Submitted by Pamela Combs, RN, PhD

The ICCAC/ISHLT Annual Meeting was a huge success this year! Over 70 attendees and guest speakers came together for the event to enhance their VAD knowledge and get to know each other better in the process.

Highlights from this year included presentations such as Dr. Ramesh Singh’s presentation “Does Size Matter? Devices in Small People,” which featured a discussion of device selection in terms of patient size in both adult and pediatric populations that had everyone laughing along with him! Other featured lectures included a discussion of anticoagulants and their reversal agents as well as heart failure medication in “Pharmacology Hot Off the Press” and solving the mystery of pump thrombosis in “Forensics 101: Anatomy of a Pump Thrombosis.”

During her Presidential Address, Jodie Lantz reminded us that we’re celebrating the 10th anniversary of ICCAC this year — she even found a picture of the Founding Board from 2007! ICCAC continues to grow, boasting a membership of 126 clinicians and a budget surplus in 2017! The Mentorship Program, the Pediatric Task Force, and the Research Committee continue to do impressive work to further the goals of ICCAC to hold regular conferences, explore current data and clinical management trends, create the Core Curriculum, and develop evidence-based practice for the care of LVAD patients.

We also celebrated the achievements of two of our members! Thomas Schlöglhofer was awarded MCS Coordinator of the Year for his outstanding leadership within the international VAD Coordinator community, along with his clinical expertise and innovation. Described as “brilliant, enthusiastic, and high-achieving,” I’m sure we can all agree that Thomas is incredibly deserving of this award — congratulations, Thomas!

We were also thrilled to honor Dr. Michael Petty with the ICCAC Lifetime Award for his invaluable contributions to the world of MCS. Dr. Petty has been active in the VAD Coordinator community since the early days of the technology and he continues to lead and inspire us — congratulations, Dr. Petty!

The future of ICCAC looks bright, thanks to the efforts of all of our members! I am honored to be part of such a close-knit international professional organization. Don’t miss out on our upcoming events, detailed throughout the newsletter: ASAIO 2017 in Chicago this June and ESAO 2017 in Vienna this September, both featuring the 2nd Annual MPV Competency and Simulation Course, and next year’s ICCAC/ISHLT Joint Session!
President’s Message

It’s hard to believe that May is already here, and we are moving into summer! How quickly the time goes!

We had an amazing turnout at our 10th Annual ICCAC meeting during ISHLT. As a board, we would like to thank all of you who attended the meeting! It was a night full of great networking, informative and engaging speakers, and awards for our well-deserved colleagues! Thank you to the board, volunteers, speakers, and Carole Ballew for such a successful night!

ISHLT was a big meeting for ICCAC overall. We had a very successful joint symposium session, and we were also able to report off all of our hard work at the MCS council meeting. Our hard work and dedication to the MCS world and our patients was well received by the council, and they were very excited about the work we are doing. We are already in the works to plan another ICCAC/ISHLT joint symposium for 2018 in Nice, and hope to see you there!

So…what’s next for ICCAC? There is so much going on, and we would love for you to be more involved in all we have to offer!

**MPV course at ASAIO June 24, 2017- Register today!** This course, organized and supported by ICCAC in association with ASAIO, meets the need of The Joint Commission’s Goals of Annual Competency, and provides learning opportunities through problem based learning scenarios. It’s a great learning & networking opportunity, and one you don’t want to miss out on!

Core Competencies will soon be available on the website for all of our members! These will be great tools to get new coordinators going on the job, or to help existing coordinators ensure they are meeting standards of care, and have all the details covered to care for our MCS patients.

2017 ICCAC Exchange award applications are now open! If you are interested in seeing how another program faces the daily challenges of MCS support, this is a great opportunity to share your experience and team, and then check out how another team gets it done. **Applications will be accepted through 5/31/2017.** Find all the details on: [https://www.mylvad.com/iccac/exchange-award](https://www.mylvad.com/iccac/exchange-award)

Sign up for our Mentorship Committee! If you are a new VAD coordinator, have experience as a VAD coordinator, or need help as a VAD coordinator this opportunity is for you! We have had great results with our current participants, and we have amazing resources to help support each other so sign up today!

We will soon be sending emails and details to each of our members letting you know what committees we have available for you to be a more involved member of ICCAC. If you have an interest in joining any of these committees, look out for that email from ICCAC, or email me directly!

The ICCAC board has quarterly calls with our industry partners, and one of the big goals we are working on this year is trying to reach more of our VAD colleagues around the world, as well as track the numbers of VAD team members worldwide. We have amazing resources and support, and we want to ensure that everyone knows about ICCAC and has access to all we can offer. We are brainstorming effective ways to make this happen. If you have ideas on how we could reach more VAD team members (coordinators, engineers, multidisciplinary team members) and programs let us know!

Moving forward, the ICCAC board will be sending out updates to our members on the work we are doing. We have our board calls every 2 weeks, and there is a lot going on behind the scenes. We want you to know what we are working on so you can be better informed, help us out, or let us know if there’s something else we need to start discussing.

Thank you for all you do each and every day to better the lives of MCS patients. It is challenging, but rewarding work. I am thankful to work with colleagues who, through collaboration, strive to positively impact and change the MCS field.

My best,

Jodie Lantz, ICCAC President

Jodie.lantz@childrens.com
Apply Now for the Exchange Program!

The ICCAC Exchange Award offers U.S., European, Australian, Canadian or Asian MCS clinicians the opportunity to share information and experience MCS patient management on an international level within a partner program.

To be eligible both of the participating MCS centers must fulfill the following criteria:
- Minimum of 15 ongoing MCS patients, minimum of 15 MCS implantations per year, minimum of 5 MCS in-patients during the exchange week, and at least one MCS outpatient clinic during the exchange week.

Two ICCAC members, 1 U.S. and 1 International, plan to carry out a common short project, which can be completed during the exchange program.

The duration of the exchange period will be a minimum of two weeks (one at each hospital). The exchange will be regulated by the host institution (safety, insurance etc.) and the guest MCS clinician must comply with these rules.

To apply, visit MyLVAD.com/ICCAC Under “Awards” select “Exchange Award”

It’s Not Too Late: Register for the MCS Proficiency Verification Course at ASAIO 2017!

The program theme of this year’s ASAIO conference, chaired by Dr. Marvin Slepian, is “Patient-Centric Innovation: Artificial Organs Beyond the Conventional.” Scheduled for June 21-24 in Chicago, IL, USA, the program is sure to offer a fascinating glimpse into the rapidly-changing world of artificial organs.

ICCAC is proud to partner with ASAIO to bring you the Second Annual MCS Proficiency Verification Course! Chaired by Dawn Christensen of Innovative Program Solutions LLC and Thomas Schöglohofer of the Medical University of Vienna, this novel course is designed to develop critical thinking skills in providers of all levels who care for MCS patients. Led by world-renowned faculty members and featuring a small group-based learning scenarios, both the novice and expert clinicians will find themselves challenged during this highly interactive session. The course will cover HVAD, HeartMate II and HeartMate 3, CentriMag, Impella, Berlin Heart Excor, and Syncardia TAH. Course participation can be used to meet the required continuing education for program certification.

For more information and to register, visit asaio.com/annual-conference/iccac-mcs-competency-simulation-lab/

Upcoming Webinar: LVAD Patients and OMS

Tune in on Friday, June 2, 2017!
You can access the webinar at http://mylvad.com/iccac-members-only/webinars

Don’t miss the next webinar!
Dr. Kevin Arce, D.M.D., M.D. of Mayo Clinic in Rochester, MN, will be speaking about the unique intersection of LVAD patient management and oral and maxillofacial surgery.
To My Favorite LVAD Coordinator

Submitted by Beth Mosele, LCSW, Memorial Hermann Center for Advanced Heart Failure, Houston, Texas, USA

You are an awesome LVAD coordinator. You are a dedicated and devoted nurse who has great concern for your patients and the families whose lives are affected by end stage cardiac disease. As your social worker, I am also dedicated and devoted to our patients. We both cherish our patients and their families and caregivers.

We work together under stressful circumstances when our patients are facing a last hope for living. Our patients struggle to survive the challenges of their illness day-to-day, week-to-week, and year-to-year. Their families are facing the loss of a husband, wife, father, mother, sister, brother or lover. Some patients are robust and others are frail.

As your LVAD social worker, I am tasked with learning as much as possible about a patient, their family, their habits, their hopes and dreams. LVAD social workers gather information at the beginning of the Advanced Heart Failure work-up that can help the Team when making decisions about the correct treatment for a patient. This decision can be to approve a patient for a heart pump (as Bridge to Transplant or as Destination Therapy), a heart transplant or to offer continued medical therapy or palliative care.

In the course of the social worker’s psychosocial risk assessment interviews (the patient and family, patient alone and family alone), information is gathered that paints a picture of the human being that is being considered for advanced heart failure treatment. Patients and their families are asked about the following subjects:

- Social support
- Family structure
- Food, clothing, shelter
- Electricity availability, water source, communication (telephone)
- Financial issues
- Compliance
- Mental health
- Coping skills
- Body Image
- Caregiver and patient resilience
- Tolerance in becoming dependent upon others
- Substance use and abuse
- Legal issues
- Understanding of transplant/MCS process
- Motivation for transplant/MCS
- Expectations post LVAD Implantation/Heart Transplantation

Social workers look for tenacity. We hope a patient has both the physical and mental strength to power through the post implant recovery. One of the best examples of tenacity came from one of my quiet and unassuming patients. She was not allowed into a grocery store because the store manager saw her LVAD equipment and thought she was wearing a vest bomb. Even after an attempt at education by the family, the store manager refused to allow the patient in the store. She did not walk away from this event traumatized or ashamed. Instead, she called a local television station; went back to the store with a lawyer and a television film crew; and, was presented as the “Night’s Big Story” on the evening news. When watching her on television, I learned what real tenacity is.

Social workers look for dedicated caregivers. Without a dedicated caregiver, a patient cannot move forward with advanced heart failure treatments. I have seen a patient and his caregiver evicted from their apartment. The caregiver had a place to go and abandoned the patient to fend for himself. For two months, the patient lived out of his car while charging his batteries at a bar. When the LVAD Team found out about the situation, the social worker was able to locate housing at a Personal Care Home for the patient. The home was good and the patient settled in to a stability that he had never
had before. That was a surprising success story. But, the majority of our patients have a family member who remains a true and faithful caregiver for the patient. They do so in spite of the loss of social support and at times, an overwhelming sense of isolation and responsibility.

Social workers are the voice of the patient at Medical Review Board. We are responsible telling the patient’s story to the team. We present “the good and the bad” of the patient’s psychosocial situation in order to assist the Team in coming to a decision regarding advanced heart failure therapies. It is difficult when we are compelled to advocate against advanced therapies for a patient when it would result in a patient receiving a therapy that they do not understand and that they are not capable of taking care of.

As an LVAD Social Worker, I present to the Team/Medical Review Board/Committee, the strengths and weaknesses of the patient and their family/caregiver. For example:

- The Patient’s child died from the same heart disease that they are now facing. They live with the guilt of being a survivor when their child died from the disease.
- The patient lived the last 20 years of their life searching for their next hit of cocaine. They promised never to touch it again. They received an LVAD; only to die months later from drug overdose.
- The patient did not have a care plan. There was no one in their life that loved them or could be with them.
- The patient had no health insurance and was incapable of financially supporting a heart pump and all the intricacies of the VAD lifestyle.
- The patient lived in a city park; homeless. His affluent family gave up years ago trying to help him. They did not have the emotional energy to attempt to assist him again; even as the patient was dying.
- The patient promised never to use nicotine, cocaine, marijuana, or alcohol again; and, kept that promise.
- The patient was married with adult children. All family members rallied to care for the patient throughout their LVAD life.
- The patient had post-partum cardiomyopathy with a one year old child and three year old child at home. The patient had a loving husband who was able to work remotely from home and care for his wife and children with the help of both his mother and his wife’s mother.

You, as the VAD coordinator, are the first person a patient will talk with about the intricacies of the heart pump. You are the person who educates, trains and encourages. You are the person they talk to multiple times in a week. You hear of triumphs and failures; that there is a new grandbaby; that a daughter is engaged to be married, etc. You are the person the patient or family member will talk to at 1:00 a.m. when an emergency LVAD alarm goes off. You are the person that tells the patient to “shape up or their hope for transplant will fade away”. You are the person that tells the family member/caregiver to call 911 knowing that the EMT’s will find the patient dead or dying. You are the patient’s life-line to living successfully with their heart pump.

The VAD coordinator and the social worker laugh together; cry together; and celebrate our patient’s weddings, birthdays and transplants together. We work together along with the physician, MCS personnel, dietitians, physical therapists, cardiac rehab personnel and hospital and clinic nurses to support our patients from the beginning of their LVAD life to the end of that life.

What we do is unique and absolutely amazing. So, yes. You are an awesome LVAD coordinator. I am privileged and honored to work side by side with you every day.
Contribute to the AACN Journal!

Submitted by Dr. Jesus Casida, University of Michigan, USA

I think a series of topics related to MCS (and ECMO?) in acute and critical care settings will be great. These can include unique role of VAD coordinators, palliative care, device deactivation, management of complication etc, as long as they are situated in the context of advanced practice nursing. International contributors/authors will be great!

If you’re interested, please contact Dr. Casida at jcasida@med.umich.edu.

Don’t Miss the VAD Core Curriculum!

The VAD Core Curriculum was written by ICCAC members and content experts to provide a structure for didactic knowledge for VAD coordinators. This material is perfect for experienced coordinators to use as a review and new coordinators to read as part of their orientation.

Topics such as VAD history, heart failure, reimbursement, congenital heart disease, and the mechanics of VADs. ICCAC will post a new module every month, so check your emails to keep up with the new materials.

Check it out on the website: myLVAD.com/ICCAC Programs and Committees ICCAC Core Curriculum

Join the ICCAC Mentorship Program!

One of the many benefits offered to ICCAC members is the mentorship program. The goal of this program is to promote growth and independence, elevate professional capabilities and increase job satisfaction among VAD coordinators.

Interested in finding a mentor? Do you feel like you have a lot to offer in serving as a mentor? Anyone can participate — you only need to be open to the concept and willing to dedicate your time and energy! The benefits of a mentor/mentee relationship are invaluable.

Check out the Mentorship Program page on the ICCAC website for more information and to sign up!
myLVAD.com/ICCAC

Look for “Programs and Committees” in the top banner and then select “Mentorship Program.”
VAD Coordinator Mentoring Within ICCAC

Submitted by Rebecca Lewis, RN, MN; Providence St. Vincent Medical Center, Portland, Oregon, USA

The transition to becoming a VAD coordinator takes time and patience to learn the multitude of skills required. One must learn how to manage the patients on device and the devices themselves, how to triage call, the intricacies of program management such as a staff education and regulatory requirements, how to manage emergencies in the community, how to run clinic, manage patients in procedures, etc. The VAD coordinator role description demands fluidity as the demands that present to programs, patients, and coordinators are continually changing. Mentoring is an important step in becoming a VAD coordinator. Mentoring within one’s team introduces the coordinator to the policies and protocols within the institution. Seeking out mentorship within the larger VAD community broadens one’s perspective and introduces new insights that may not have otherwise been gained.

There is a mentorship program offered through the International Consortium of Circulatory Assist Clinicians (ICCAC). An experienced coordinator is paired with a newer coordinator, and can connect as often as they desire either in person or via video conferencing. This offers a unique opportunity for the new coordinator to see how another program operates, in addition to having an experienced coordinator to ask questions to and learn from. In addition, mentors can be a good access point for getting more involved in the international VAD community.

I’ve had the opportunity to connect with Thomas Schloeglhofer as my mentor. I came to the mentorship program with about 2 years of coordinator experience at a small to mid-size program implanting 10-15 VADs per year. My previous couple of years of experience as a bedside RN at a large academic center provided me with valuable experience with LVADs, but learning the intricacies of patient management and program protocols was new and had developed slowly over my two years in the role. I sought out a mentorship to broaden my perspective on programmatic structure and operations and to learn more about patient management. I had learned a lot from the two coordinators I work with, but I was ready to bring some new perspectives to our team. In addition to achieving that, I’ve become more connected within ICCAC and ISHLT. It has been an excellent way to push my career forward in addition to deepening my coordinator skills and broadening my perspective within the VAD world. The mentorship has been a positive experience for me, one that I would recommend for all new coordinators.

Whether you have been a coordinator for 2 months or 20 years, you have something to learn and offer! Consider becoming part of ICCACs mentorship program.
Program Spotlight: University of Chicago

Submitted by Colleen Juricek, RN, MSN, CCRN, University of Chicago, Illinois, USA

Chicago is one of the most competitive cities regarding cardiac surgery and VAD programs with 5 prominent VAD programs within a 10-mile radius. University of Chicago Medical Center (UCMC) is a standout program because of the great care and powerful team that has been created to offer patients the most up to date technology for advanced heart failure. UCMC currently offers 4 different continuous flow devices (Heartmate 2, Heartmate 3, Heartware and HeartAssist 5). We also offer total heart replacement such as Syncardia Total Artificial Heart and we have developed a very strong acute program offering stabilization with Centrimags, TandemHeart, ECMO and counterpulsation. Our program implants 60-70 durable LVADs per year with a total of 170 patients currently being followed as outpatients.

The team is made up of many team members that all play a crucial role in the success of our patients. Our medical Director is Dr. Nir Uriel and our Surgical director is Dr. Valluvan Jeevanandam. Our leaders are strong and their commitment to their patients is contagious. Having strong leaders creates a strong team and that is exactly what they have done. The rest of the team consists of 5 additional heart failure cardiologists (Dr. Gabe Sayer, Dr. Sirtaz Adatya, Dr. Gene Kim, Dr. Nitashia Sarwat and Dr. Jay Reikkelhelkar), 3 surgeons (Dr. Takeyoshi Ota, Dr. Tae Song and Dr. David Onsager), 4 LVAD coordinators (Colleen Juricek, Holly Costantini, Vika Kagan and Justin Okray), 1 VAD financial analyst (Tom Lammy), 1 VAD social worker (Eithne Keily) and the most dedicated staff nurses in the Midwest. The program is so successful because of the endless dedication that the team shows every day while caring for our patients!

Our VAD coordinators provide extensive outpatient care that allows these patients the ability to have a good quality of life at home with their families. We have clinic 3 days per week that is run by the VAD Coordinators but has heart failure physician collaboration at each clinic. We also run VAD clinic with great collaboration from our EP counterparts so patients can have pacemaker/ICD checks and adjustments at the same visit. We believe that good heart failure medical management provides the best outcomes and having frequent clinic visits allows for the VAD coordinators to ensure that the patients are optimized. UCMC also has some great shared care site for clinic visits with hospitals in the community. Utilizing the shared care sites allows for the patient to receive the care that they need close to home while having constant communication with their LVAD team.

UCMC participates in numerous studies such as Endurance for Heartware, Momentum for HeartMate 3, ReleadHeart HeartAssist 5 trial, RAMP it UP, and PREVENT to name a few. One of our greatest accomplishments of the past year is leading the First in Human trial of the NuPulse iVAS device which is an ambulatory counterpulsation device. NuPulse iVAS is a hybrid between a traditional balloon pump and an LVAD in that it provides counterpulsation, less invasive, minimal complications but allows patients to be out of an ICU and more independent with their own care. Pushing research forward is a huge priority at UCMC and that was solidified with our presence at ISHLT in San Diego this year. As a program, we had 50 abstracts accepted and had 48 team members in attendance. Every VAD coordinator had either a poster presentation or an oral presentation and attended ISHLT this year. What a great accomplishment for our program to have so many team members investing their time in research initiatives.

What sets UCMC apart from other hospitals within the Chicagoland area is the closeness of the team and the passion to improve patient outcomes and create a healthier and happier life for each patient that walks through the door seeking advanced options. In the words of Dr. William Osler “The good physician treats the disease; the great physician treats the patient who has the disease.” This quote represents the philosophy of the entire team at University of Chicago.
Program Spotlight: University of Chicago

Part of the University of Chicago team at ISHLT 2017

Dr. Adatya presenting at ISHLT 2017

Vika Kagan, Colleen Juicek-LaBuhn, Holly Costantini, and Tom Lammy at ISHLT 2017

Tom Lammy, Colleen Juicek-LaBuhn, Holly Costantini, Vika Kagan, Edith Gonzalez, Mark Myren
3rd ICCAC-ESAO International VAD Coordinator Symposium

ESAO 2017, Vienna, Austria

7 or 8th September, 2016

90 min  6 oral presentations (12min + 3min discussion)

Moderators:  
Pamela Combs, Advocate Christ Medical Center, IL, USA  
Thomas Schlöglhofer, Medical University of Vienna, Austria

15 min  Blood pressure management in VAD patients: same limitations, new ideas?  
Desiree Robson, St. Vincent’s Hospital, Sydney, Australia

15 min  Why Did You Implant That Patient: The VAD Coordinator as Link between ICU and VAD Team  
Heather Moody, University of Louisville, KY, USA

15 min  VAD Simulation for Staff Education - Practice Makes Perfect  
Tonya Elliott, MedStar Washington Hospital Center, Washington DC, USA

15 min  Do LVAD patients need a specific diet to control weight?  
Katrien Vandersmissen, UZ Leuven, Belgium

15 min  Dying on a device: Challenges in end-of-life care of VAD patients  
Daniela Roefe, Heart and Diabetes Center NRW, Bad Oeynhausen, Germany

15 min  Caring for the pediatric VAD patient - They aren’t just small adults  
Jodie Lantz, Children’s Health Dallas, TX, USA
Need Funding for Your Research?

The ICCAC Research Award was designed to support the MCS research being conducted by MCS Clinicians and VAD Coordinators. A grant of $1500 is available to current ICCAC members who are investigating MCS clinical topics.

A wide variety of subjects, such as adverse events, palliative care practices, and regulatory compliance, will be considered. Studies that support the development or use of best practice guidelines are preferred. Multi-center projects are supported and encouraged!

Research should be completed within 2 years and comply with all of your institution’s applicable regulatory guidelines. The whole award amount will be distributed when the recipient is selected.

To apply, visit: MyLVAD.com/ICCAC
Under “Awards” select “Research Award.”

Get Involved in ICCAC!

Did you know about all of the opportunities to get involved within ICCAC? We’d love to have you!

Are you a pediatric clinician? Check out the Pediatric Task Force! Their goals include building a network of collaborative pediatric VAD clinicians, providing education opportunities to support the pediatric VAD community, and developing and promoting standards of quality care for the pediatric VAD patient. Email Gary Oldenburg or Mary Mehegan: goldenbu@childrensnational.org or mary.mehegan@bjc.org

Have a passion for research? The Research Committee is looking for members to help with ongoing development of the scholarship program as well as promote research in the MCS field by MCS clinicians. Email Pam Combs: pamela.combs@advocatehealth.com

Want to get in on best practices? The Best Practices Subcommittee is an enthusiastic group working to build a library of best practices of VAD coordinator-driven care intended for multiple diverse programs. Help us build momentum and serve as a voice for your fellow VAD coordinators! Email Heather Barone: heather.barone@cshs.org

We can’t wait to hear from you!

WANTED: A Webmaster!

Are you an especially tech-savvy VAD clinician? We’re looking for a new webmaster!

If you have IT talent and you’re interested in updating and managing the ICCAC website, we’d love to hear from you! Experience with Drupal, the software currently used, would be especially helpful.

Please contact Thomas Schloglhofer at thomas.schloglhofer@meduniwien.ac.at!
Don’t Go Alone; Or, What You and Frodo Have in Common

Submitted by Sarah Witthoefft, BSN, RN, Seton Healthcare Family, Austin, Texas, USA

I was torn between two themes for this column, so I mixed them! You’ve probably seen one of those inspirational quotes on Facebook – in a pretty font that looks like it could be someone’s handwriting, superimposed over a pretty mountain, vaguely and probably incorrectly cited as “an African proverb”:

It struck me as fitting for the “journey” of becoming a full-fledged VAD Coordinator, and as I was thinking about how a new coordinator might build a multidisciplinary team of colleagues to mentor and support you and help you grow your knowledge, my Inner Nerd got the better of me and this image popped into my head:

So, put another way, how do you, a new coordinator, go about putting together your own “Fellowship of the VAD” to help you get to Mordor…I mean, wait, being a VAD Coordinator is fabulous and nothing like being in the fiery doom of Mordor, so maybe that metaphor doesn’t work and I should have stuck with the allegedly African proverb?
At any rate, regardless of your preferred metaphor, surrounding yourself with a group of VAD-savvy healthcare professionals is a great way to create not only a network of support, but also a wealth of knowledge you can draw from as you move along that novice-to-expert spectrum. I’ve written before about taking advantage of the ICCAC Mentorship Program and what an amazing lifeline having a fellow coordinator as a mentor can be – see pages 6 and 7 for details on how to sign up! But healthcare continues to become increasingly multidisciplinary, and your Fellowship of the VAD ought to be too.

Having a physician as part of my Fellowship was really helpful for me. Although it was hard to carve out time, rounding with one of my VAD cardiologists gave me a different perspective and helped me see the big picture made up of the smaller details of my day-to-day work. I actually have two physicians in my Fellowship, and they have very different practice styles – asking them both the same questions will often give me different things to consider and it helps me to look at a patient case from different angles. One physician comes from a very traditional medical education model and he tends to teach me like he used to teach medical students – once I got over being terrified of it, it became a useful exercise and really grew my critical thinking skills.

My Social Workers are a crucial part of my Fellowship. They’re incredibly knowledgeable and have over 20 years’ worth of experience between the two of them, and they’ve helped me navigate insurance coverage, find patient assistance programs, and creatively solve a million different problems. Beyond helping me take care of patients, they’re also always willing to help me take care of me – their office is the first place I head for when I need a piece of chocolate, a friendly ear, and five minutes to pull myself together.

I’m lucky to have Transplant Coordinators in my Fellowship, too. If you aren’t responsible for listing your VAD patients and everything that comes with it, you’ll need to work closely with your Transplant Coordinator to make sure the many details are addressed. If you need to learn how to list your patients, then there’s no one better to learn from. Our most experienced Transplant Coordinator has probably forgotten more about transplant than I’ll ever know!

You may want to consider your device clinical representative as part of your Fellowship, too. They will obviously be experts on the device, but they’re often experienced VAD clinicians as well. They’re a great resource if you have questions about an unusual case, if you need help educating community healthcare providers, or if you need to be connected to a VAD clinician in a different part of the country or the world. They can also help you access device-specific education in the form of conferences or seminars and online education. The device companies also offer resources and assistance in reimbursement, navigating insurance rules and regulations, and TJC Survey preparedness.

Despite the fact that healthcare is so interdisciplinary, I have always felt that there is still pressure on us as clinicians to know it all anyway. Avoiding succumbing to that pressure; the world of MCS and VAD is so incredibly complex and I am constantly amazed at how much I still don’t know at this point in my career. In the end, Frodo wouldn’t have made it to Mordor alone – you don’t have to go alone, either!
The International Consortium of Circulatory Assist Clinicians (ICCAC) is a professional mentoring organization of mechanical circulatory assist device clinicians whose mission is to share information, educate and support individuals in this field to achieve optimal outcomes for patients requiring mechanical circulatory support, and to support efforts in the area of device clinical research and development.

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Grandville, Michigan 49418

Find our website:
www.MyLVAD.com/ICCAC

Have a Suggestion for The Communiqué?

Do you have an article you’d like to submit for publication?

Is there a topic you’d like to see addressed?

Are you interested in writing for the newsletter?

Your suggestions and ideas are welcome!

Please contact Sarah Witthoeft at sewitthoeft@seton.org

The Communiqué
A Quarterly Newsletter of ICCAC

Sarah Witthoeft, BSN, RN
Editor-in-Chief
Seton Medical Center, Austin, Texas