ESC COT
EAPCI Young Representation

Working in practice

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Training Pathway....Clinical/Academic...
Long one...

INTEGRATED ACADEMIC TRAINING PATH

<table>
<thead>
<tr>
<th>Medical School</th>
<th>Foundation Programme</th>
<th>Specialist Training</th>
<th>Academic position</th>
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</thead>
<tbody>
<tr>
<td>MB</td>
<td>F1 Academic Foundation Year</td>
<td>1 2 3 4 5</td>
<td>Senior Lecturer</td>
</tr>
<tr>
<td>Intercalated BSc</td>
<td>F2 Personal Fellowship</td>
<td></td>
<td>Continuous Professional Development</td>
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<tr>
<td>MB/PhD</td>
<td></td>
<td></td>
<td>Senior Clinical Fellowship</td>
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<tr>
<td>Graduate Entry Training</td>
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European Society of Cardiology

* For a MB PhD graduate, this would be a postdoctoral fellowship
Working in practice challenges...

A survey of 498 junior doctors in the UK

- Junior doctors were experiencing high levels of stress because of rota gaps, poor access to basic facilities, and a growing workload.
- One in four junior doctors say that their role has had a serious impact on their mental health.
- Half (50%) of those who responded to the survey also said that staff morale was having a negative impact on patient safety in their place of work.
Working in practice
Training: A long process (Intervention)

- Intervention specifically - many aspects
- Theoretical knowledge
- Up to date with current literature
- Time out for academic exposure
  - Think critically
  - Apply evidence based care for our patients
- Practical experience
- Learning fine skills - takes many years
  - First on the reviewing of patients, patient selection
  - Second operator
  - First operator supervised
  - First operator unsupervised

High expectations from trainers

Keeping up with an ever evolving technology

Additional skills to cope with current needs - structural training, having to invest in a separate clinical fellowship, academic fellowship and balancing with family life

20 years of one’s life (if entered medical school at age 18 then becoming a Consultant at the age of 38 years...)

Financial burden during Fellowship and research period

Current training involves tick box exercise of log book or e-portfolios
Prejudice...Women in intervention...

- Work conditions considered
  - Too challenging
  - Stressful
  - Demanding
  - Not suitable for women (39.6%)
- Male-dominated environment (32.8%)
- Pregnancy and family (22.4%)
- Lack of a positive female model (1.7%)
- Some examples of open replies from men are as follows:
  - “it is a misogynistic environment, probably due to the 'tough' mindset needed to deal with all the emergencies encountered in interventional cardiology”
  - “women do not have mostly the good hand working under stress conditions”
  - “it needs more adrenaline and testosterone”
  - “there is a proven tendency of better orientation and coordinate hand orientation in male population than in female population”
  - “men can handle stressful situation in a better way than women while the latter are much better at careful planning and resolving difficult situations”.

Working in practice
Challenges with academic pursuits

- MDs need to lead or be part of healthcare research.
- Complying with regulatory bodies is burdensome.
- Funding in support of academic endeavors has been unstable with external grants and/or internal institutional support.
- The use of RVU or productivity models is detrimental to pursue academic endeavors.
- Academic cardiologists are disadvantaged when competing with pure PhDs for external funding and/or institutional resources.
- My home institution values my academic pursuits.
- Onsite mentoring provides excellent guidance.
- My home institution possesses sufficient resources to support my research.
- Necessary connections to collaborators are readily available.
- My home institution provides me with sufficient bridge funding/intermediary support to launch my career.
- There is enough time at work during working hours to pursue academic endeavors.

Tong et al. J Am Coll Cardiol. 2014 June 3; 63(21): 2199–2208
Professionalism promoted as an integral part of medical education & training
Positive role models remain one of the most powerful ways of demonstrating excellence in medical professionalism.

Medical professionalism needs to evolve and adapt to the modern world.

Awareness of current and shifting nature of the roles and responsibilities of fully trained doctors may help to manage expectations, increase individual adaptability and resilience, and help guard against the disappointment and disillusionment that sometimes result when these are not matched by reality

The sound scientific underpinning of medical education and training should be preserved because this is perhaps the best way to ensure adaptability as the role of the doctor evolves in the future.

The 21st Century Doctor, Understanding the doctors of tomorrow GMC UK 2010
Working in practice
But what keeps trainees going...

• Motivation comes from the **determination** of wanting to be a good cardiologist. As this specialty requires up to date clinical knowledge, **gives the drive for continued learning**

• **Role models and mentoring** important for trainees

• **Passion** for the specialty

Trainees/juniors need the support, encouragement, investment, role models, mentors to nourish & nurture the future of cardiology!!!