



## ASNC PRESIDENT'S MESSAGE

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### THE NEW NORMAL



Sharmila Dorbala,  
MD, MPH, FASNC.

With the first wave of the COVID-19 pandemic under control, and new supplies of personal protective equipment distributed, most health care facilities have now reopened for elective testing procedures. Though it feels good to be back in the laboratory, we all recognize we have not returned to business as usual. Adjusting to the new normal—as it changes—remains the new normal.

Six months after all this began, with over 8 million confirmed cases and over 436,000 mortalities,<sup>1</sup> we return to work with concerns about a second resurgence of COVID infection in our minds. This is why routine clinical work now begins, at most institutions, with daily symptom checks for physicians, screening questionnaires for patients, and enforced mask use for everyone in the hospital. Our delays to returning to care for patients safely, have created long wait lists for tests—and each test now takes nearly twice as long to perform because of extra time between tests to allow for cleaning the rooms, exercise equipment, and scanners. Changes to the hospital are also rife in nearly every domain: our waiting rooms have been reorganized. Our schedules have been adjusted. Our exercise rooms have been equipped with increased air exchanges. Imaging protocols also have been changed to facilitate rapid throughput.

Along with these daily practice changes, lab closures and trainee redeployment have pushed us to educational innovations. Most of American Society of Nuclear Cardiology (ASNC) in-person meetings were transformed, over the past few months, to webinars or online meetings. Several new ASNC courses were developed to specifically educate trainees at these challenging times. The result: for the first time ever, ASNC has been able to reach and educate its members and non-members, in over 28 countries. Since COVID lockdowns, our courses, spanning over 4300 person hours, reached hundreds of fellows-in-training, medical students, and researchers, many of whom had not previously attended our ASNC annual meetings. We also received more feedback than ever on the content we shared and witnessed a wider dissemination of nuclear cardiology clinical and molecular imaging information. These positive steps forward in clinical case interpretation, molecular imaging research, are likely to remain an integral part of ASNC's educational offerings in the second half of 2020 and beyond.

Yet, making up for lost hands-on-experience in nuclear cardiology for trainees during COVID remains a difficult challenge to address. Fortunately, several professional boards have appropriately adjusted training requirements for fellows-in-training. ASNC, along with several other professional organizations, has advocated with the NRC on behalf of the trainees to allow a modification to the 10CFR Part 35.290(c)(1)(ii)(G) so that fellows-in-training would be allowed to receive training via online learning during this COVID-19 public health emergency.

What also remains unknown at this time is what to do about that fact that, even as we shift into phase 2, some patients remain reluctant—and understandably so—to return to their cardiovascular testing. What we do know is that there are now new factors, such as post-COVID job loss or unexpected full-time parenting obligations, that will further impact potentially life-threatening delays in healthcare for both diagnostic testing as well as ischemic heart disease symptoms. These delays may not be seen equally among this country's citizens. Higher incidence of hypertension, diabetes, and obesity put African Americans at higher risk of COVID complications as well as cardiovascular

diseases.<sup>2</sup> It is recognized that this population is well-known to have reduced access to healthcare, due to a variety of socio-economic factors. How can we ensure that disparities in health in the African American population are not exacerbated by COVID or other social stresses?

Over the last several weeks, this country has witnessed the challenges facing our society that aspires for equality for all. On June 10th, several universities and researchers around the world paused their research and clinical work in support of the ongoing Black Lives Matter movement. The Association of Black Cardiologists, the American College of Cardiology, and the American Heart Association denounced racism and violence and stated “it is crucial, now more than ever, that our efforts help to mitigate the unacceptable disparities among our most vulnerable populations.”<sup>3</sup> As a global medical society dedicated to high-quality, patient-centered imaging, the ASNC supports the principles of health, fairness, equity and diversity while

condemning racism and denouncing violence. ASNC urges all its members to re-initiate, deepen, or join in an effort to proactively overcome both implicit and unintended bias, in order to improve the cardiovascular health of all populations, so every individual has an equal opportunity to live a longer and healthier life. Together let us make this the new normal in nuclear cardiology.

## References

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