



### Providing Training to Improve Diversity and Representation

**PAMELA DOUGLAS:** Hello, my name is Pam Douglas. I am the Ursula Geller Professor of Research at Duke University and a past president of the American College of Cardiology. We're talking today about the ACC Program on Clinical Trials Research, a bootcamp that we created to enhance the diversity in leadership among clinical trials researchers. With me today is Dr. Larry Jackson, also a faculty member at Duke but more importantly, a learner in the ACC clinical trials bootcamp program.

We started this about three years ago when, in our diversity and inclusion efforts at the College, which at that time was an initiative under my direction, we realized how important diversity among clinical trials leadership was to achieve diversity among clinical trials participants, but also to achieve innovation and impact of clinical trials research.

Perhaps the best way to learn about the program is to talk to Dr. Jackson as a participant about why he applied to the program and what he's found in the program and how this maybe has, hopefully, positively impacted his career.

**LARRY JACKSON:** For me, the program I think has been very influential. And I say that because as I begin to transition to more research initiatives and less clinical work—specifically in the context of recently being awarded a recent American Heart Association K career development awards—it was just important to begin to surround myself and understand the clinical trial landscape, and more importantly, to hear from thought leaders in the field and understand some of the processes that they have gone through, understand a variety of methodologies with respect to clinical trials and research, strategies for success and also pitfalls and challenges that these clinical researchers have undergone or encountered during their careers.

So I think broadly speaking, I think the program—that was my interest in the program, and as you know, I'm a current 2021 cohort, but my interest was to really understand and listen to some thought leaders about how I could be the best clinical researcher. I've found it just invaluable, just to hear and listen from the wisdom of so many thought leaders, including Dr. Douglas, throughout these sessions.

If you were to ask me coming into a fellowship at Duke, I really had no interest in doing research years ago. But fast forward to now, I think you begin to meet excellent—not only excellent clinicians, but outstanding researchers like Dr. Douglas and my mentor, Dr. Thomas. And you begin to just be inquisitive and ask questions and understand that your clinical background, your clinical expertise, can translate to you answering those questions.

For me, it was all about understanding disparities, specifically racial and ethnic disparities within abnormal heart rhythm condition. So it was really a perfect environment here at Duke to take my interests clinically, which is adult cardiac electrophysiology, and translate that into research efforts, where I primarily focus on understanding racial and ethnic difference in stroke reduction therapies for patients with non-valvular atrial fibrillation, but have a broader portfolio of looking at rhythm control and understanding racial differences in utilization for anti-arrhythmic drugs and catheter ablation, as well as sudden cardiac death prevention with implantable cardioverter defibrillators.



**PAMELA DOUGLAS:** Well that's fabulous, Larry. That's exactly how we designed the program. We wanted a mix of kind of hard didactics, if you will, like statistics and trial design, as well as maybe what's perceived of as somewhat softer, with really the experience of clinical research and how to be personally successful through leadership development modules, through listening to the faculty, who's a very rich national faculty, talk about how they learned, actually, and sharing their experiences. And we think that mix of didactics and really clinical science with leadership development is kind of the secret sauce that's going to elevate people's careers.

We need to increase the numbers and impact of women investigators and investigators of color. They simply ask different questions and they ask those questions in different populations and in different ways than the white male investigator may do with their research. And that is not a political statement of any kind; it's actually backed up by very good data demonstrating that diverse investigators enroll diverse participants, they are active in more diverse populations, they produce research which is impactful in communities that are otherwise potentially understudied or unstudied. And this information is exactly what we need to impact the health disparities and health inequities that are so prevalent now in the United States and that really need to be eliminated for us to improve our overall health, as well as just to create a fair and balanced chance for health and freedom from sickness amongst all of our population.

**LARRY JACKSON:** I think in order to meet those goals of diversity, equity, and inclusion in clinical research, we're going to need some changes in the paradigm. We are going to need policy changes, we are going to need outreach efforts, we are going to need some high-priority intentions for inclusiveness at the protocol level and the trial design. We need accountability from sponsors and journal editors and institutions like the FDA. And I think to Dr. Douglas' point, we're going to have to diversity clinical trial leadership. So I think these efforts are—they're obviously very ripe with what's going on in the country over the last year and a half or two years, but they're just the right thing to do if we're going to treat everybody in the broadest sense and have everybody achieve equitable health care for them to lead healthier and happier lives.