Thank you for your interest in the fellowship training program in Cardiovascular Disease at the University of Florida. Details about our division and faculty can be found at http://www.medicine.ufl.edu/cardio. The overall objective of the program is postgraduate Education in the field of cardiovascular disease, which includes major emphasis on both research and clinical training. The University of Florida offers a wealth of opportunities and an internationally recognized faculty to support the trainee. Our hospitals serve as major referral centers for much of northern and central Florida, as well as southern sections of Georgia. Our major teaching facilities include Shands Hospital and the Veterans Administration Medical Center. Faculty members of the University of Florida attend all patients in these hospitals. Orlando Regional Medical and Leesburg Regional Medical Center in Leesburg, Florida provide additional clinical experience in a private practice-like setting for second or third year fellows.

All fellows rotate through the inpatient cardiology teaching service, outpatient cardiovascular clinics, clinical electrophysiology service, consultative service, echocardiography and other noninvasive laboratories, catheterization laboratory, and intensive care units. The duration of training in each area is flexible and depends on level of interest and aptitude. A fourth year of fellowship training is available in clinical electrophysiology, interventional cardiology, heart failure/transplantation, or basic research. The fellowship program follows the general guidelines for cardiology training as recommended by the American College of Cardiology as outlined in the COCATS document (J Am Coll Cardiol 2008; 51 (3):339). Our curriculum provides a well rounded exposure to clinical and academic cardiology as manifest by a 100% board pass rate.

The in-patient cardiology teaching and cardiology consultative services encompass a wide variety of cardiology problems including interventional procedures, arrhythmias, heart failure and cardiac transplantation, as well as the perioperative evaluation of cardiac patients admitted for non-cardiac surgical procedures. Adult patients with congenital heart disease are frequently seen in the cardiology clinics and also on the in-patient service. Most of these patients have had palliative or corrective surgery in childhood but now are experiencing arrhythmias, heart failure, coronary disease, hypertension, lipid abnormalities, etc.

In the catheterization laboratory all diagnostic (including intracoronary Doppler and intravascular ultrasound) and interventional coronary and peripheral disease techniques are in use. Other procedures include myocardial biopsies, mitral valvuloplasties, and alcohol septal ablation for hypertrophic cardiomyopathy. Some current projects underway include: 1) multicenter trials assessing acute re-closure and restenosis in coronary angioplasty; 2) new stents and other devices; 3) WISE (Women’s Ischemia Syndrome Evaluation) an NHLBI study of women with chest pain; 5) intracoronary ultrasound study of reversing early atherosclerosis with high dose lipid lowering (REVERSAL); 6) vascular growth factors to promote collaterals.
The clinical echocardiography laboratories offer a full range of diagnostic echocardiography services including standard transthoracic 2-dimensional echocardiography, Doppler and color flow imaging, transesophageal echocardiography, and stress echocardiography. The laboratory also supports intraoperative transesophageal evaluation during cardiac surgical procedures (valve repair and replacement, repair of thoracic aortic dissection, etc.), and transseptal catheterization for mitral valvuloplasty and radiofrequency ablation of left-sided pathways. The laboratory is involved in a variety of clinical investigative projects including a multicenter study, the WISE study echocardiographic evaluation of the efficacy of new heart failure treatments, and novel applications of strain imaging using speckle tracking echocardiography. In addition, the laboratory provides support for a variety of projects performed by other members of the Division of Cardiovascular Medicine.

Our clinical electrophysiology service is a comprehensive, large volume service offering a full range of state of the art electrophysiology services to our patients in both the inpatient and outpatient clinical setting. We serve as a referral center for the ablation of complex arrhythmias including congenital arrhythmias within the state of Florida as well as the surrounding states. A list of services we offer to our patients includes: diagnostic electrophysiology study, radiofrequency catheter ablation of standard and complex supraventricular and ventricular arrhythmias including atrial fibrillation ablation, implantation of pacemakers and defibrillators, tilt table testing and biventricular pacing. Additionally, our affiliated Veteran’s Administration Hospital serves as a high volume center of excellence in the Veteran’s Health Care System for the treatment of cardiac rhythm disorders boasting a new biplane ablation laboratory and two full-time staff electrophysiologists. We are actively involved in clinical research currently enrolling patients in several large multicenter investigations in the areas of arrhythmia ablation, device and drug therapy for the treatment of cardiac rhythm disorders and heart failure.

Our heart failure and transplantation service is one of the largest in the country with an active inpatient service and outpatient heart failure clinics. Fellows have the opportunity to utilize all modern methods for the efficient evaluation and management of patients with advanced heart failure. In addition to a large clinical scope, there are a number of research activities including Phase III clinical trials in heart failure and new immunosuppressive regimens, pharmacoeconomic studies, and database related investigation. Other collaborative clinical research involving heart failure and transplant patients includes exercise physiology and body composition with members of the College of Health and Human Performance, and quality of life and other psychosocial issues with our clinical psychologists. This complements a basic research effort involved in various aspects of the molecular biology of cardiomyopathy and heart failure in Dr. Pauly’s laboratory.

Numerous short- and long-term clinical trials are underway involving the use of new pharmacotherapeutic agents for the treatment of many aspects of cardiovascular disease. We are part of a 40-center, 11-year NIH-sponsored trial, the Women’s Health Initiative (WHI), which includes hormone replacement and dietary modification trials to reduce heart disease and cancer in post-menopausal women. We are also part of a four-center NIH-funded study directed at evaluating diagnostic modalities in women with chest pain. We are investigating several new compounds in their early phase of clinical investigation for ischemia, arrhythmias and heart failure. We are also evaluating the effects of various agents on coronary artery endothelial dysfunction. We are also conducting an international clinical trial to evaluate two different medication strategies for the treatment of hypertension in patients with coronary artery disease. Members of the Division of
Cardiovascular Medicine have developed and patented an electronic system to conduct clinical investigations via the Internet, which includes electronic prescribing. Many other basic science and clinical trials are underway as well. Cardiovascular Fellowship appointments are for three years’ duration. The level of financial support depends upon the number of years of postgraduate training according to University of Florida guidelines. All fellows are encouraged to develop and submit a proposal for extramural research funding (with faculty assistance) after the first year of training. If this is not possible despite the effort, the Division of Cardiovascular Medicine will fund the fellow from institutional sources.

Fellows in the Division of Cardiovascular Medicine considering careers in academic medicine are also invited to consider enrolling in the Advanced Postgraduate Program in Clinical Investigation (APPCI), directed by Dr. Marian Limacher who is a member of the cardiology faculty. The APPCI is a two-year NIH supported training program of graduate course work, mentored research and seminar participation leading to a Master of Science Degree in Clinical Investigation from the University of Florida, College of Medicine. Participation in the APPCI can be incorporated into the four-year Cardiovascular Fellowship program and will provide a sound background for a career in academic medicine.

An application form is enclosed. Please indicate your future plans. Enclose a standard photo with your application and at least three letters of reference including one from your Department Chairman and a Dean’s letter from your medical school. Please submit your application to meet the August 31st deadline for acceptance of completed applications. Please address all future correspondence and telephone inquiries to: Angela Witt, Program Coordinator, PO BOX 100277, Gainesville, FL 32610 or angela.witt@medicine.ufl.edu.

Sincerely yours,

Thomas A. Burkart, MD, FACC, FHRS
Assistant Professor of Medicine
Clinical Cardiac Electrophysiology
Director of Cardiovascular Fellowship Program
Division of Cardiovascular Medicine
July 1, 2010
MEMORANDUM
TO: Residency Applicant:
FROM: University of Florida College of Medicine
RE: Benefits Provided to Residents

The Accreditation Council for Graduate Medical Education Institutional Requirement (II.C.2.) requires that graduate medical programs inform applicants in writing of the terms and conditions of employment and benefits including financial support, vacations, professional leave, parental leave, sick leave, professional liability insurance, hospital and health insurance, disability insurance, and other insurance benefits for the residents and their family, and the conditions under which living quarters, meals and laundry or their equivalents are to be provided. Please find below a summary of those items.

**TERMS AND CONDITIONS OF EMPLOYMENT** - Appointments are renewed annually and continued retention in the training program depends on your satisfactory performance/training progress, including adherence to acceptable professional behavior, as well as the continuation of requisite funding for the program. A resident’s reappointment and progression to more advanced levels will be based on the results of periodic reviews of the resident’s educational and professional achievement, competence and progress as determined by the program director and teaching faculty.

The primary site of your graduate medical training will be the University of Florida Health Science Center-Gainesville with its major teaching hospitals and affiliates, but the location of the training for any resident may occur at various additional sites. All assignments and call schedules are made at the discretion of the appropriate program director of the University.

**FINANCIAL SUPPORT** - The College of Medicine sets the annual stipend for residents at each level. Exceptions to these stipend levels should be approved by the Graduate Medical Education Committee. The College of Medicine pays the employer contribution of FICA. Residents are also eligible for participation in the deferred compensation plan of the State of Florida.

**LEAVE** - Members of the housestaff shall be entitled to leave with pay for the purpose of annual and sick leave depending upon the length of appointment during the training period July 1 through June 30. If specialty board regulations for annual and sick leave accrual and usage differ from that outlined in this rule, written notification of the board policy shall be completed by the program director and submitted to the Dean for approval. The total maximum time a housestaff member can be away from a program in any given year or for the duration of the residency program shall be determined by the requirements of the specialty board involved. All absences must be approved by the program director.

**SICK LEAVE** - All housestaff shall accrue sick leave at the rate of 10 working days per year of full employment if consistent with board requirements. If excessive time is taken, the house officer must extend her/his training to fulfill board requirements.

**ANNUAL LEAVE** - Annual leave accruals are normally based on an annual rate of fifteen (15) workdays for all postgraduates provided this does not exceed that allowed by the appropriate board.

**MILITARY LEAVE** - Absences for temporary military duty (e.g. two-week annual training) may be taken from annual leave or if insufficient annual leave is accumulated, the housestaff member must be placed on leave without pay for such absences.

**HOLIDAYS** - Housestaff shall be entitled to observe all official holidays designated by the Department of Administration for state employees except when they are on call for clinical responsibilities. Housestaff on Veteran’s Administration Medical Center rotations shall be entitled to observe all official holidays designated by the federal government for employees except when they are on call for clinical responsibilities.

**LEAVE OF ABSENCE - Educational Assignment** - Housestaff shall be eligible for absence pertaining to education and training provided it is allowed by the appropriate board and agreed to, in writing, by the program director. **Licensure Examination Leave** - Housestaff taking American specialty board and state licensure examinations will be authorized leave at the discretion of the program director.

**MATUREITY AND PATERNITY** - Requests for maternity and paternity leaves must be submitted to the program director for approval. The duration of maternity leave before and/or after delivery will be determined by the housestaff member and her physician in consultation with the program director.

**UNUSED LEAVE** - All unused leave is considered non-payable leave, and there is no entitlement for lump-sum payment for unused leave upon separation or completion of training.

**MEALS** - Meals for overnight call residents are provided by the hospitals to which the residents rotate.
ON-CALL QUARTERS, LAUNDRY - On-Call Quarters are available at all hospitals to which the resident rotates and each provides access to bathrooms and telephones. As a general rule, living quarters and laundry, other than on-call, are not provided by the institution. Some departmental exceptions to this may exist for residents who are sent to specific rotations outside of the immediate home area. Departmental policies will govern provision of living quarters at these sites.

HOUSING - The Housestaff Affairs Office provides resources for housing for incoming residents and fellows by making available a listing of homes, condos, etc. which the completing residents and fellows are selling or renting.

INSURANCE - The College of Medicine recognizes the need to provide insurance coverage in a variety of different categories.

HEALTH INSURANCE - This policy is underwritten by American Heritage Life Insurance Company with premiums paid by the College of Medicine for both individual and dependent coverage.

COBRA (Title X of the Consolidated Omnibus Budget Reconciliation Act of 1985) - In the event of termination, under COBRA, residents have the option to continue their health insurance policy at the current premium plus 2% for a maximum of 18 months. Eighteen month continuation is also available in the event of reduction in hours or layoff. Thirty-six month continuation is available in the event of divorce, death, retirement and a dependent losing that status because of age. It is the resident’s responsibility to notify the Fringe Benefits Office within 30 days of any of the above events.

LIFE INSURANCE - Term Group life insurance of $10,000 is provided at no cost. Coverage is through Provident/UNUM Life Insurance Company.

ACCIDENTAL DEATH AND DISMEMBERMENT - Premiums are paid by the College of Medicine. Coverage is through Provident/UNUM Life Insurance Company. This coverage pays an additional $10,000 from life insurance if death is accidental. Dismemberment benefits are paid on a prorated basis.

DISABILITY INSURANCE - All active full-time College of Medicine housestaff members working at least 30 hours a week are provided Long Term Disability Insurance. This policy is underwritten by Provident Life and Accident. The monthly benefit is equal to 60% of the first $3,333 monthly salary to a maximum monthly benefit of $2,000 reduced by benefit offsets. The benefits as set forth under this policy will begin after the insured’s sixth month of total disability. The maximum benefit period due to sickness and accident is to age 65. A special conversion feature is provided.

WORKERS’ COMPENSATION - All housestaff who are injured on the job should immediately go the Shands Emergency Department. Blood and body fluid exposures are treated exclusively through the Shands Department of Employee Health. Incident reports should be filled out within 24 hours and can be obtained through each department training office. In addition, to assure prompt payment of the workers’ compensation claims, each resident should sign a “Statement of Authorization” form to release their medical record to the UF Workers’ Compensation Office. These forms will be given at the time and place of treatment. The University of Florida is required to report all industrial accidents to the Division of Workers’ Compensation within seven days of the department’s first knowledge of an employee’s on-the-job-accident. In order to meet this time limit, the University of Florida Workers’ Compensation Office, Room 422, Stadium West, should receive the appropriate notifications no later than four days after knowledge of the accident or injury.

PROFESSIONAL LIABILITY INSURANCE - As an employee of the University of Florida, residents are personally immune from civil liabilities that may arise from any acts or omissions committed in the course of employment. Pursuant to Section 768.28 Florida Statutes, the Florida Board of Regents (BOR), the state agency which operates UF, is vicariously responsible for any civil claims or actions arising from the acts of its employees and agents. The BOR is protected for such liabilities through the J. Hillis Miller Health Center Self-Insurance Trust Fund (TF), a self-insurance program which is managed by the University of Florida. Personal professional liability protection is afforded by the Trust Fund while residents act as a good samaritan, are involved in community service work which has been pre-approved by your college, or while on a job assignment outside of Florida.

DISABILITY - The University of Florida is committed to comply with Section 504 of the Rehabilitation Act of 1973 and with the Americans with Disabilities Act of 1990 (ADA). We therefore want to insure that qualified residents and applicants with disabilities are granted reasonable accommodations. Residents or applicants needing further information regarding requests for accommodation should contact the Chair, Americans with Disabilities Act Assessment Committee at (352)392-4569, or use the Florida Relay Service at 1-800-955-8771 (TDD). Any information supplied is strictly voluntary. All information and documentation related to requests for accommodation will be regarded as confidential pursuant to Title I of the ADA. Any questions regarding this information may be discussed at the time of the interview.