JACC: CASE REPORTS VOL. 1, NO. 2, 2019
© 2019 PUBLISHED BY ELSEVIER ON BEHALF OF THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION. THIS IS AN OPEN ACCESS ARTICLE UNDER THE CC BY-NC-ND LICENSE (http://creativecommons.org/licenses/by-nc-nd/4.0/).

EDITOR'S PAGE

Diversity Presents in Issue Two

Julia Grapsa, MD, PhD, *Editor-in-Chief, JACC: Case Reports*

If someone would ask me to characterize this second issue with 1 word, I would immediately choose the word "diversity." Before I jump into the content of this issue, I would like to express my gratitude to all of you for the warm welcome of *JACC: Case Reports*. We have built a large academic family with colleagues from all stages of training, as well as allied health professionals, and we keep expanding to meet your expectations.

Our second issue starts with our CME case under the section of Heart Care Team live. This section is set up as stepwise clinical problem-solving in the form of questions and answers, as if you are attending a live multidisciplinary meeting. Subsequently, we are publishing a mini focus issue on complications. Have you ever thought about what may go wrong within your interventional laboratory, and how you could alter the clinical situation toward achieving a positive outcome? We include 5 cases describing what went wrong, which are accompanied by editorials that discuss the specific case and demonstrate how this complication could have been avoided. We strongly feel that thinking in clinically creative ways about how to deal with a complication is crucial and is a part of our everyday professional lives. Also, we have selected a variety of case reports and clinical vignettes. Please note that you can retrieve all cases by selecting the subspecialty section of your interest.

An important part of *JACC: Case Reports* that has great potential is our Voices in Cardiology section. In this issue, Dr. Estefania Oliveros Soles presents her experience with pregnancy and lactation during cardiovascular fellowship and ACC training directors. Drs. Lisa Rose-Jones and Chittur Sivaram enlighten us with their long-term experience with fellows, but also emphasize policy that is needed to secure the well-being of the female physician and her child. Then, Dr. Alin Gregossian—to whom many can relate—was doing long shifts until she collapsed within the hospital with cardiogenic shock. Her paper is an awakening, because it presents the perspective of being a physician in the position of the patient, and she provides us with valuable life lessons and focuses on priorities. Finally, Dr. Bartosz Hudzik describes his life experience on being a patient. His words are moving: "feel free to be scared, feel exhausted or frustrated. Allow yourself to be a real patient. After all, you are not superhuman." The Voices in Cardiology section is a forum to speak up, express yourself, and possibly find an answer to your dilemmas.

We invest in the young community with the Career Development Corner—Fellows-In-Training page. Here, 4 colleagues from all around the world merge their experiences on mentoring. This paper made me recall all of the mentors I have had throughout my life and career. A common problem for the trainee is not only to feel mentored, but also to be promoted, which is an appropriate aspect of mentoring: to be promoted regardless of where they are coming from but proportionally to their desired career pathway, their expectations, and their hard work.

As examples, I have had varied experiences with mentors in my past. I remember when I met a world-renowned professor of cardiology in Boston when I was still a trainee. The first thing he told me: "You have such an impressive CV—such a great potential." At the time, I was in disbelief—flattered and overwhelmed by his compliment. However, he was consistently positive. Every day, he would come by the office where we would work to tell us we were doing "a wonderful job." This would give us the strength to believe that our potential was limitless. As a result, we were propelled to work harder, and it was a happy, productive time in my career. I remember feeling that a hospital can serve as another type of family. That was one of the happiest times of my entire professional life. His mentorship

ISSN 2666-0849 https://doi.org/10.1016/j.jaccas.2019.07.014

and positivity are what I remember as an ideal example of mentoring.

I always tell my fellows: when you see a "mentor" who is unhelpful, obstructive, or simply does not wish for you to progress, find another mentor or escalate your concerns, if that is feasible. A great mentor should listen, be accommodating, have empathy, and encourage you; does not compare you with others; and helps you discover your potential as an individual. A good mentor also seeks to learn from his or her fellow. We must invest on our trainees and our colleagues—create a healthy environment for all of them to flourish. Mentoring is not about ticking boxes of training, but addressing the well-being of the caregivers as well as their clinical or academic needs. My most common question to trainees is: How do you see yourself 5 years from now? What do you wish to achieve? Fostering a future generation of caregivers is important; investment in the next generation is fundamental.

Finally, for the first time in this *JACC: Case Reports,* we present a quality improvement project written by Dr. Case and colleagues, who describe the development of a patient decision aid to educate patients regarding coronary artery disease.

We really hope that you enjoy this issue, and we will keep publishing a plethora of impactful clinical case reports and case series. I would like to express my gratitude to the entire editorial board who work tireless to ensure the editorial quality and integrity of this work. I am proud to be working with all of you. We encourage you to continue to submit on our platform, and if you would like to receive our bimonthly publication, you can up for e-alerts. Don't forget that we look forward to your contribution and to make you a part of the *JACC* Journals family.

ADDRESS FOR CORRESPONDENCE: Dr. Julia Grapsa, Editor-in-Chief, *JACC: Case Reports*, Barts Health NHS Trust, Flat 4 Fleece House, 160 Abbey Street, London SE1 3NR, United Kingdom. E-mail: jgrapsa@gmail.com. Twitter: @JGrapsa.