

## Reflections on the Sarnoff Experience

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I first heard about the Sarnoff program when I was a 2nd year medical student at Duke. Rick White and John McVickar, two 4th year students who had been among the first Sarnoff Fellows, encouraged me to apply. I wanted to pursue a career in academic cardiology, and, after observing a surgical ablation of a patient with Wolff-Parkinson-White syndrome, had become specifically interested in clinical electrophysiology. Realizing that the Sarnoff would allow me to explore this interest prior to formal training, I decided to put my name in for the program, and was delighted to be accepted.

I sought advice from Duke's experts on where they would study if they could go anywhere in the country *except* Duke, and benefitted greatly from their unbiased recommendations. I visited several labs (including John Powell's hemodynamic laboratory at MGH) before deciding to study EP with Brian Hoffman at Columbia Presbyterian.

My year in NYC allowed me to concentrate on research while exploring a new city and medical center; it was a world away from Durham and my class at Duke. I worked with Dr. Hoffman, but even more closely with Lawrence Frame, MD (then a post-doctoral fellow and now a Professor at University of Pennsylvania). The model we developed for atrial flutter, involving reentry around the tricuspid annulus, is still employed today. That Sarnoff Fellow year resulted in several abstracts and two second-author manuscripts. But even more important than the papers, the year planted the seeds for lifelong relationships in the field, and gave me working knowledge of the scientific process. In addition, it convinced me that I should pursue academic cardiology.

Two "annual" meetings punctuated that Sarnoff year. We met in the Gall, and I felt somewhat foolish presenting just a couple of months' efforts to an audience that was dominated by senior professors. The next meeting was the first of the Spring gatherings that continue today. Although it was gratifying to present real data this time, a number of us were disappointed that the audience did not include the Fellows from the years before. Our class proposed that Dr. Sarnoff and the Board support the annual return of "Senior Fellows". They liked the idea and made provisions for the invitation of prior fellows to the annual meeting—the Society of Fellows was born.

The time after my Sarnoff experience was filled with Senior year at Duke, followed by 3 years of residency at Massachusetts General Hospital. On my return to the clinical arena, I quickly decided that although I had enjoyed my year in the basic lab, my heart was in clinical work and my research would therefore be clinical. However, thanks in large part to the Sarnoff, my commitment to an academic career never wavered.

Back at Duke, now with a growing family, I was fortunate to be the first Sarnoff Scholar, providing for 2 years of post-graduate research. The requirement that the Sarnoff Scholar return to research as soon as possible allowed me to acquire cath training during residency at MGH and to begin EP training on day 1 of fellowship, thus allowing me to return to research in my chosen discipline without delay.

After fellowship, I considered several faculty offers before deciding to stay at Duke. The intensive focus of my Sarnoff years led to a relatively smooth transition from fellow to faculty and, I am convinced laid the groundwork for Sandy Williams' offer just two years later for me to develop my own EP program at UT Southwestern in Dallas. In making the decision to go to Texas, I solicited advice from two of the people who initially selected me for the Sarnoff Fellowship, Drs. Galen Wagner and Joseph Greenfield. Both disregarded the impact on their own program at Duke and told me to take the opportunity. This kind of selfless support has been a constant in my experience with the Sarnoff program.

Mentors I had developed through the Sarnoff program and the annual Sarnoff meetings have played a major role in every decision I have made over the years. I recall John Powell, late one evening, concluding that MGH was the best place for my residency. As I considered fellowship and faculty appointments, I would touch base with Galen Wagner, Harold Strauss, Mike Weisfeldt, and other senior faculty. I would also solicit input from the Fellows who came before me, and those who followed. Through contacts with this society, this family, I was able to get frank and honest advice and perspective that helped to shape my decisions.

At UT Southwestern, I had the opportunity to build an EP program from scratch. I was able to draw on the lessons I had learned from Sarnoff to balance clinical care with teaching and research. Also, just as Sarnoff advised, we tried to have fun while we were working hard. I also tried to emulate my professors in being a mentor to my own fellows and junior faculty. In the later years, I derived greatest satisfaction not from my own achievements, but from the accomplishments of my group. In retrospect, this shift in my perspective was setting the stage for my latest challenge.

An unexpected but valuable education came from my experience on the Sarnoff Board of Directors. Before his death, Dr. Sarnoff had me named to the Board, and I have served (almost) continuously ever since until 2005. It was not always been easy, but the hands-on administrative experience has provided me with a curriculum in board activity, leadership and commitment. Last year I was asked to submit my resume in the search for a new head of cardiology at the University of Washington in Seattle. Although I was happy at UT Southwestern, and had not been considering a change, this was an opportunity that I had to pursue (it seemed a long-shot). As before, I solicited advice from my mentors in the Sarnoff program. A memorable comment came from Mike Weisfeldt, who said, "That's great! Don't negotiate too long before you just take the job". In August, I became Robert A. Bruce Professor and fifth Head of the Division of Cardiology (Dr. Bruce, of exercise testing fame, was the first division head back in 1950).

While my tenure in Washington as yet is brief, I find this time to be as challenging and rewarding as any in my life. The skills that I employ are different from those of a full-time clinician and researcher, but I am learning fast. Credit for my preparation in mentoring and career development goes in large part to my experience in the Sarnoff program. Now, as I am in the position to advise medical students, I emphasize the opportunity that a Sarnoff year affords. A dedicated research year during medical school can allow students to test the waters, to get the "bug" for research. In addition, the Sarnoff Society of Fellows, which now includes students and professors, and every stage between, is a rich resource for advice throughout their careers.