

## Education must go on...

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On the occasion of the publication of the 200<sup>th</sup> issue of EuroIntervention (actually 221 if you count the Supplements), we reflect on the initial thoughts that led to its creation and the underlying vision that ensured its success. We also share our views regarding PCR's future educational goals as we continue to reinvent continuous post-graduate medical education.

### Verba volant, scripta manent

The first issue of EuroIntervention appeared in May 2005, coinciding with the EuroPCR Course. The journal's defining characteristics were outlined by Patrick Serruys, the first Editor-in-Chief, and Jean Marco, Co-Editor and the original founder of EuroPCR and PCR Courses in 1983. Their joint editorial<sup>1</sup> was entitled: "The history of EuroPCR ... and why a new Journal?"

In continuity with the first successful Courses (including Live Case demonstrations), the editorial emphasised that "the written word has a more everlasting character and may embody more effectively the need for long term credibility" – an essential feature of the PCR educational mission<sup>1</sup>. These features are even more relevant today when the power of the written word reigns supreme, allowing the transfer of credible, robust, and accurate information from generation to generation, despite the ubiquity of social media and instant communication (the modern, digital version of oral gossip). One quick example amongst many: Toth et al<sup>2</sup> recently published their unexpected observation that POT

(proximal coronary stent optimisation during bifurcation treatment) causes device elongation rather than shortening, thereby challenging the common belief. Since these findings were somewhat provocative, there was considerable interest on social media, with several peremptory comments such as "the observed stent elongation only happens on the bench, because strut anchoring in the vessel wall will prevent it from happening *in vivo*". In fact, POT also causes stent elongation in patients, as evidenced from OCT studies reported within the article. This example shows how immediate reaction to partial information leads many to inappropriate conclusions ("*verba volant*"), that can be avoided by taking the time to read the printed manuscript ("*scripta manent*").

Meanwhile, EuroIntervention swiftly established itself as the academic reference journal for the interventional cardiovascular community. Collaboration with the ESC Working Group on Interventional Cardiology was proposed from the outset and EuroIntervention was subsequently endorsed as the journal of the newly created European Association of Percutaneous Cardiovascular Interventions (EAPCI) with support from two consecutive ESC Presidents, Jean-Pierre Bassand and Michal Tendera. At the time, sub-specialty journals and open-access publications were relatively uncommon, illustrating the pertinence and visionary intuition of its founders.

In 2020, a new Editor-in-Chief was appointed. In his inaugural editorial<sup>3</sup>, Davide Capodanno commended his predecessor's

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15 years of outstanding work and acknowledged the unique mission of the journal, “It is the Journal of PCR: we cannot escape the by and for the interventional cardiovascular community principle. Finding the right balance between practice and academia is at the heart of our reflection.”

Thus, EuroIntervention, alongside other PCR publications using both digital and printed formats, remains one of the essential vehicles for sharing knowledge, experience and practice with the global cardiovascular interventional community – the core mission of PCR.

## Education must go on

The exceptionally challenging years of the COVID-19 pandemic have imposed and accelerated many transformative changes in our lives – some anticipated, others unexpected. What is for sure though, is that PCR-branded, high-quality post-graduate education, and its defining characteristics (trustworthy, self-directed, practical, impactful, case-based and enduring) are needed more than ever and cannot be interrupted.

Next to the many lives lost and the continued suffering, the most potentially damaging collateral impact of the pandemic has been to exacerbate inequalities in patient access to safe and timely cardiovascular care. Deferral or cancellation of essential procedures comes with immediate and long-lasting consequences, including excess morbidity and mortality. Cancellation of face-to-face meetings has jeopardised access to medical education for all, and particularly for specific communities, including colleagues working in emerging countries, nurses and allied professionals, younger doctors and fellows-in-training. At the same time, we have also witnessed a damaging reduction in communication between health care professionals and their industry partners, from clinical specialists on the ground to company executives.

With the help and support of all stakeholders (including industry), PCR and the Europa Group have launched the “We CARE” project (<https://www.wecareabouthearts.org>) in order to reduce inequalities in access to effective education for the entire global interventional community, which will, in turn, improve patient access to proven therapies.

Future PCR Courses (starting with EuroPCR 2022) will embrace the concept of “blended learning”, reaching out with dual objectives, (A) to restore access to face-to-face meetings of the highest educational value for as many colleagues as possible, and (B) to maximise digital outreach to the entire global interventional community, so that nobody is left behind.

## The concept of “blended learning”

In a report entitled “Defining blended learning”, researcher Norm Friesen<sup>4</sup> suggests that blended learning, in its current form, designates the range of possibilities presented by combining Internet-based and digital media with established classroom formats that require the physical co-presence of teacher and students.

Starting with the “Facing COVID with PCR” programme on PCRONline back in Q2 2020 and through each Course since, we have learned what works well and what does not work when attempting to deliver digital education in the field of interventional medicine. Adapting our preferred and most effective learning mode – shared, individual, case-based discussions among peers – to the digital environment has proved challenging. For many, face-to-face interaction remains a more natural and preferred environment, but we have learnt a lot, with professional help from TV producers. As a community, we are fortunate that the Europa Group has agreed to expand the Vital® (VIsonnary Transformative Adult Learning) training sessions into a formal curriculum that will be specifically designed to improve our skills in delivering effective “blended learning” in various roles<sup>5</sup>.

The rules of this new game include the design of new formats, adopting well-defined roles and modes of interaction during broadcasts, adhering to a pre-defined detailed script, engaging globally through the PCR-branded Hub® and Pod® concepts, feeling comfortable in a studio, learning new communication skills, finding out who performs best in which role, optimal use of visual aids, acceptance of time constraints, and critical evaluation of our performance.

We are at a moment where we can build upon the current challenges to construct something new, something good for ourselves and for our patients, and we invite you to join and contribute to “We CARE”. Paraphrasing Queen and Freddie Mercury in 1991, “Education must go on”.

## References

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