California, Los Angeles, and fellowship in pediatric cardiology at the University of Michigan. He is currently a Professor at the Medical College of Wisconsin in Milwaukee, WI, where he has been on faculty since 1991. He has served as the Director of Pediatric Echocardiography since 1991, has previously

served as the Pediatric Cardiology Fellowship Program Director, the Interim Section Chief, and Vice-Chair of Clinical Strategy in the Department of Pediatrics. He has been a member of ASE since 1991 and has served on numerous committees and writing groups, including previously chairing both the Scientific Sessions Pediatric Program and the Pediatric and Congenital Heart Disease Council, as well as on the Board of Directors at ASE.

However, his CV doesn't do justice to the impact he has had on countless physicians and sonographers. Here are some of his reflections on his career as a teacher and mentor.

Peter Frommelt with his wife Michele.

Dr. Frommelt's children: Matthew, Caroline, Peter Jr., and Kate.



**Q:** You've been such a fantastic teacher and mentor. What teacher or mentor has had a great impact on you?

**A:** First, I would like to say how grateful I am to receive this award; the previous recipients are such a distinguished group. To be included with those GOATs (greatest of all time) is a wonderful honor. Thanks to all my colleagues who supported my nominations; the fact that they would take the time to organize beautiful letters is reward enough for me.

I think my teaching style was most influenced by Dr. Rebecca Snider. She was the echo lab director at Michigan during my fellowship. She could be tough and demanding... but she was able to convey her love of both congenital heart disease and echocardiography during every interaction we had. Her ability to lead sonographers and trainees to an understanding of a particular disease through Socratic questioning has really been the template for how I've taught my entire career. She also promoted my career early on, without hesitation. I am still so grateful for that – she was



the one who really got me involved in the American Society of Echocardiography.

My wife Michele has been my best teacher, however... I still learn from her every day. She not only is a great doctor, but she's helped show me how to mentor with kindness... although many would say I've been a bit of a slow learner in that respect.

**Q: What advice would you give trainees and junior faculty as they start out early in their echo careers?**

**A:** I think it's so important to approach learning from being curious, not from being afraid. I understand that is hard, particularly when you are starting out. But mistakes are a part of the process. Being prepared to ask questions and discuss cases openly, even if you think – even if you know – it makes you look less knowledgeable, is so important. Secondly, I always tell fellows to find a specific area that interests you, so that you can become the smartest person in the room about it. It doesn't require any genius at all – it just requires reading and asking questions... and thinking about ways to solve those questions that exist about that disease or technique. Everybody can do that, and when you become the smartest person about a topic, it really builds your confidence, it brands you as an important consultant for peers, and it provides a nice foundation for academic investigation as you build your career.

**Q: What advice would you give aspiring teachers/mentors, particularly with competing demands on time?**

**A:** Don't just focus on the structured teaching curriculum. Off-the-cuff discussions with trainees, sonographers, and faculty peers about patients, which happen all the time, are some of the best learning opportunities. Be positive and open to those opportunities. You should transmit excitement about what you're discussing, showing why you love your job, and particularly how solving the clinical puzzles that we confront each day is both important and an enjoyable challenge. And be prepared to have these conversations lead to discussions beyond the clinical scenario—it should also involve the potential for relevant research and quality improvement projects. In addition, bring a sense of humor to your

work. Being able to laugh at yourself, be humble about what you know and don't know, and empathize that we all make mistakes – that attitude is valuable to role-model for trainees.

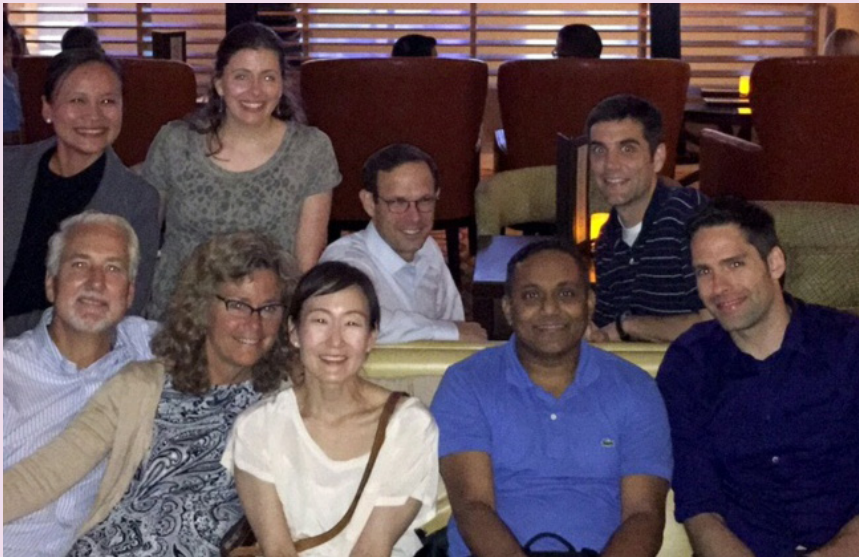
**Q: What keeps you coming back to work?**

**A:** Doing something that matters so much is amazing. We're not making widgets – what we do affects the lives of children. That's a powerful gift. And we're so fortunate to have echocardiography as our primary tool. There's no other medical test that's portable and immediately accessible to provide all the anatomic, physiologic, and hemodynamic data needed to make good decisions. I also love that my artistic side is satisfied by creating beautiful pictures at work. I still find genuine joy in a pristine, complete echo study – that feels as good today as when I was starting out as a fellow.

What's energizing as a teacher, particularly for those of us who have been doing this a while, is to consistently see the transition that sonographers and fellows make over time from doing things because they feel like they have to as early learners, to doing things because they want to as they gain knowledge and confidence. You can watch them develop their own joy in both creating beautiful images and understanding the anatomy and physiology, putting the puzzle together. It becomes an exciting adventure for them, not a required task.

**Q: How do you keep your teaching fresh?**

**A:** It is a challenge. I know that our senior fellows can predict what I'm going to say about 95% of the time, because I do say the same things over and over. But in our field we're fortunate to deal with diseases that are all snowflakes – no tetralogy is exactly the same as the previous tetralogy, no AVSD is the same as the previous AVSD. None have the exact same anatomy and physiology. Finding those differences and seeing how patients respond to those variations is always fascinating, and I try to transmit that to sonographers and fellows. And I continue to use the Socratic method of teaching that Dr. Snider role modeled, so that each teaching encounter is a discussion, with questions and answers, rather than just a one-sided regurgitation of facts.



Peter and Michele Frommelt with former fellows at the ASE Scientific Sessions in 2015.

**Q:** If you were to look back at things you did earlier in career as a teacher or mentor, what would you do differently?

**A:** When I was younger, I was too strict about expecting perfection. In fact, I had this silly expression with sonographers that if they wanted a hug, they should go ask their mom, because I don't give hugs. My justification was that right is right and wrong is wrong, and that's it. That was the wrong approach. Fortunately, I am now old enough to look back and be embarrassed by it. Everybody could use a hug once in a while, even from me. I was raised in that strict teaching environment – no praise for doing things well, just critiques when things were not perfect. But that doesn't make it right. I've come to realize that can be demoralizing for learners – everybody needs praise and positive reinforcement.

**Q:** What would you say has remained the same in your teaching style?

**A:** I have always celebrated a great study and credited the imager who made it; in the same way, I will openly critique a poor one and provide the reasons why. I feel like I am open to any challenge to my

*Don't just focus on the structured teaching curriculum. Off-the-cuff discussions with trainees, sonographers, and faculty peers about patients, which happen all the time, are some of the best learning opportunities*

The Children's Wisconsin sonographer team





## MY SENSE OF HUMOR



thinking from others, including sonographers and fellows. We have a lot of give and take in our lab, and I think everyone enjoys that. I love when the sonographers disagree with me when we review a study, because I know that's going to result in a learning experience for both of us. I am sure that our sonographers would say thank God I am not always right.

**Q:** *What changes have you seen in learners over the years? Any tips on what seems to work for the current generation?*

**A:** I do think the current generation has been raised with the expectation of positive reinforcement in all learning. So, they can struggle to hear negative feedback without personalizing it. It can be a fine line to correct without making it seem personal. Using humor in discussions and being self-effacing in your teaching approach can help the learner realize that the critique is not personal. I also try and focus on correlating any critique with the potential impact that this error could have on the child's outcome. It keeps the discussion about the child and not about the learner.

**Q:** *You're known as an incredible debater. Is there a debate or argument that sticks out to you or that you are particularly proud of?*

**A:** The debate I had with Wyman Lai 15 years ago about where to start an echo study, whether

*Using humor in discussions and being self-effacing in your teaching approach can help the learner realize that the critique is not personal.*

from the parasternal vs. the subxiphoid approach – that's one I still get comments on, even to this day. It was so much fun to use humor to highlight my bias that the parasternal view is best; I did that by characterizing those on my side as good “Parasternalistas”, represented by a picture of the Dalai Lama, and then compared them to the evil “Subxiphoidians”, which were represented by a picture of Osama bin Laden. It set a tone that I have used for all my subsequent debates, I enjoy teasing humor. I love Wyman; as usual, he was such a good sport about it. I find most of my debate humor in the absurd absolute stances that our field can take. I love ridiculing that absurdity, what people feel is absolutely true and must be done only in a certain way. Also, my humor tends to be a bit subversive; there's a great cartoon that shows two closely overlapping circles – one is labeled “My sense of humor” and the other is labeled “Things that should not be joked about” and the overlapping section is labeled “Reasons I'm going to hell.” I think that summarizes my sense of humor pretty well.



# Pilot

**“The  
mind is not  
a vessel to be  
filled, but a fire  
to be kindled.”**

*– Plutarch*

In dynamic a field as echocardiography, mentorship impacts not only the growth of the individual, but also the expansion of the profession itself. With its international network of over 16,000 members, ASE sought further avenues to foster relationships between members of varying backgrounds and experience levels, exposing them to new perspectives and opportunities for professional development.

Over the past six months, 20 mentors and mentees participated in a pilot ASE Mentor Match program. The program helped to connect early career physicians and sonographers with experienced mentors. This article reflects on their experiences, and the value this program brought to both their professions and personal lives. As ASE prepares to launch applications for its next round of matches, hear what made this experience so rewarding from some of its early participants. The next Mentor Match application window will open in early July 2023.

**Jonathan R. Lindner,  
MD, FACC, FASE**

**T**his program was not only impactful for introducing a young clinician-scientist to the research “mission” of the Society, but also for promoting an important recent ASE initiative. My Mentor Match partner was an aspiring veterinarian echocardiographer who practices in a country where advanced echo is not routinely performed in veterinary medicine. This program provided guidance for her to develop the first training symposium for veterinarians who are interested in adopting state-of-the-art echocardiography in our non-human, and often adorable, friends.



**Radha J. Sarma,  
MD, FACC, FASE**

**A**t first, I was not sure how this new mentoring program was going to be. Lucky for me, I found the perfect mentee in the same time zone I am in, although in a different country. Communication using Zoom was very nice. Having the same interests and expertise in cardiac imaging helped us in establishing our goals. I would like to express my sincere appreciation for the help we received from ASE staff (Ms. Caroline Ward). I wish the program a great success in the coming years.



**Jeffrey C. Astbury,  
MD, FASA, FACC, FASE,  
MSBE, MSEE**

**T**he ASE Mentor Match program enables seasoned physicians to guide early career physicians in the American Society of Echocardiography. A career in echocardiography involves training, experience, board examinations and certifications. With a solid foundation of excellence, these accomplishments should be followed with a combination of education, teaching, research, volunteerism, and advocacy. The Mentor Match program is designed to give the mentee guidance in these areas, so they can continue rising in their career. My experience mentoring Dr. Andrew Notarianni, MD, FASE, was very rewarding. He is an outstanding young physician who was already contributing greatly to the field, but after 28 years in the ASE, I was able to direct him to the important initiatives needed to earn his Fellow of the American Society (FASE) status. Before the end of our mentorship, Dr. Notarianni earned his FASE designation, and I am sure he will continue contributing to the ASE and excelling in the field of echocardiography. I hope you will consider participating in this excellent program!

**Lynsy B. Friend,  
BS, ACS, RCS, FASE**

**T**he Mentor Match program allowed me to take my personal experiences and help my mentee work through some of her obstacles and reach her goals. Overall, the program allowed for a support system to be built with someone who has outside perspective, and ideas were able to flow openly and without bias. I think my mentee and I were able to connect on many levels. We worked on technical issues with advanced technologies and were able to talk through them without judgement. We worked together with respect and support. We had frank discussions on issues facing our labs and our shared experiences. Our discussions lead me to relook at current issues I am facing in new ways and take a different approach. We finished with an agreement to continue to be supportive of each other as we face the challenges in the ever-changing and challenging healthcare environment. I think it allowed for growth for both my mentee and me.



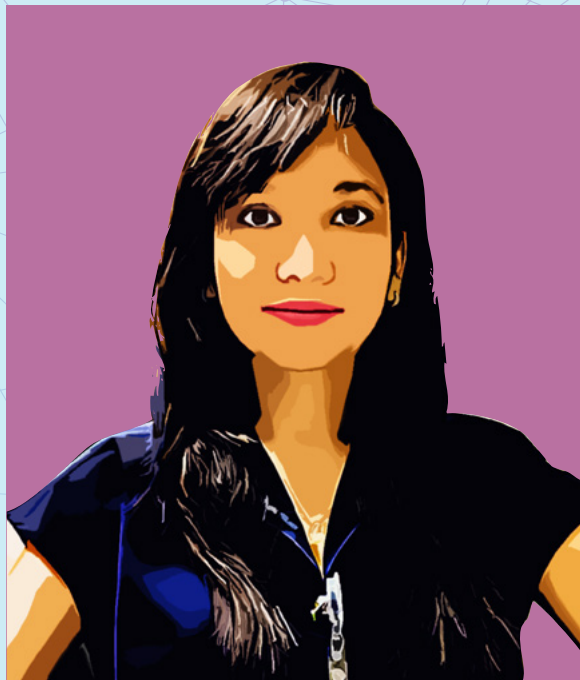


**Akhil Narang,  
MD, FASE**

**T**he ASE Mentor Match Program is outstanding. The pairing of eager mentors with mentees who share the same vision of contributing to ASE for the betterment of the field of echocardiography is an exceptional opportunity for both parties. I was able to connect with Dr. Anisia Crowley and share my experiences with her all while making a new colleague and friend. I highly recommend the program.

**Farhana Kinlaw,  
RCS, RDCS, RCCS**

**I**signed up for the ASE Mentor Match pilot program on a whim and I was rewarded with a lifetime peer and an insightful encounter. My mentor was Lynsy Friend, BS, ACS, RCS, FASE. Lynsy and I met on Zoom and exchanged emails over a plethora of topics ranging from strain, 3D, AI software, protocols, work revenue, advancements, and hurdles. Lynsy was brilliant. She was always eager to help, listen, and respond to spur of the moment questions. The past six months have been a healthy discourse on sonography trends and ASE practices. One of the effective forms of learning is when you think and talk with a Friend and that is what ASE's Mentor Match endeavor did for me.



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# ECHO

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*To advance cardiovascular  
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and service to the profession and  
the public.*