



European Association of Percutaneous Cardiovascular Interventions

a Registered Branch of the European Society of Cardiology



Editorial August 2016

A new EAPCI Board has been elected for the 2016-2018 biennium. As expected, this also involves changes in all the EAPCI committees. Both David Sparv and I, the new Nurses and Allied Professionals (NAP) Committees' chair and co-chair, would like to welcome all the members of the NAP community and express our commitment to continue the excellent work started two years ago by the NAP's founders, Lene Klovgaard (chair) and David Sparv (co-chair). Of course, we will be supported by our committee members by with the collaboration of all the NAPs members.

In the previous biennium, a Core Curriculum matching competences was developed to provide a standard educational guidance for the NAP specialization in interventional cardiology. This Core Curriculum was presented at the EuroPCR 2016 and is awaiting publication. This Curriculum can be adopted by national training and accreditation bodies across Europe to increase NAP expertise in this field and is available for download [here](#).

Moreover, this Core Curriculum can be the basis of a future NAP ESCeL Platform training programme. The ESCeL Platform is an online collaborative tool in cardiology, to deliver lifelong learning and training programs based on curricula and promotes the harmonization of the training inside Europe and beyond.

Taking into consideration the free movement of doctors and NAPs across borders, the cardiology community feels a strong need for the harmonization of training and education of European health care professionals. The ESC developed an e-Learning/e-training (ESCeL) platform that intend to deliver a high standard of care to cardiovascular patients. It is already working for seven cardiovascular medical areas of study with more than 3000 users across 120 countries.

E-learning has broken down geographical and temporal barriers. A WHO document evaluates the effects of non-networked computer-based e-Learning (CBL) and networked web-based e-Learning (NBL) on student's knowledge, skills, attitudes and satisfaction and compares them with traditional learning (TL). CBL and NBL are equivalent or more effective than TL methods in terms of knowledge and skills gained and a cost-effective alternative. E-learning and blended learning allow for the combination of hands-on, skills-based training as well as self-directed, knowledge based learning. Therefore, e-Learning is a useful supplement to but not a replacement for TL.

The ESCeL platform has it all. It's e-learning and blended learning. It is structured into knowledge, skills and attitudes/behaviors. Knowledge module is the theoretical part and the skills module the training part supporting the trainee in loco, at the hospitals, with certified trainers. It gives instructions, detects and sends information to the trainee, trainer and European auditor and they can provide feedbacks to each other. Educational materials can be found inside this platform and it also includes assessments of knowledge, direct observed practical skills, logbooks and allows the assessment of attitudes and behaviors during the training period. This e-Learning platform is already incorporated into some national TL programs.

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There is a large heterogeneity of undergraduate health professional training and education in European countries, including for cardiovascular NAPs. At the EuroPCR 2012 NAPs survey, carried out by Lynne Hinterbuchner, demonstrated not only the heterogeneity of the post-graduation programs in some European countries, but also the total absence of a structured training programme in some other countries. Therefore, the creation of this project is mandatory and it would be a great asset for NAPs and for the improvement of the quality of care in interventional cardiology in Europe.

One of our projects for this biennium, following the steps of the EAPCI ESCeL platform for physicians, is the development of a similar tool for the education and training of Nurses and Allied Professionals for all the Cath Labs around Europe. If we succeed, then we will start to develop a final exam with certification for European NAPs.

The implementation of this tool has the potential to improve nursing education and training across the different European countries. Recent data demonstrates that there is an association between the level of training and education of nurses and patient mortality. This tool opens a wealth of new possibilities for the future of European NAPs due to its high standard and represents a significant step towards the harmonization of cardiovascular education in Europe. At the end, we expect to deliver a better care to our European cardiovascular patients.

Salomé Coelho

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