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EHRA fellows

Training and organizational issues

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Fellow-to-fellow questions

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EHRA fellows survey

DESIGN SUMMARY



EHRA fellows survey

Created on 3/28/2016

✓ Questions: 18, Pages: 3

✓ Survey language: English

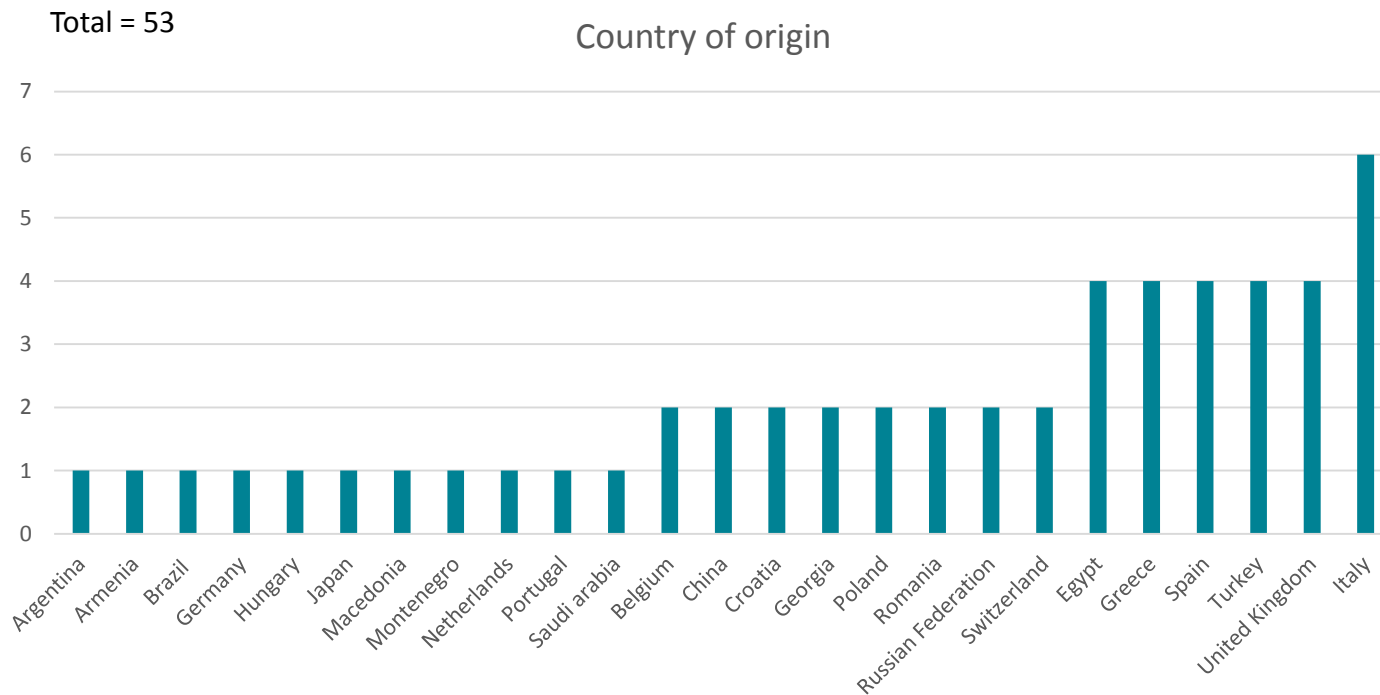
RESPONSE SUMMARY

53

Total
Responses

29 March – April 8, 2016

Countries

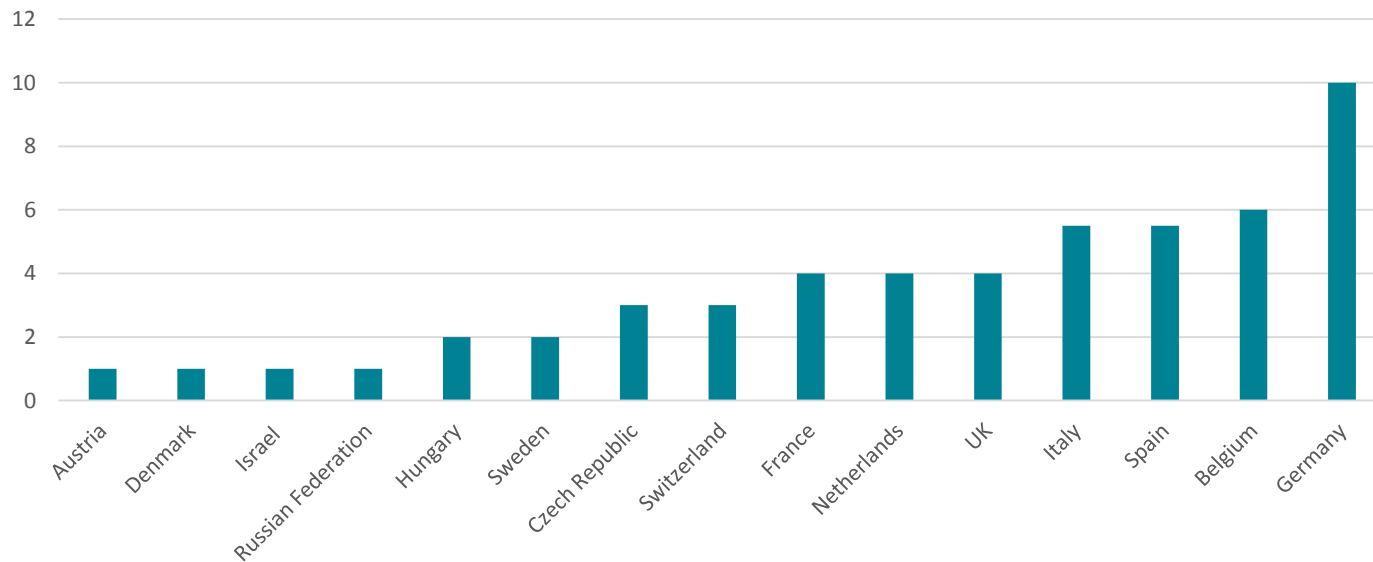


Countries



Total = 53

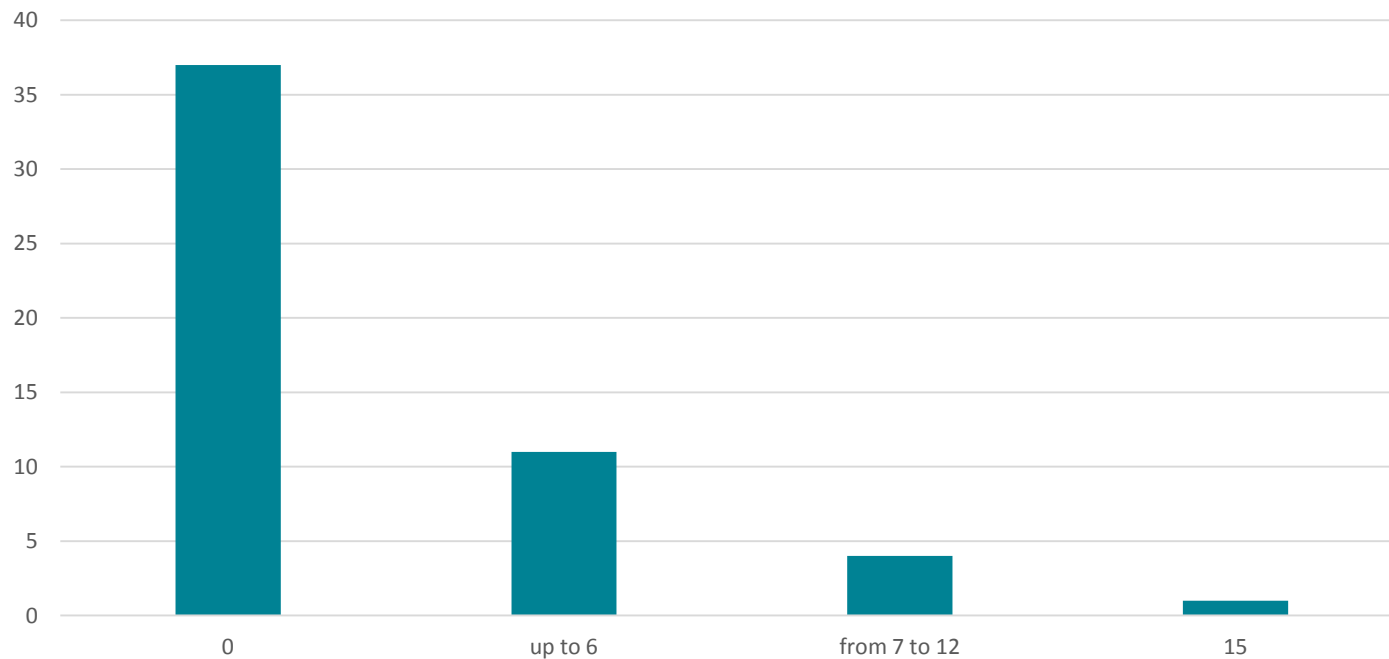
Hosting country



Language test

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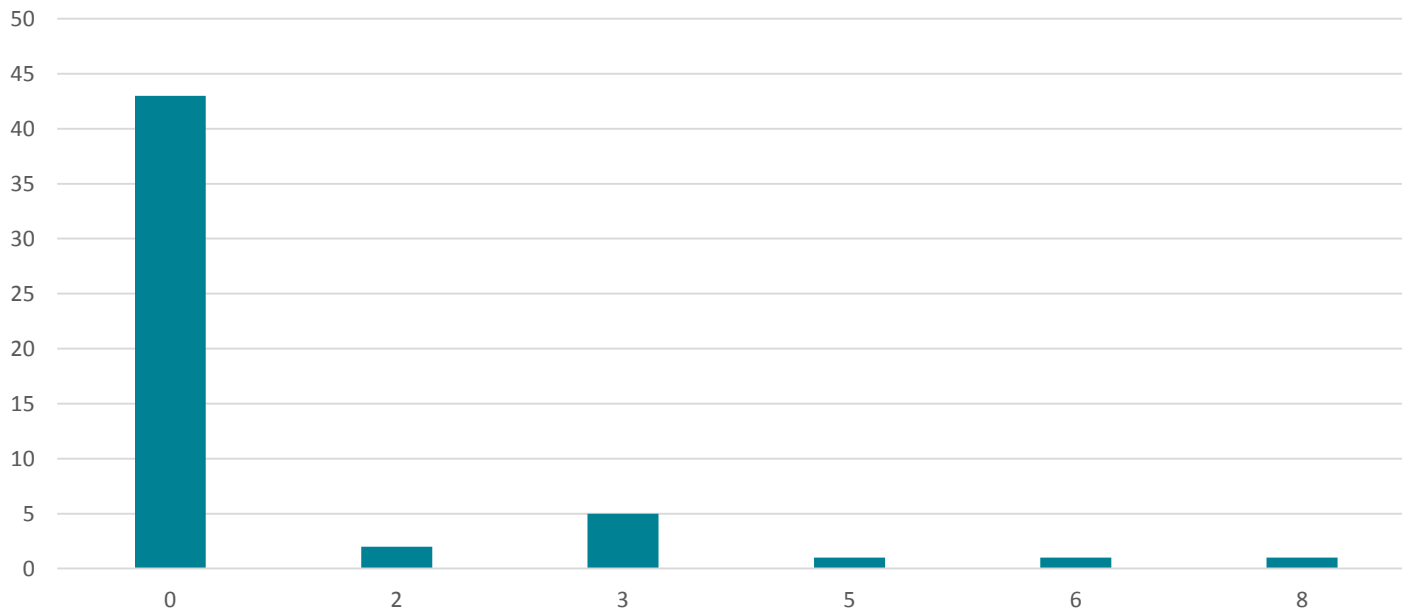
Time spent on language test preparation (months)



Professional exam

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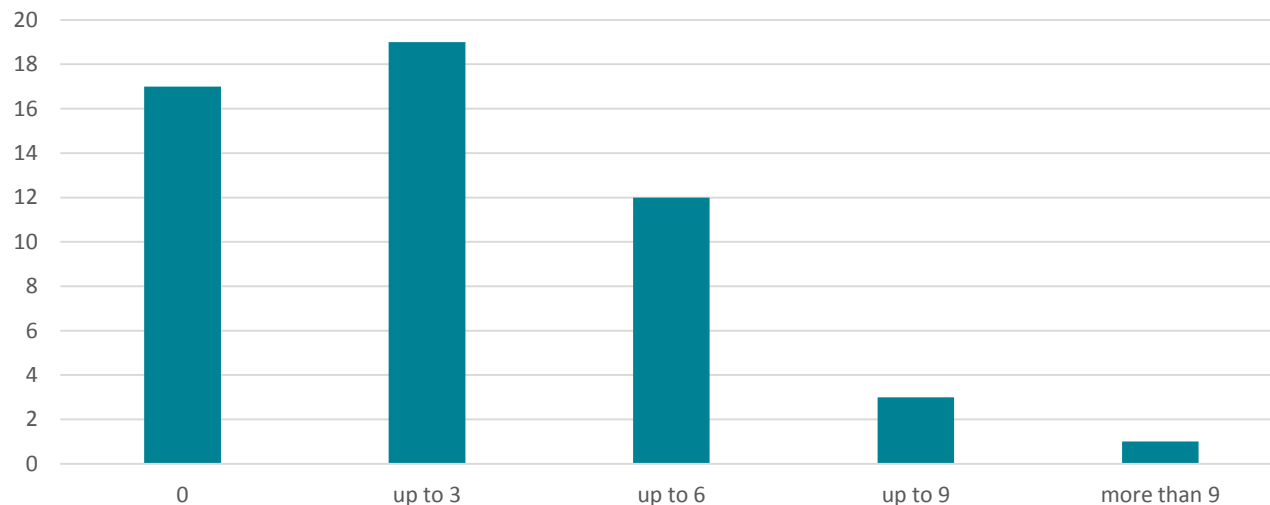
Time spent on prof. exam preparation (months)



Professional registration / license

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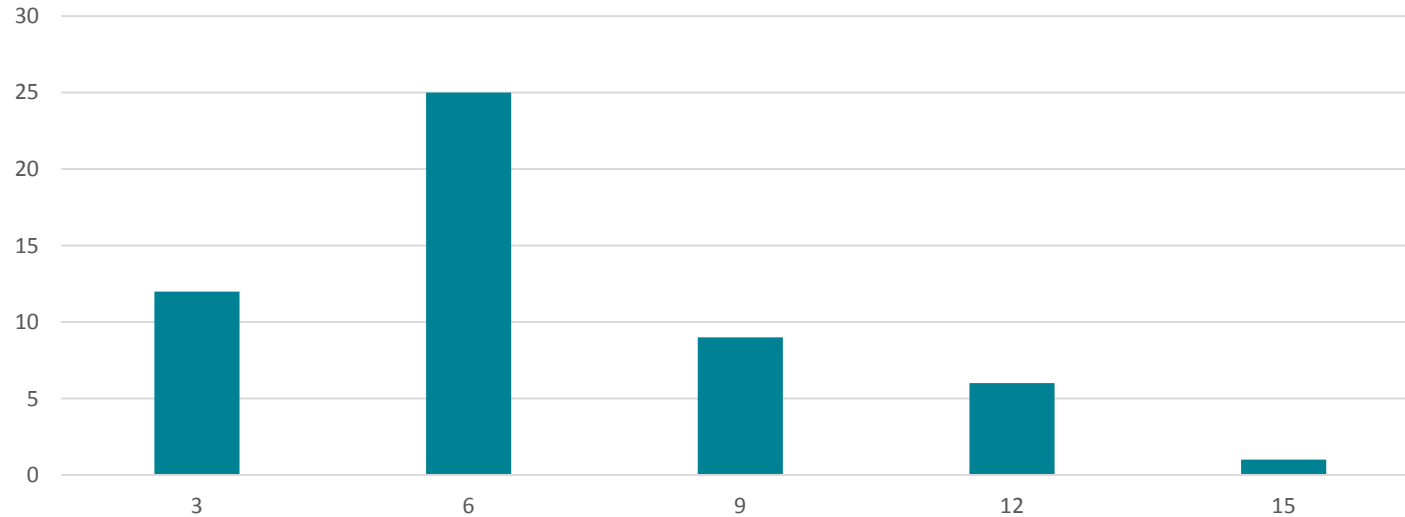
Time spent on getting registered / licensed in the hosting country
(months)



From “election” to “inauguration”

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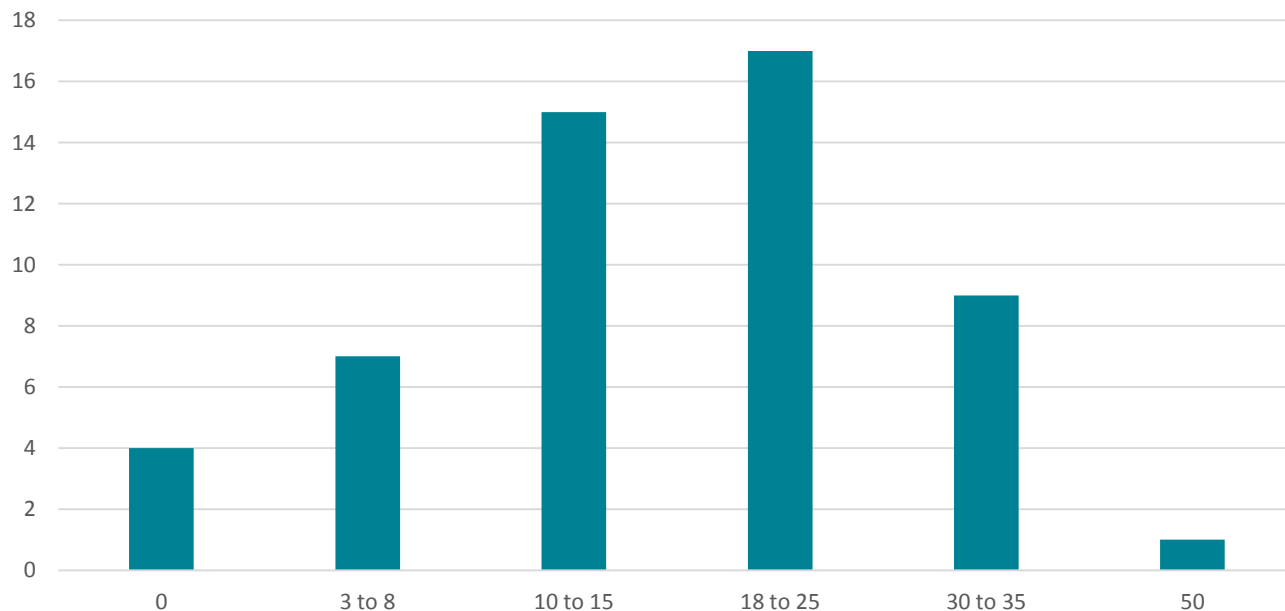
Time from being announced as “winner” on Europace/Cardiostim
to the start of the fellowship



Procedures as a FIRST operator

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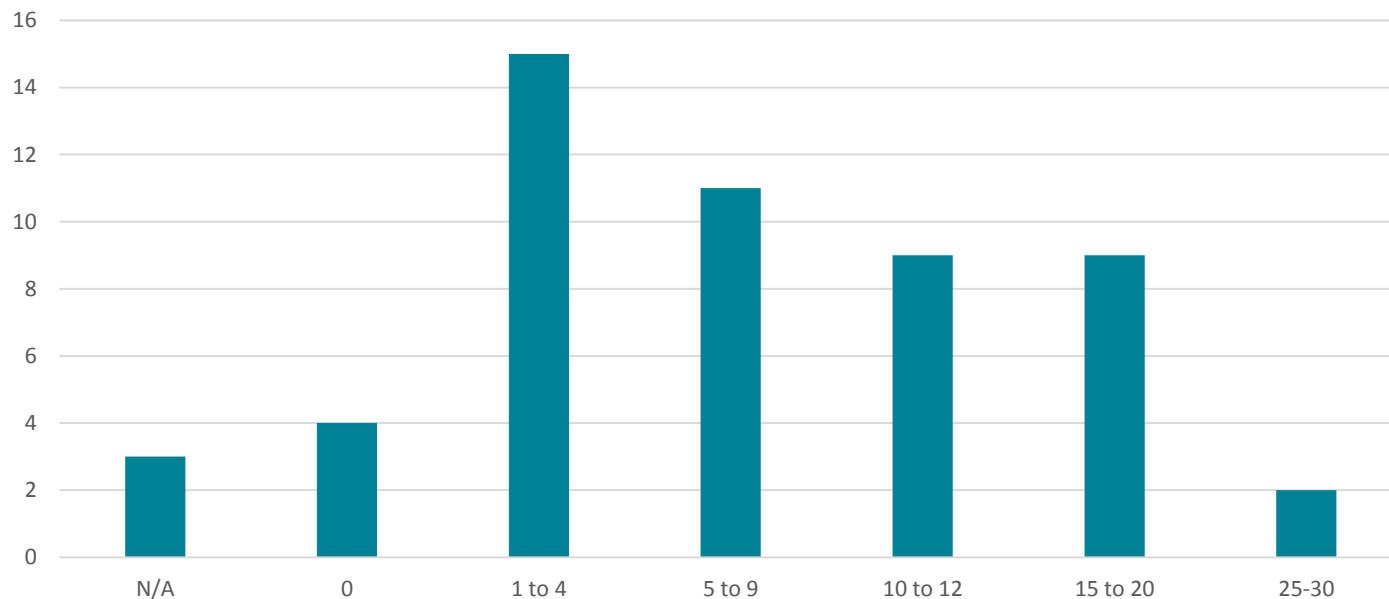
All procedures per month (EP or device)



Complex procedures as a FIRST operator

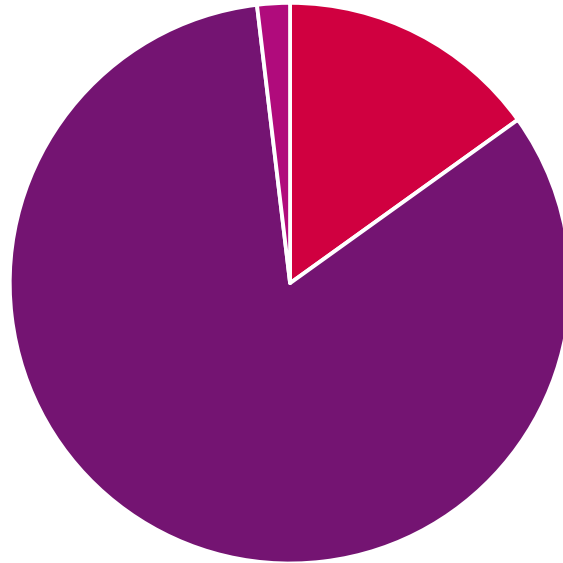
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Complex procedures per month (EP or device)



Supervision

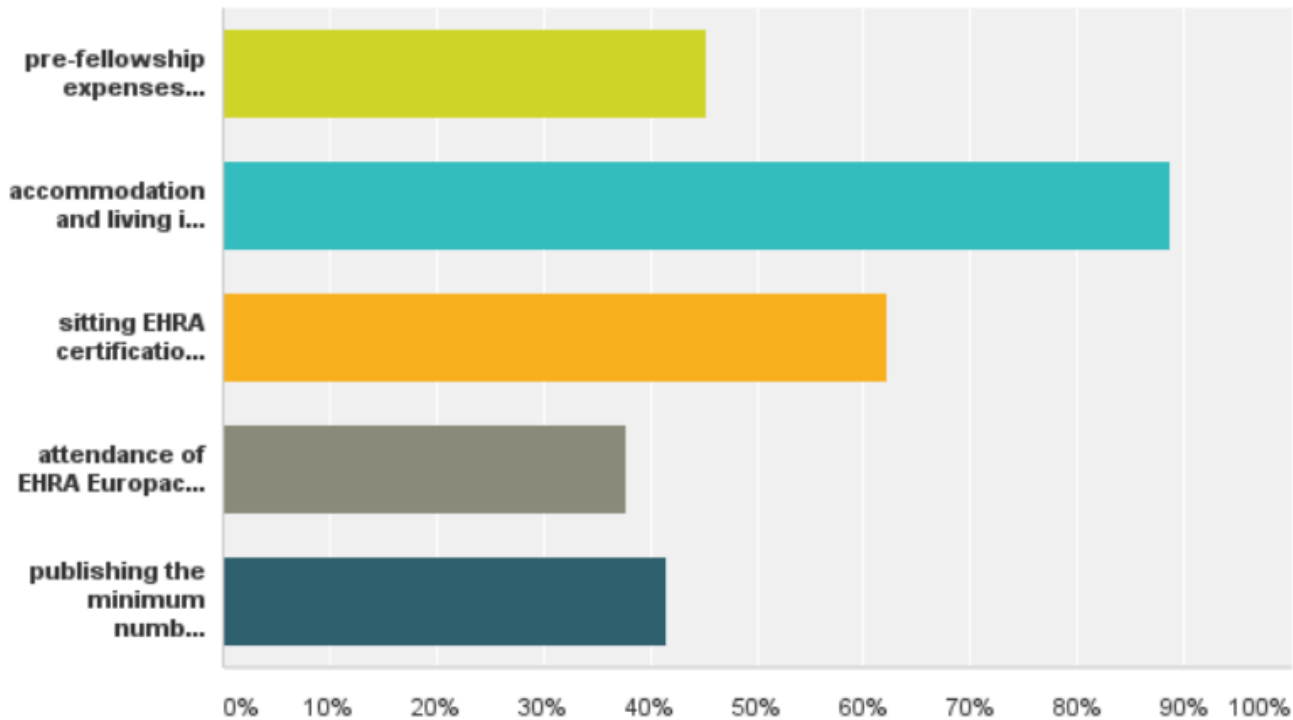
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■ 50/50 ■ Mostly consultants ■ Mostly fellows

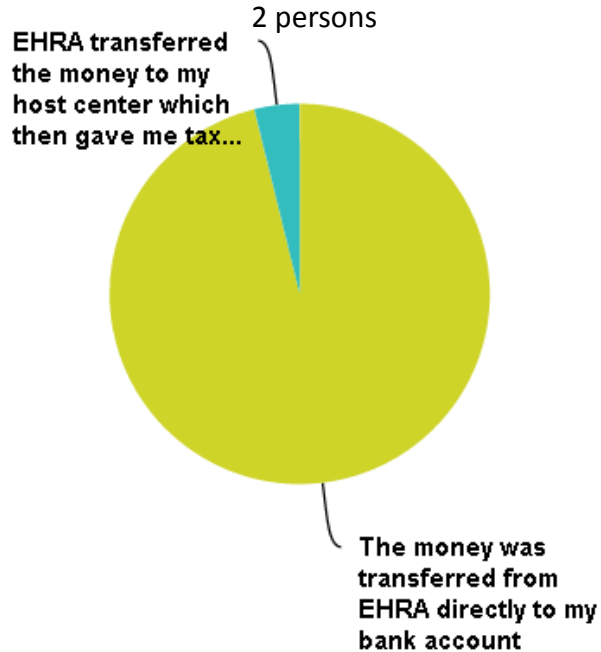
What expenses is EHRA fellowship grant sufficient for?

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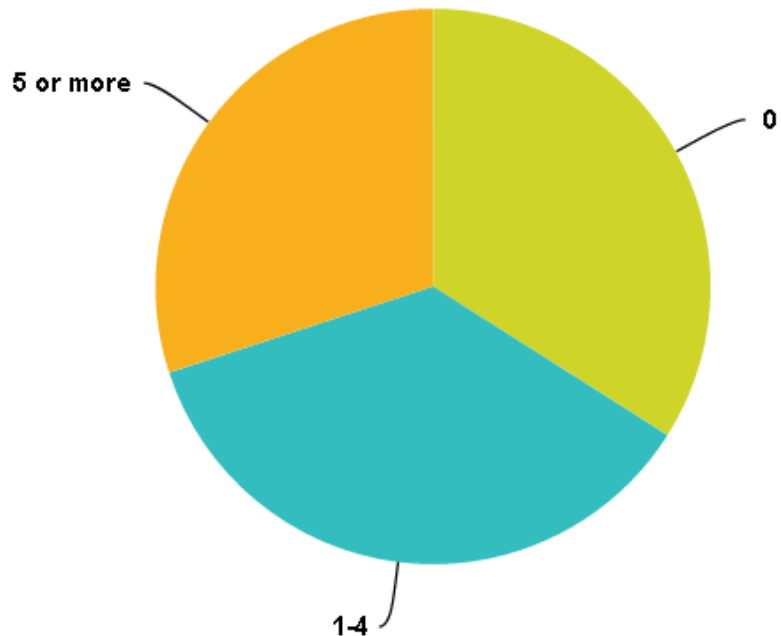
Pathways of receiving EHRA funding

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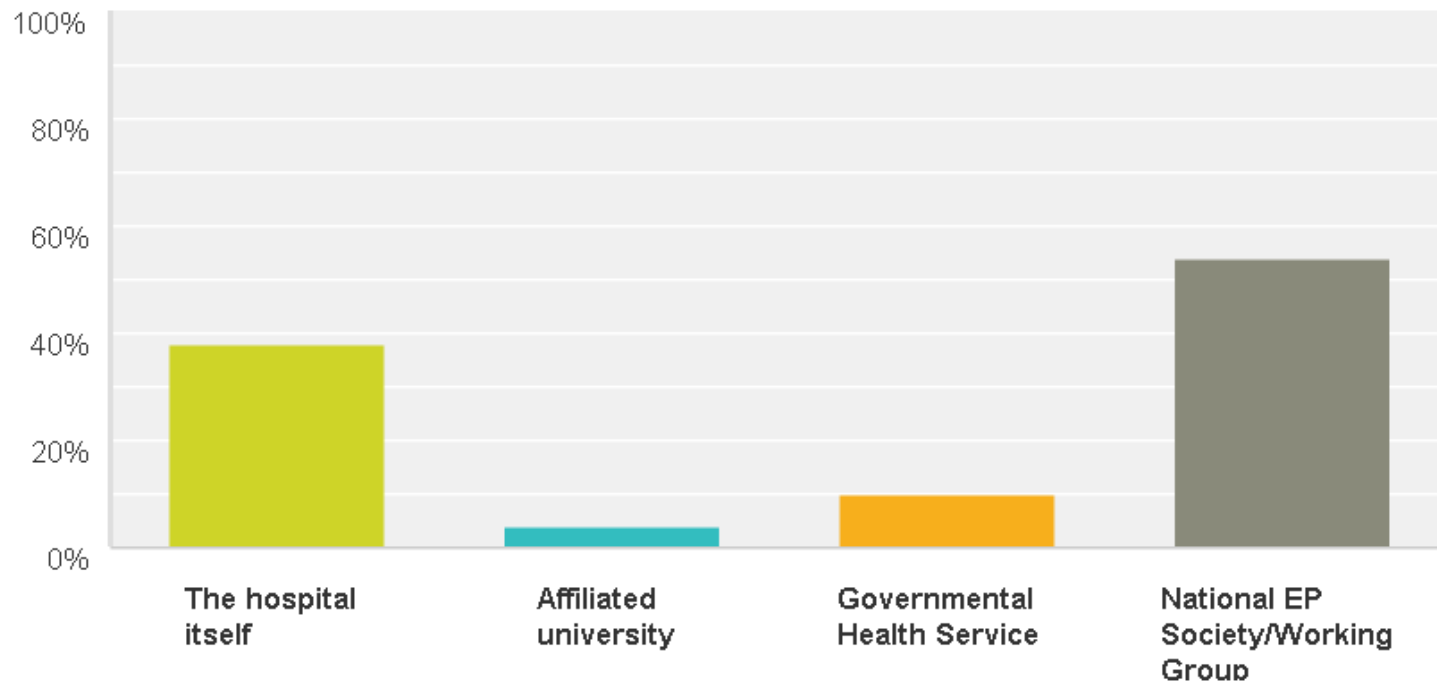
How many medical centers in the countries of origin offer EP/device fellowship or equivalent structured training?

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Who certifies EP/device training program(s) in the countries of origin?

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Is cardiac EP an officially recognized cardiac subspecialty in countries of origin?

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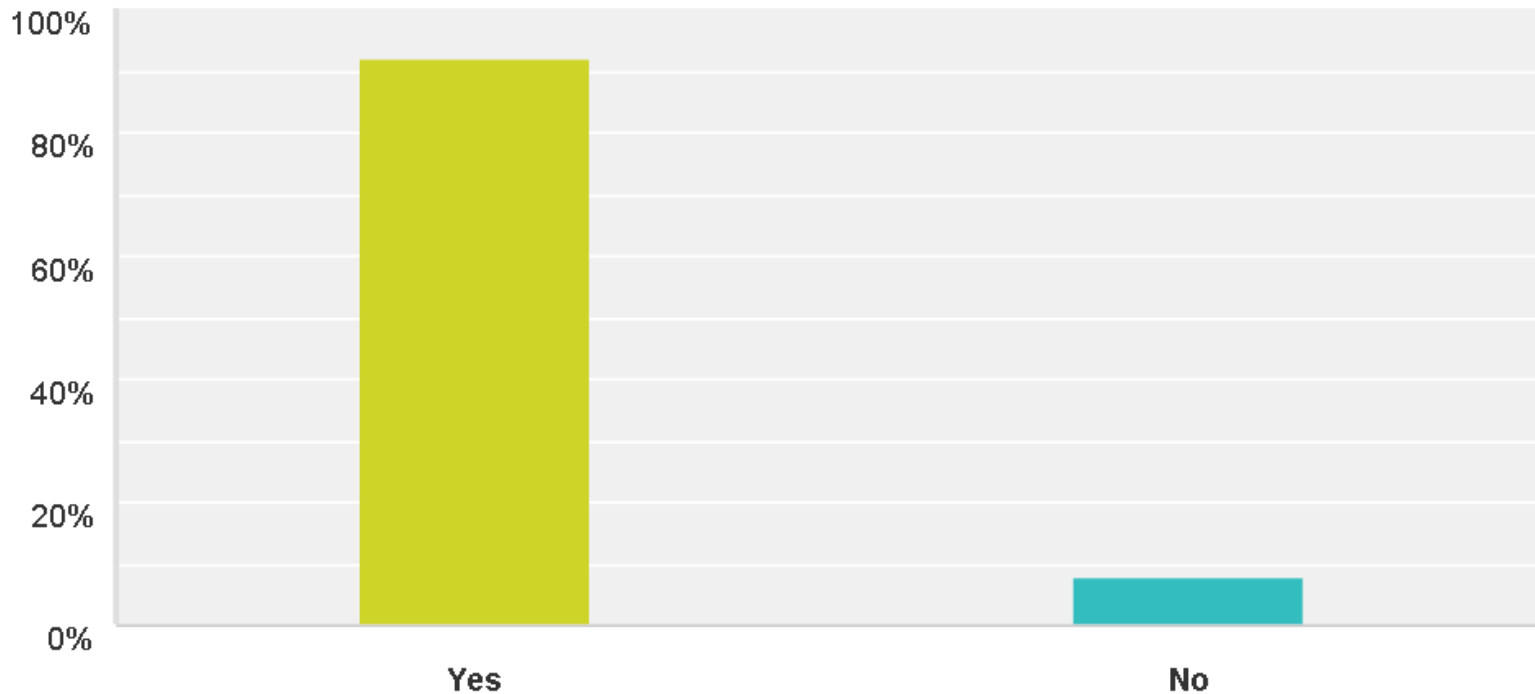
Mainly why doctors in countries of origin choose EHRA fellowship training?

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▼ No / weak local EP training program	32.00%	16
▼ There is a structured local EP training program, but it is too competitive to get into	4.00%	2
▼ EHRA fellowship offers more advanced / more hands-on training than the local program	42.00%	21
▼ Training a year or two in another country is important career step / unofficially required step for becoming a consultant in my country	12.00%	6
▼ It is good to have EHRA-endorsed training program in CV	10.00%	5

Is what EHRA fellowship initiative provides currently fully adapted to the needs of an aspiring electrophysiologist / device specialist?

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Is what EHRA fellowship initiative provides currently fully adapted to the needs of an aspiring electrophysiologist / device specialist?

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- — “There should be training program with specific targets (number and type of procedures).A fellow should be able to perform an adequate numbers of procedures, especially those which are novel or complex”
- — “Difficult to get hands on in advanced catheter ablation”
- — “The hands on part is highly depended on the center. The EP training protocol especially the complex staff is almost never fulfilled”
- — “Some centers are not suitable for fellows (more vigilance is needed from EHRA!)”

Does EHRA fellowship fail to cover any particular aspect of EP/device training?

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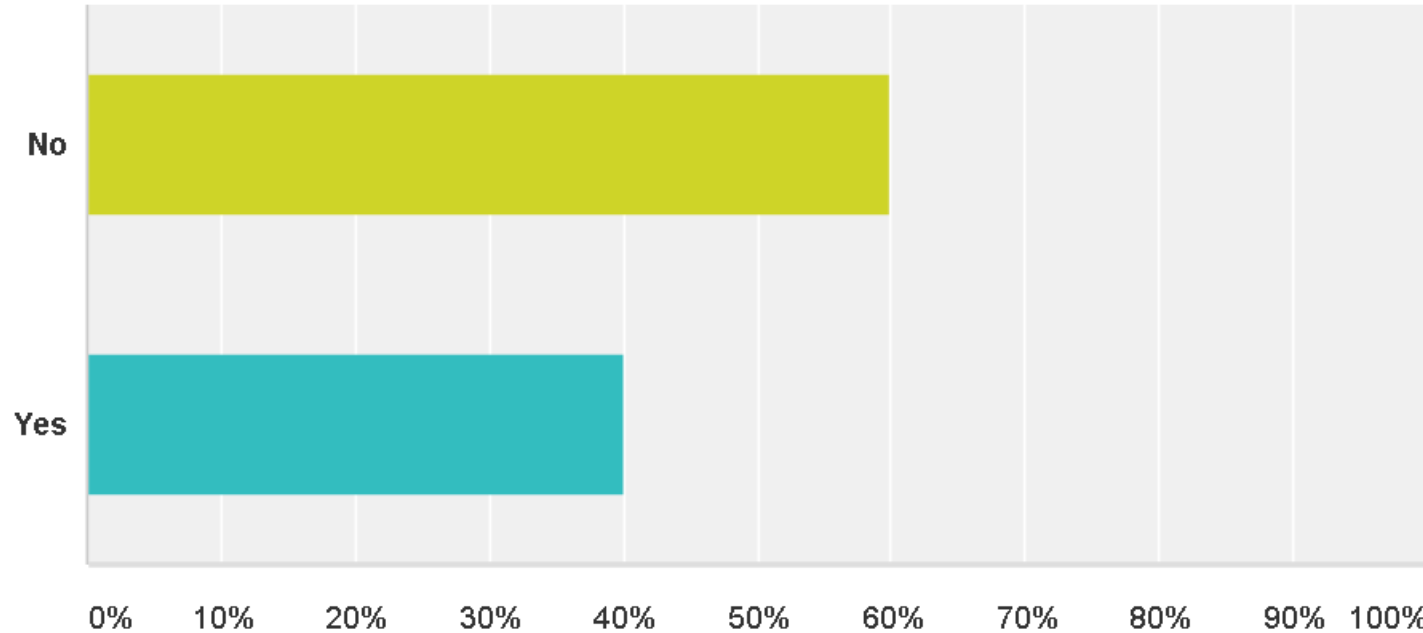
▼ No	86.00%	43
▼ Yes	14.00%	7

Does EHRA fellowship fail to cover any particular aspect of EP/device training?

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- “EHRA should collaborate more with the hosting centers”
- “Some centers have not a specific program for fellows”
- “Few procedures as first operator”
- “Some EHRA fellows have far too high expectations what they can learn / expect in 1 year in a foreign center. It takes time for you new 'bosses' to know you and trust you, and EP takes time to learn. However much you read, you need years in the lab”
- “RF PVI as a first procedure. Did a lot of AF patients but Cryo first, RF for redo”
- The complex staff (epicardial ablation access , complex VT ablation)”
- “VT ablation”
- “Theoretical activities”

Any issues that fellows would like EHRA Fellowship Committee to handle better?



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More pre-fellowship information support

- "Pre fellowship support to register at the host country associations, in order to be ready to work from the first day of the fellowship"
- "More information to APHRS about the exam / certificate."

Any issues that fellows would like EHRA Fellowship Committee to handle better?

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Take into account the level of local EP programs

- *“Selection of candidates from countries which have weak local EP training program”*
- *“EP fellow training programme in my country”*

Any issues that fellows would like EHRA Fellowship Committee to handle better?

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Financial

- *“Different grants (different amount of money) should be considered for different countries.”*
- *“The EHRA grant in some EU countries is considered as a tax-free grant (e.g. Germany). However, in other countries (e.g. Belgium) the grant is considered as an "income" and you have to pay taxes. There are some differences between the European countries considering the effective available amount of money to spend with the grant.”*
- *“More money needed.”*
- *Give the EHRA Courses to fellows for free*

Any issues that fellows would like EHRA Fellowship Committee to handle better?

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No need for “pure” device program

- *Perhaps there is no need for device training as a separate programme (could be mainly EP +/- devices)*

Any issues that fellows would like EHRA Fellowship Committee to handle better?

Set clear standards, monitor performance.

- *"Would be helpful to specify the **minimum number** of the required procedures"*
- *"To arrange with local centers the **minimum number** of procedures which should be offered to a fellow. Otherwise conflicts with the local trainees or other fellows will arise."*
- *"**Control** on the program of the fellow in a given center"*
- *"**Certifying** and **checking** the centers and fellows"*
- *"**Number of fellows** for each center, number of procedures for each center, monitoring of the true activity of each fellow"*
- *"Some of my colleagues in other centers complained that their consultants in host centers let them work very little. So I think a **regular follow-up and feedback with fast actions** during the fellowship period not after is important"*
- *"The fellow should have an **EHRA tutor to discuss the progress of the program**. The center/fellow should send a report every 2 months with all the procedures performed as 1st or 2nd operator and if that is not adequate then the center should get a warning and if not improved should be excluded for the next program"*
- *"Fellows should **not have too high goal like 150 procedures as first operator** a year. In a foreign center this will only lead to unhappy fellows. I learnt so much during my year abroad although my procedure numbers weren't great."*
- *Within the EHRA Fellowship Program period, it could be a nice idea to encourage the under-training fellows to perform some **short-term exchange visiting studies in different EP centers** in Europe."*

Any issues that fellows would like EHRA Fellowship Committee to handle better?

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Well done, EHRA

- *“I am very satisfied with interaction with EHRA”*
- *“My experience with EHRA fellowship was fully satisfactory”*