FUTURUM
PODCAST

Dr. Nicole B. Cyrille-Superville

In this podcast, **Dr. Nicole B. Cyrille-Superville**, a cardiologist from **Atrium Health Sanger Heart & Vascular Institute** and **Wake Forest University School of Medicine** in the US, discusses the importance of staying calm and trusting your team in high pressure situations, her experience of moving from the Caribbean to the US, and being thankful for the people who have helped her throughout her life.

Break the podcast down:

00.56: Hello Nicole and welcome to the Futurum Careers podcast. How are you today?
I'm doing wonderful. Thanks for having me.

You're very welcome, it's good to have you here. So, I'm going to start with three quickfire questions so we can all get to know you a little bit better. The first question is, where's your favorite place to go on holiday?
Oh wow, actually, I enjoy going to Europe.

And if you could have any superpower, what would it be?
Maybe time travel. I hate flying, but I like to be in different places, so being able to snap my fingers and be in a different place would be great.

That sounds great. And the last question is, if you could be any animal, which animal would you be, and why?
I probably would be a lioness I think, in terms of my personality. Not necessarily to be like an in-your-face leader but being subtle in terms of making sure I manage my team.

01.57: Nicole you're working on the REHAB-HFpEF trial. Could you explain to us what HFpEF is, and what that trial is trying to understand?
Perfect. HFpEF, or heart failure preserved ejection fraction, really just means that patients have symptoms of heart failure. However, when we look at the heart on an echocardiogram or ultrasound, the 'squeeze' of the heart is actually normal.

We're still trying to understand a lot of what causes that and also trying to figure out what best helps patients, especially in the project REHAB-HFpEF as it pertains to exercise training. One of my main goals is to focus on what we call social determinants of health: How do other things outside of what we see in clinic impact patients?

Things like their social support, their health literacy, access, transportation, food insecurity, things that impact very vulnerable populations. How do we address those so that we can ensure that our patients are successful beyond when we see them in clinic or in the hospital?

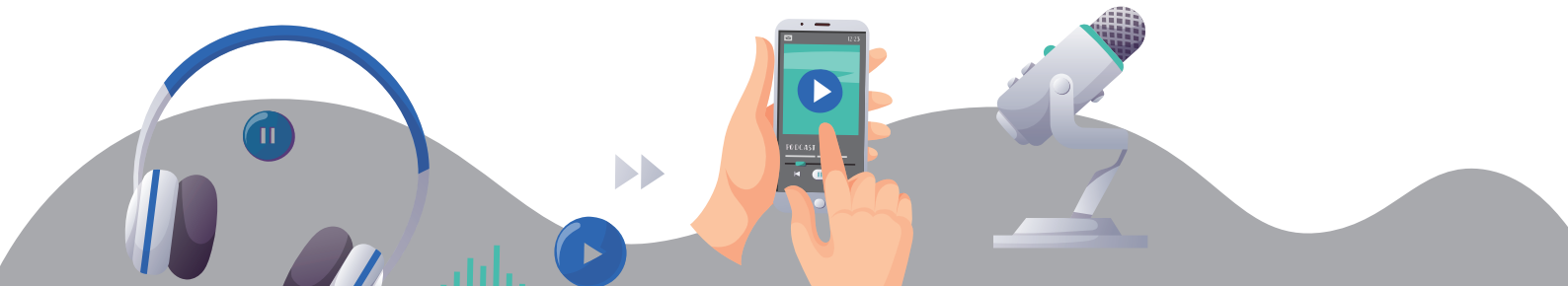
And have you found out anything about how those things influence HFpEF?
That's actually the work-in-progress. Of course, there have been other studies that have looked at certain elements of social determinants of health. But I think when we think about the older population that we see in HFpEF, things that may be more relevant to them – like social support and health literacy – those things have not been studied as frequently or as well.

We are trying to make sure that we focus on that with this current REHAB-HFpEF study, and my hope is that we will have some answers soon, within the next year or two, when the study comes to completion.

04.00: It's exciting that you're in the process of research, at the moment. So now, if we could talk about your personal journey to becoming a cardiologist. What inspired you to get into this kind of research in the first place?
It's been a long road in terms of my journey from Dominica, in the Caribbean, where I'm from. Thinking of myself growing up, I did not necessarily think medicine was my first choice. I was very in awe of educators and teachers, and I was like, "yes, that's what I'm going to do when I grow up!" I did teach high school for a year or so and then realized, you're actually putting in more work than the student! I quickly realized, this is just not for me.

I got the wonderful opportunity to go abroad in terms of studying in Texas. That was certainly a culture shock. And initially, I was working in the lab, behind the scenes, and then I took on phlebotomy and drawing patients' labs to support myself through college. I fell in love with interacting with patients, wanting to be more up front, not just looking at the results behind the scenes, but really trying to be more involved in patient care.

There was a particular case involving a young woman who had delivered a baby and within 48 hours or so, her heart started to fail. Going through that journey with her, interacting with her baby and eventually getting enough cardiac recovery for her to go home and have a beautiful ending to a time that should have been very exciting – I think that was probably one of those moments that really solidified that was the field I wanted to be in.



06.06: That sounds like an intense experience for the mother and for you so early on in your experience to have to deal with such a significant moment in someone's life – not just the birth, but then the problems with the heart. How did that feel, getting 'thrown in at the deep end'?
I guess if you talk to my colleagues, maybe they would say I was built for it. I try to keep a very calm demeanor, knowing that when the world is falling apart, if you want to make a difference, you have got to steady the ship, so to speak. I think that's probably one aspect of my personality, but I also appreciate that it's not just you, right? A lot of the time, you're working in teams where you have effective communication, you are learning how to lean on each other, learning that you have colleagues who have their own experience that they're bringing. How do we bring all of our experience to the table to make this a success for the patient? So, even if you're thrown in at the deep end, you do have a raft to hold on to, to stay afloat and to hopefully get the patient back to shore.

07.27: That's a very good metaphor. You have that team around you that can help you when
times get a bit tough. What other challenges or barriers have you faced and overcome during your career and your progression?
On a personal note, I came from the Caribbean, and I think our schooling and upbringing are very different. When I came to the US, I would say I was very reserved, and somewhat at times intimidated. It was a new culture, a new environment. I remember in college, the professor walked in on my first day, and I stood up to greet them, saying good morning, and nobody else did. I was like well, okay, I guess there's no need for that here! I was getting used to some of those things personally and really learning to find my voice. And I think at Columbia [University], that's where I really found my voice. It didn't matter sometimes if you were right.

I think being decisive and having a rationale for whatever you put forward was felt to be important. And if the decision wasn't right this time, you go, you learn from it, you pivot and you do differently the next time. I think that is probably something throughout my career that I always hold on to as a personal challenge for myself: to always come back to that, finding your voice, realizing that you're not going be right all the time, learning to appreciate the differences in opinions from your colleagues.

That's something I think a lot of us struggle with, but you're humbled many times to know that that's just as important as building a strong team. And of course, I'm a woman and sometimes I think not necessarily intentionally, but I think sometimes, we're seen as less threatening, in terms of how people approach us differently. I think sometimes, as female colleagues, you have to contend with that but just realizing coming to the table, always being prepared, always trying to be objective in stating the facts, those are the things that I've really hung on to from those who came before me.

09.54: And talking about people who came before you, are there any particular people or any mentors that you've had who have helped you find your voice and find your place in the field?
Oh my gosh, where does the list begin and end? I think you're a 'forever learner'. I was at MGH [Massachusetts General Hospital] Harvard and that was an institution where, even after you finished your medical training, people chose to wear short coats [indicating they were still in training] instead of the longer white coats [that signified they had qualified], because they felt learning was a forever thing.

I feel like I'm always looking for people who can inspire me. To go from the very beginning, I would have to say my parents were some of the greatest mentors that I've had. My mom, as I always say, was a teen mom and her work ethic really stayed with me, and the same for my dad as well. So, I always start with them.

When I left Dominica, it was on a phone call of a friend called Yakami. She was the one who called me while I was teaching at high school and she said, "Hey, I heard about this opportunity. We should go check it out." She too has been a wonderful influence on my life, and people like Rosie Flanagan who's one of my sorority sisters who vouched for me getting my first car when she really didn't have to. I never forget the little things that got me to where I am today.

From a career perspective, Drs. Dalane Kitzman, David Herrington, Alain Bertoni. There are so many people who have been great mentors in different ways, in terms of different aspects. Just what I needed sometimes, just at the right time in terms of the push or the times when I just needed somebody to say hey, you need to keep going this way or that way. I've been so appreciative, and I never say that I'm lucky. I always say I'm blessed in that way.

12.08: How can young people who are thinking about a career in medicine or in STEM find those mentors that can help guide them through their career?
It always starts with looking around you. Seeing the people that are having success and being willing to say, how did you get there? What should I be doing? The other thing I would say is, there are some opportunities that came my way when I wasn't even looking, and I didn't even know that would be an interest of mine. But if I said yes to something, I always go 150 percent because you can always take what you've learned from those experiences and translate it to something that you are more interested in later. When opportunities come your way, always put your best foot forward.

Don't be afraid of failing, because that's also part of the journey. Not everything that you do is always going to be successful. But you learn how to do better the next time, and there is value added in that as well. I don't want people to be discouraged if they say hey, I put this effort into something, and it didn't pan out well. It happens to everybody. That would probably be one piece of advice, especially for younger persons who may feel hey, I didn't quite get it right the first time, maybe this is not for me. It doesn't hurt to try again and figure out what might help you best in terms of going forward.

Make a sacrifice because you know where you want to be. I remember in college when I took up a job working as a bartender because I needed extra cash. It required me to be there on Friday, Saturday, and Sunday nights, when all of my friends were out, having a good time. But at the end of the day, that's what I needed to do. So, I would say to young people, sacrifice, certainly, it's part of the journey. But if you really believe in where you want to be, that's also part of the path.

14.28: Great. Well, we are running out of time now and you've spoken wonderfully about so many different things that I'm going to struggle to cut it down to the time that we have.
I can't believe the time's already gone by. Thanks so much for having me. I feel really humbled to be a part of this project, and I always encourage others to reach out to me if I am that one that can help in any way. I'm always open to doing that. I have a 15-year-old daughter and looking for these positive programs to help influence teens is always awesome, and I am excited and happy to have participated!

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