As a medical student, do you ever wonder what it’s like to specialize in interventional cardiology? Meet AMA member Elie Azrak, MD, an interventional cardiologist and a featured physician in the AMA’s “Shadow Me” Specialty Series, which offers advice directly from physicians about life in their specialties. Check out his insights to help determine whether a career in interventional cardiology might be a good fit for you.

The AMA’s Specialty Guide simplifies medical students' specialty selection process, highlights major specialties, details training information, and provides access to related association information. It is produced by FREIDA™, the AMA Residency & Fellowship Database®, which allows you to search for a residency or fellowship from more than 12,000 programs—all accredited by the Accreditation Council for Graduate Medical Education.

Learn more with the AMA about the medical specialty of interventional cardiology.

“Shadowing” Dr. Azrak

Specialty: Interventional cardiology.

Practice setting: Hospital and office practice.

Employment type: Employed by nonprofit health system in Bridgeton, Missouri.

Years in practice: 19.

A typical day and week in my practice: A typical day for me starts with a multidisciplinary meeting from 7–8 a.m. We usually discuss and make clinical decisions regarding the selection of patients for procedures or surgery. I start my rounds or procedures at 8 a.m. On occasion, I am scheduled to supervise stress tests in the cardiology department.
Requests for consultations on hospital patients are usually called to the office. Depending on the level of urgency and acuity the patients may need different levels of attention, including emergency cardiac catheterization and percutaneous coronary intervention.

I have specific days for performing structural heart disease interventions such as transcatheter aortic valve replacement or left atrial appendage closure using the Watchman device. I also have office (clinic) hours every afternoon where I see patients in follow-up or new outpatient consultations. My day usually wraps up around 6 or 7 p.m., but frequently I am scheduled to attend committee meetings in the evenings, starting 6:30 p.m.

I am also on call one weekend every month, and two nights every week, to respond to emergencies such as heart attacks and unstable patients. These calls require going to the hospital and attending to the patient, performing emergency lifesaving procedures if needed.

The most challenging and rewarding aspects of interventional cardiology: The most challenging aspect of caring for my patients relates to the life-threatening conditions with which they present, sometimes even after a cardiac arrest, where I have to treat them quickly using all the knowledge and skills necessary to achieve the best outcome for the patient. The field of interventional cardiology is a dynamic, continuously evolving field, enabled by constant technological advances.

In addition, there are always new studies and randomized clinical trials reshaping best practices. Keeping up with both technology and clinical data can be challenging. However, seeing the patients heal, and achieving good outcomes, is a most rewarding feeling.

How life in interventional cardiology has been affected by the global pandemic: During the initial wave—the surge—of COVID-19 in the spring, most health systems made the difficult decision to drastically reduce or stop elective procedures. Cardiology was not spared. In retrospect, deaths in excess of those potentially explained by COVID-19 infection may have been related to cardiovascular events.

Interventional cardiology is a discipline that deals with time-sensitive, and sometimes time-critical, conditions: unstable angina, acute myocardial infarction, etc. Interventional cardiology also is a highly dynamic field where continuous learning is key to success and requires constant interactions among colleagues for the purpose of sharing expertise and experience. While clinical practices have resumed caring for cardiac patients, we have learned to communicate virtually with patients and colleagues, and many of our professional consultations now are via telemedicine.

The most challenging aspect of interventional cardiology during the pandemic: For the most part, successful adjustment to crises requires a high level of awareness—both self- and social—and a recognition that within uncertainty lies potential. On a professional level, providing high-quality, high-value cardiac care is critical to my patients, so having to adjust and resume full-time practice seemed
the right solution. On a personal level, worrying about one’s family and their safety always looms large. To that end, we have adopted safe physical distancing practices.

**The long-term impact the pandemic will have on interventional cardiology:** As always, every challenging event brings long-term impact, but the nature—and degree—of that impact are usually mixed. On the one hand, COVID-19 may cause a latent cardiac pathology, increase the risk of heart attacks and congestive heart failure on the basis of cardiac involvement in inflammation. Until a vaccine is developed, proven safe and effective, and distributed successfully, suffering will continue.

On the other hand, several innovative opportunities have sprung up recently. We now are better at reaching patients and providing remote access via telemedicine and HIPAA-compliant means of communication. Performing complex cardiac procedures sometimes requires real-time, team-based input, and now it is possible with virtual support and real-time cooperation among colleagues and industry experts using technological tools. These practices likely will remain as valid methodologies for the future.

**Three adjectives to describe the typical interventional cardiologist:** Driven. Opinionated. Protective.

**How my lifestyle matches, or differs from, what I had envisioned:** In medical school, I was always attracted to busy specialties with fast-paced lifestyles, particularly involving high-intensity situations. Trauma, cardiac disease, and acute surgical conditions always have appealed to me.

Because I also liked to develop a rapport with patients in a continuum of care after their acute illness, I did not enjoy the emergency room where there is usually no follow up with the patient after the acute illness. I did not pivot toward cardiology until I experienced the full scope of the specialty during internal medicine residency.

**Skills every physician in training should have for interventional cardiology but won’t be tested for on the board exam:** In spite of the technological advances—scans, MRIs, PET, etc.—the need for good physical examination skills have never waned. Good basic clinical skills are critical to good clinical judgment.

As physicians, we are entrusted with patients' physical as well as emotional well-being—one affects the other. The ability to empathize with patients probably is the most essential element of the doctor-patient relationship. Through empathy we build and reciprocate the trust necessary for patients to believe in our judgement and follow our recommendations.

**One question physicians in training should ask themselves before pursuing interventional cardiology:** Would I do this for free for the rest of my life? If the answer is yes, then you are passionate enough to stand out and succeed. This standard is very high, but the question is worth asking.
asking!

Books every medical student interested in interventional cardiology should be reading:

- *The Price We Pay*, by Marty Makary, MD.

The online resource students interested in interventional cardiology should follow: The American Medical Association website and Kaiser Health News.