

Building bridges for tomorrow: the EAPCI and YOUNG Interventionalists

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One of the most important dates in the EAPCI calendar takes place in early May a few weeks before EuroPCR; the EAPCI Summit brings together all the different actors in interventional cardiology in Europe for a dedicated meeting that takes place over two days at the European Heart House at Sophia Antipolis, Nice, France. In 2012 the Summit concentrated on education, taking a long look at the new European Society of Cardiology's (ESC) eLearning platform.

Last year's Summit was a great meeting, with excellent representation from the National Societies and Working Groups. The eLearning Platform has proved to be a great success. The commitment and work of Lino Goncalves and Martine Gilard, Chair and Co-chair of the EAPCI Training and Education committee, along with the authors of the PCR-EAPCI Textbook whose chapters were adapted to form a nucleus of the eLearning curriculum and platform, proved that working together we can create something truly useful for the community.

This year our Summit will focus on a topic of special interest to our members: Young Interventionalists. Again, the focus will be on education, but one particular aspect of education, a specific subset that has been one of the core projects of the EAPCI since I became president, the Young. The EAPCI created a committee called "New Initiatives for Young Interventionalists" (NIFYI) led by Gregory Ducrocq of France and Davide Capodanno of Italy to concentrate on this.

Not from the "top down", but together

From Thursday May 2nd through Friday May 3rd, the EAPCI Summit will focus on the problems of young interventionalists, from their early studies in medical school through their internships and residencies, and on to the early stages of their careers (with a cut-off around the age of 36).

During the Summit we will, as always, invite the presidents of the national societies and working groups, but this year we will also invite one fellow from each country. It will be interesting to see the discussion between these young cardiologists and senior representatives from throughout Europe, together in a spirit of true collaboration and interaction: the young, posing their questions and we, the senior members of the community, trying to respond, sharing our experience and offering what we have learned to the next generation.

We will be considering the particular criteria that define this group: the problem of the young specialists, their special concerns, interests and questions. But we have no intentions of doing this from the "top down", and encourage from the very beginning an open and creative exchange with these young members of our community, an exchange that has become the hallmark of these summits. Out of this collective spirit will come the foundation for further work and development, encouraging interaction and creative dialogue.

The questionnaire

Gregory Ducrocq, Davide Capodanno and the NIFYI initiative have created a questionnaire sent out to the "Young" community in order to understand what their outstanding concerns and questions are. The questionnaire has several goals: the first is to define the key points of interest to be discussed during the Summit; the second is to understand and define the evolution in the different methods of communication and education for this emerging group of practitioners; the third is to act as a "hothouse" for new ideas and projects.

Gregory Ducrocq explains that "the role of our initiative is to encourage new ways of looking at education and the diffusion of ideas and clinical experience." This includes not only new projects, but also being up to date with the way the "Young" communicate,

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“...methods for communication and education evolve each day, and what was natural even 20 years ago, is no longer true today. Facebook, Twitter and other social networks have an importance for the young and emerging generation of medical students and specialists that is different than for us, just a few years their seniors. For them, these forms are an integral part of the way they communicate and acquire knowledge...one goal of this questionnaire is to keep abreast of these changes and understand and put in place new forms of communication that respond to their needs in a way that makes sense for them today.”

It is not just the quality or the quantity of information and knowledge alone that counts, but also the ways in which it is transmitted.

Through the questionnaire four topics emerged that will be part of the focus at the EAPCI Summit:

Education and Training

- eLearning
- Fellowship programmes
- Educational sessions during PCR seminars and EuroPCR, including the special “By and For” young interventional cardiologist sessions
- Mobility issues (moving from centre to centre).

Research (basic and clinical)

- Research fellowship programmes
- Grants for research
- Networking to find the best centres for particular interests

Professional issues

- Diplomas
- Creation of a “certificate of excellence” for fellows
- Opportunities for fellows in their future professional lives

Networking and communication

One key idea central to all the above topics is our ability to communicate effectively, perhaps finding in one central depository the latest and most reliable information. This could be a virtual space acting as a “go-between” on one hand, between the young interventionalists themselves, and on the other, between the research and clinical centres, universities, as well as potential employers...in short, a dedicated forum where the young interventionalists can find their home.

The EAPCI website and the NIFYI portal are a good place to begin and now in addition we have developed CathGo, a clearing-house – a tool – for bringing further professional information together. This will be both a “Search Engine to screen and identify European centres offering training opportunities filtered by personal

needs and expectations” and an “online ‘Google-like’ tool to save time and facilitate contacts between centres and young interventional cardiologist fellows.”

The goals of CathGo, as described on our website, are to:

- “Promote the visibility of the centres willing to host young interventional cardiologist fellows”
- “Serve as a reference-tool for training opportunities across ESC Countries, ease their destination selection, broaden their interventional and research skills based on a clear knowledge of pros and cons linked to each centre”
- “Shorten the waiting lists of big centres and offer the opportunity of exchanges and interactions for small centres”

And, as in all our projects, we call on any interested parties to come and join us!

Our work continues

These four topics overlap; there are no simple answers to the questions that they pose.

We need to use this Summit to see where we stand as a community today, to determine how we can move forward on these points and improve the lives – and future careers – of today’s young interventionalists.

Even before the Summit, the work has already begun. The Young initiative is in place. “Young” sessions, a special track the EAPCI inaugurated last year, will take place again at the upcoming EuroPCR 2013 in May. There are PCR seminars as well targeted at the “Young” audience and several other sessions aimed at young interventionalists at the different programmes of the PCR Family. All of these initiatives can build on the Summit, continuing our commitment to the advancement of education and professional practice for those of our colleagues who are just beginning their professional careers.

We should never forget that the young today are the future of interventional cardiology; today we are working for our successors, creating the teachers and leaders of tomorrow. The most important aspect of this initiative, by the EAPCI, by PCR, by the young interventionalists themselves, is that it is something we do together. The success of this summit is a success for us all, because we can use this “Summit of the Young” to strengthen the foundations of our future practice. Today we are dealing with students and juniors in our profession, tomorrow they will be the seniors, the experienced, the opinion leaders who will take our speciality to the next level in offering the best of care to our patients.