Report for BCS and Heart Research UK - Dr. Sarah Birkhoelzer

What I Learned from My Six-Week Fellowship at Brigham and Women's Hospital, Boston, United States — and What I'm Bringing Back to the NHS.

In April and May 2025, I had the privilege of undertaking a six-week **funded research fellowship at Brigham and Women's Hospital, Harvard Medical School** — one of the world's leading centres for cardiovascular research and care. My time in Boston was an incredibly enriching experience — professionally, academically, and personally — and I returned with new skills, new perspectives, and a deepened commitment to improving patient care within the NHS.

My fellowship focused on **heart failure and cardiac amyloidosis**, but the learning extended far beyond clinical knowledge. I worked closely with a world-class research group involved in designing and delivering landmark heart failure trials. I gained new expertise in large dataset analysis, coding, and collaborative scientific writing — all in a fast-paced environment where excellence is expected, supported, and shared.

Beyond the technical skills, the most striking lesson was cultural. Success in US academic medicine is built systematically: through structured mentorship, early specialisation, and seamless integration between research and clinical care. I had the chance to sit in clinics, join academic meetings, and contribute to active research — all of which deepened my understanding of how impactful multidisciplinary collaboration can be.

I return with three main goals for implementation in the NHS:
Firstly, strengthening mentorship and leadership development: I've long believed in the power of mentorship to shape careers — in fact, I founded the Women in Cardiology mentorship programme in 2020, which has since been adopted by the British Cardiovascular Society. My experience in Boston reinforced how transformative structured, inclusive mentorship can be, and I plan to continue this work to reach more trainees and early-career cardiologists across the UK.
Secondly, accelerating modern amyloidosis care: With the emergence of disease-modifying therapies for ATTR cardiomyopathy, early diagnosis and structured care pathways are more important than ever. During my time in Boston, I refined my understanding of integrated amyloid care. I excited to work on establishing diagnostic and treatment pathways in the UK, helping to pave the way for access to modern therapy for patients with ATTR-CM.

Thirdly, advocating for flexible, focused training: In the US, cardiology fellows are encouraged to explore focused career tracks early on. I aim to lead by example by being a visible role model for trainees seeking to combine clinical training with research, service development, and innovation. By showcasing these integrated pathways as a viable and rewarding part of clinical careers, we can help retain and inspire a diverse, motivated workforce — without compromising frontline care.

The NHS has a proud legacy of providing universal care — but innovation doesn't happen in isolation. This fellowship has connected me to a global network of heart failure specialists and reminded me that progress depends not just on science, but on people and systems that support it. I'm incredibly grateful to the funders who made this experience possible. The insights, skills, and collaborations I've gained will directly influence how I train, lead, and care for patients here in the UK — today and for years to come.