What advice would you give to young researchers as they set out on a path towards success within the field?

The key is to make sure you have identified a good mentorship—someone is a role model, advisor, and develops good chemistry with you. The other thing is to have a career focus, though I tell people that you also need to keep an open mind and should not be so focused that you have tunnel vision and are unaware of other opportunities that come along. Keep your options open, be open-minded. Research has to be fun or you should do something else with your career. And finally, you need to be a good team player.

References
References are available as supplementary material at European Heart Journal online.

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The role of the ESC in education

Messages from the National Cardiac Societies

The mission of the European Society of Cardiology (ESC) is to reduce the burden of cardiovascular disease in Europe. In order to achieve this objective, the education and training of a workforce to deliver evidence-based clinical care, are essential components of the ESC strategy. The ESC has established widely recognized educational platforms online, in print, through congresses and other live events. As part of a strategy to ensure the ESC’s Education programme is ready to meet future challenges, the ESC has undertaken an International Organizational Needs Assessment on Cardiac Education and Performance Improvement. To further optimize the use of these resources, the ESC Education Committee wished to seek input from all the national stakeholders about their needs and expectations regarding education and educational products.

[Figure 1] National Leader: Introduce and trigger discussion by presenting the situation in their country. Education Committee Facilitator: Explain scope and objectives, moderates, time keeper, wrap up identified challenges, and suggested solutions on flip chart. ESC Staff: Compile identified challenges and suggested solutions on computer.
We designed a qualitative study to obtain the views of different National Cardiac Societies (NCS) with respect to their current programmes and future needs. We used the vehicle of the 3rd ESC Education Conference, an established gathering of leads for Education and Training of the ESC member countries. Delegates were nominated by their National Cardiac Societies. Fifty six countries were invited; 43 were represented with a total of 67 participants at the conference.

The flow chart for the project is shown in Figure 1 (see full list of delegates on ESC Education Committee webpage).

We planned three key questions.

Within the context of education, training and lifelong learning in cardiology:

(1) What is going well?
(2) What is not going so well?
(3) What are the expectations of the NCS concerning the ways in which ESC can assist in achieving educational objectives?

ESC Education Committee facilitators undertook pre-conference planning and training to maximise interaction, discussions, and feedback.

Results

It was apparent throughout the conference that the ESC has a central role in providing educational materials.

While the ESC does not have a legal mandate to impose educational and training standards in individual countries, it is uniquely well placed to develop standards recognized and endorsed by a broad base of European cardiologists. The Core Curriculum was identified as one such endeavour. Delegates from several countries reported that the existence of the ESC Core Curriculum in Cardiology was seen as having been instrumental in separating and identifying Cardiology as a clinical entity for training.

There was reported a wide variety of structures of training programmes in cardiology and different roles for the NCS in the delivery of these training programmes. Health ministries, education ministries, and universities were all involved to different extents. One model described was the ‘Akademie’ of the German Cardiac Society (DGK Akademie) which had, although without a formal legal status, developed standards for CME and training. These have become regarded as ‘de facto’ national standards for training in cardiology.

NCS education representatives often stated that their role and influence on training in cardiology was much more limited than they would wish. They were not involved in quality assurance to the extent that they would have expected. The recognition and status of commitment to teaching and education were frequently undervalued.

Government supported training programmes sometimes carried a requirement to work in specific geographical areas for a prescribed period. There were complaints that frequently trainees were seen as ‘cheap labour’ and that the quality of their training was seriously adversely affected by clinical service load.

The provision of training in cardiovascular medicine for general practitioners varied and was variably developed mainly in some of the larger countries. Preventive cardiology and working with general practitioners and internal medicine often received insufficient attention. Concern was expressed that it was frequently difficult for trainees to obtain Education and Training in newer subspecialties e.g. CT and MRI. The use of simulation was not widely developed and where it was, often depended on commercial sponsorship.

Methods of assessment were variable. The key role of the local trainer was frequently underappreciated. Testing of reasoning and clinical skills depended too often on ‘counting of numbers’, rather than competence-based measures of assessment.

A few countries described a well structured system in which the NCS was closely involved in a system of quality assurance of training centres. In only a minority of countries were there formal programmes for training the trainers and for explicit standards for training institutions.

There was wide variation in attitudes to the needs for Continuing Medical Education (CME) and revalidation and the role of the NCS in relation to CME activities were similarly highly variable.

Despite the majority regarding research as an important part of training, in many countries opportunities were limited either through the structure of the training programmes or insufficient finance. The ESC has multiple opportunities here—to encourage the research component which is already within the curriculum, and to consider further facilitating research through exchanges and grants.

The role of the ESC

The ESC was recognized and appreciated as an effective advocacy body. In those countries where the independence of cardiology, and as a consequence education in cardiology, was threatened, the ESC was seen as a valued ‘protective’ agency. The broad view of delegates to the conference was that they hoped to see development and extension of the ESC advocacy role.

There was a strong desire for the ESC to facilitate harmonization and provide a strategic skeleton or template for Education and Training.

The delegates believed that ESC could usefully provide guidance, or recommendations, with respect to the structure and content of ‘European’ cardiology training programs. There were no concerns about ‘competition’ between ESC and NCS surrounding this subject, rather, the integration of experiences from different NCS into the ESC position on education was viewed as useful.
The ESC and its associations were seen as having a leadership role in establishing newer subspecialties, defining their training curricula, and facilitating learning through approved educational materials, courses, and exchanges.

The ESC was asked to support training for trainers to a ‘European’ standard through courses (including simulation) and exchanges. Because of the variability of identified standards of training, ‘training the trainers’ was appreciated as a mechanism for achieving harmonization of training. Assessment and feedback are learned skills and were reportedly under developed in many countries. It was suggested that the ESC might consider developing European standards for trainers in cardiology. It is recognized that ESC would not have any direct ‘mandate’ for this activity, but the need was clearly identified and it was suggested that the ESC Academy might be a suitable locus for this development.

The European Cardiology Examination in General Cardiology was regarded as valuable. Further publicity including structured communication on how individual countries might become involved in the exam was requested. However, language was a potential barrier to the further deployment of the exam.

The ESC platform was seen as an attractive methodology for harmonising knowledge skills and professionalism at a European level. Most NCS found that the development and delivery of structured e-learning were beyond their financial resources.

Further efforts to communicate the value of the platform and to make the ESC platform known to NCS were recommended but language was a consistent theme as a potential barrier to its uptake. The platform should offer materials to support trainees but also trainers, and be a platform for providing and recording CME and CPD.

The business models for the ESC eLearning platform and other educational materials and activities, need to be mindful of the heterogeneity of the economic circumstances in different countries.

Summary

By undertaking a qualitative evaluation through structured questioning, and facilitated discussion and feedback, information has been gathered about the current state of education and training in Europe. Heterogeneity within the ESC community of countries is evident. The priorities for an ESC and an ESC Education Committee programme should include advocacy, standard setting, direct provision of education, assessment and support for trainers through a variety of mechanisms with a strong emphasis on e learning.

The ESC cardiologists of tomorrow

This young organisation for young cardiologists was formed in 2010 and is steadily growing

Young cardiologists were always organizing activities and courses and acted as sources and beneficiaries within the European Society of Cardiology (ESC) to introduce multinational standards and install an educational system. During the ESC Congress 2009 in Barcelona young cardiologists from France carried out a survey and found very few young cardiologists participating and interacting with other young members. They identified a need for a strong young multinational structured community, a community of young cardiologists for young cardiologists.

Therefore, the ESC decided to take the lead and contacted the National Cardiac Societies in Europe for support. After a careful evaluation of the requests from the younger members, the ESC launched an initiative in 2010 to better engage young cardiologists in the ESC’s activities and to ensure the activities reflected the needs of this group (young cardiologists under 35 years and cardiologists in training).

The ESC Cardiologists of Tomorrow (CoT) was born. The goals are the following:

References

References are available as supplementary material at European Heart Journal online.