

2019

## Interview With a Specialist: Dr. Christopher S. Thomas, MD Invasive Cardiology Virginia Cardiovascular Specialists

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### Recommended Citation

McEachon, Joseph (2019) "Interview With a Specialist: Dr. Christopher S. Thomas, MD Invasive Cardiology Virginia Cardiovascular Specialists," *Osmosis Magazine*: Vol. 2019 : Iss. 1 , Article 11.  
Available at: <https://scholarship.richmond.edu/osmosis/vol2019/iss1/11>

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# Interview With a Specialist:

Dr. Christopher S. Thomas, MD  
Invasive Cardiology  
Virginia Cardiovascular Specialists

Interview by Joseph McEachon



## 1. When did you first learn of your interest in medicine?

- I always wanted to go into medicine. There was no clear, inciting event that led me that way. In general, I enjoyed figuring things out and putting the pieces together to solve problems. I was always drawn to the human element of working with people and helping them through difficult situations. These were the main reasons that I pursued medicine.

## 2. How did you know it was right for you? Did you know?

- I knew I had the right skill set for medicine. I liked directly helping people. I considered other things, such as law, but none of them appealed to me in the same fashion.

## 3. Where did you go to undergrad, and what did you major in?

- I attended UVA and majored in Biology and American Politics.

## 4. Where did you go to medical school and why?

- I went to Eastern Virginia Medical School (EVMS). I chose it because it was close to home without being too close. I wanted to stay in Virginia. I liked that it had a smaller class size than VCU and I liked that I wouldn't get farmed out to other locations like UVA does.

## 5. What other passions do you have that are either in medicine or outside of medicine?

- I'm very interested in sports and music. I was head assistant of the basketball team at my old high school before my son was born. Additionally, I am learning to play the piano right now.

## 6. What is your specialty?

- Cardiology.

## 7. Where did you do your residency?

- I did my residency and fellowship at VCU.

## 8. Years in Practice?

- I am finishing up my third year.

## 9. What is your practice setting/employment Type?

- I work in a community setting for a private group. I am currently on a partnership track.

## 10. What kinds of other practice settings exist?

- Many practice types exist; other cardiologists are employed by a hospital corporation or by an academic institution.

## 11. What does your specialty entail?

- Cardiology involves both inpatient and outpatient care. I perform cardiac catheterizations and implant temporary internal pacemakers and internal monitoring devices to measure intracardiac pressure and arrhythmias. Additionally, I interpret transesophageal echocardiograms, Holter monitors, nuclear stress tests, and PET stress tests. Other types of cardiologists include interventional cardiologists and electrophysiologists. Interventional cardiologists put in stents, artificial valves, occluder devices, and valve clips. Electrophysiologists' duties include pacemaker and defibrillator implantation and ablations. Ablations are procedures to make an electrical map of the heart and then destroy abnormal electrical tissue which leads to irregular heart rhythms. This can be done by using cryoablation (cold), radiofrequency ablation (heat), or lasers.

## 12. What does a typical day look like for you? If you can call it typical.

- A typical day involves a half day of clinic where I see 10-12 patients, on average. The other half of the day involves treating hospital patients. This is when I do procedures or interpret studies, as well as make phone calls to my patients.

## 13. What was the path to your specialty? (medicine-residency-fellowship?)

- I graduated in 2002 from UVA. From there, I worked for one year as an emergency room scribe. I continued working from 2003-2005 while I earned a master's degree in physiology from VCU. I went to EVMS from 2005-2009. Next, I did an internal medicine residency at VCU from 2009-2012. I worked one year as a hospitalist (inpatient medicine) at VCU from 2012-2013. Finally, I did my fellowship at VCU from 2013-2016



## 14. What is your favorite part about Cardiovascular or about medicine in general?

- Cardiology is an extremely flexible and growing field. Tasks, which were previously surgical in nature, can now be done using catheters. It is flexible in that you can be procedurally oriented or never do procedures. I like to say that you can customize your practice to whatever you enjoy. You can wear scrubs all day and perform procedures, or you can work in a clinical setting and never see a drop of blood. The field is also very cutting edge and guideline driven with strong research predicating our recommendations. It is very satisfying to directly impact patients' lives.

## 15. What is your least favorite part about your job?

- As a cardiologist, many other fields defer to you as the final gatekeeper for a procedure or decision. "If it's OK with cardiology" or, "cardiology has cleared them" are things that are said and written all the time. If bad things happen, it can be frustrating for people to look at you when you really had nothing to do with the outcome or situation. It is, however, neat to be held in that regard, but it adds pressure and

anxiety to the job.

## 16. What was your most challenging/difficult case and why?

- In general, arterial procedures can be quite difficult. You can follow the procedures and do everything right, but you may still end up with some bad outcomes. There are safe guards in place to ensure that all of the instruments are working properly, but, the "swiss cheese theory" can still apply. There can be procedures where "the holes" in all the bits of cheese line up. In this analogy, it means that sometimes, things can happen that are out of your control. The hardest part is going into the next procedure with another patient and maintaining your confidence. Confidence is vital for working in a procedural field.

## 17. Do you have a time that you experienced failure or struggle in med school or residency, and how did you overcome it?

- Everyone fails and struggles at some point. Long hours and lots of stress can be difficult to manage. Often times, family and friends don't understand what you are going through. Many decisions are made, and some are wrong. You overcome it by being honest with yourself and honest with your colleagues. Don't be afraid to ask for help; take advice from people who care.

## 18. What specialty(s) did you originally think you were going to end up in when you entered medical school? What changed?

- I thought I would end up in either a subspecialty of medicine or surgery. I wasn't sure which one. I wanted something with flexibility where I could do many different things, as it keeps work from getting mundane.

## 19. What was your favorite part about medical school/residency?

- The friends that I made through all of the steps was the best part. It makes working hard more tolerable and allows for you to lean on others and become stronger.



**20. What is one skill that you have that you feel has helped you achieve all that you have?**

- I think that I am pretty empathic. When you are able to put yourself in another's shoes and try to better understand and appreciate another person's situation, it makes you and your recommendations more effective because it allows you to be both a better listener and more persuasive.

**21. What personality do you think are required or necessary in Cardiovascular?**

- No specific personality is needed because there are so many different types of cardiologists.

**22. What is one piece of advice you would give to those pursuing medicine today?**

- Becoming a physician is a marathon. Don't get too high when things are going well and don't get too low when you have a setback. Everyone will have highs and lows; it's just part of the game. I recommend pursuing interests outside of medicine. It gives you something to look forward to and gets your mind off of work/ studying.

**23. What are the fields/aspects in medicine you feel are on rise? What fields or aspects are on the decline?**

- Rise – more research-based guidelines with strong scientific background are on the rise. Recommendations are now, more than ever, founded in research. Cardiology is one of the fields that has the most scientific studies and clinical trials. I can point to specific trials to inform my patient why I am recommending certain treatments. Technology advancements are on the rise too. We have access to new tools that make procedures less invasive.
- Decline – autonomy. Many jobs now involve being employed by others such as a hospital system or a university. I know of physicians who are less aggressive with patients as they fear bad outcomes to which they have to answer to someone who has little health care experience and is only looking at the bottom line.

**24. How has medicine affected your home life? Do you feel that you have missed out on any aspect of life because of medicine?**

**Is it possible to have a full life in your field?**

- Medical training dominates your 20s. There will be times where you won't be able to do something you want to do because of work/tests/ call/whatever. Some relationships (romantic or non-romantic) may suffer because of your stress/hours. There are things that you will

miss out on. However, it is definitely possible to have a full life and have interests and pastimes outside of medicine. One just needs to be prepared that priorities need to be sound and not get completely wrapped up in medicine. You can't do your best job if you are miserable because you will burn out, cut corners, and not be as diligent as you should.

