



INTERVIEW

CAS-AM DAS-CAM EVC

The power of interaction

The transfer of the expertise of the three CARIM divisions (Heart, Blood and Vessels) to colleagues from far and wide takes place through three different postgraduate programmes. Although their set-up differs, what they all share is a team of enthusiastic course instructors, a high standard of quality, and Maastricht as the place to be. In order of seniority, starting with the youngest, those involved are happy to tell more.

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CERTIFICATE OF ADVANCED STUDIES IN ANTITHROMBOTIC MANAGEMENT (CAS-AM)

Target group: Young physicians (maximum about 20) with an ambition to set up a centre of expertise on anticoagulation.

Design: Five days of live sessions in Maastricht in November and April, with self-study in between.

Arine ten Cate: "For a long time, the range of available anticoagulants showed little change, until around 2010, when the direct acting oral anticoagulants, in no less than four different types, came on the market. That made the work more complicated, and meant that the subject was insufficiently covered in medical training. This led to the idea for a course which would discuss complex antithrombotic

care, using the format of the Maastricht educational system of problem-based learning (PBL). In addition, there is a need to train new leaders in the field, who can propagate in-depth research but are also able to set up centres of expertise on anticoagulation. In short: how to become a high-profile managing expert, with a high-quality network? One of the sources of inspiration for us was DAS-CAM."



Henri Spronk: "The second batch will start in November 2023. The first group consisted of eighteen people from ten European countries. This international character makes it fun and enriching. We had about as many trainers as candidates, all renowned experts in the field. Many of them were not yet familiar with PBL, so they were given a crash course. This educational system greatly encourages contacts among the participants."

Hugo ten Cate: "Afterwards, the candidates reported that the main added value of the course was also that it provided them with a network. In the summer of 2023, this group organised an informal evening during the annual conference of the International Society for Thrombosis and Haemostasis, where they could meet again. And all trainers are looking forward to joining in the next edition, even though they receive no fee. They're highly motivated."

Arina ten Cate: "Some are cardiologists, others haematologists or internists, but the team of trainers also includes biochemists and pharmacologists. They also learn from each other as well. The course participants appreciated the direct contact with the trainers and were very happy to 'finally meet a particular colleague in the flesh.' The very fact that we value these low-threshold, personal contacts so much is the reason why 20 participants is the maximum."

Hugo ten Cate: "How to effectively organise anticoagulation care has long been a well-known challenge in the Netherlands as well. In an ideal situation, you would organise this by region. Not every doctor needs to be an expert in this, but if each European region eventually has one of these experts, you're well on the way."

Henri Spronk: "Especially because this type of care is switching from generic to personalised care. One third of the mortalities in the Netherlands are caused by consequences of a thrombotic event, which includes heart attacks and strokes. We now know more different types of thrombosis than we used to, we know more about the complex interactions between organs, and there are more anticoagulants available than ever before."

Arina ten Cate: "The students continue to work out their ambitions in their portfolios. That was an eyeopener to many of them too; it gave them directions for the future. Which is a good thing, as young clinicians often have little time to reflect."

Hugo ten Cate: "Securing the necessary funding for the course is a major challenge, for which we need sponsors. It's important for us to situate the course at Maastricht, as there is so much expertise available here, and after all it was a Maastricht idea. Online is not really an option to us: everything depends on the interaction."

Arina ten Cate-Hoek is Associate Professor of Clinical Epidemiology and Medical Director of the Anticoagulation Clinic, as well as the medical coordinator of the Maastricht Thrombosis Expertise Centre.

Hugo ten Cate is Professor of Clinical Thrombosis and Haemostasis at Maastricht University.

Henri Spronk is Associate Professor of Biochemistry at Maastricht University.



DIPLOMA OF ADVANCED STUDIES IN CARDIAC ARRHYTHMIA MANAGEMENT (DAS-CAM)

Target group: 32 experienced cardiac electrophysiologists, certified by the European Heart Rhythm Association (EHRA), who have the ambition to become leaders in their field.

Future set-up: four times 2.5 days of live sessions over the course of one year,
including three in Maastricht and one in Nice.

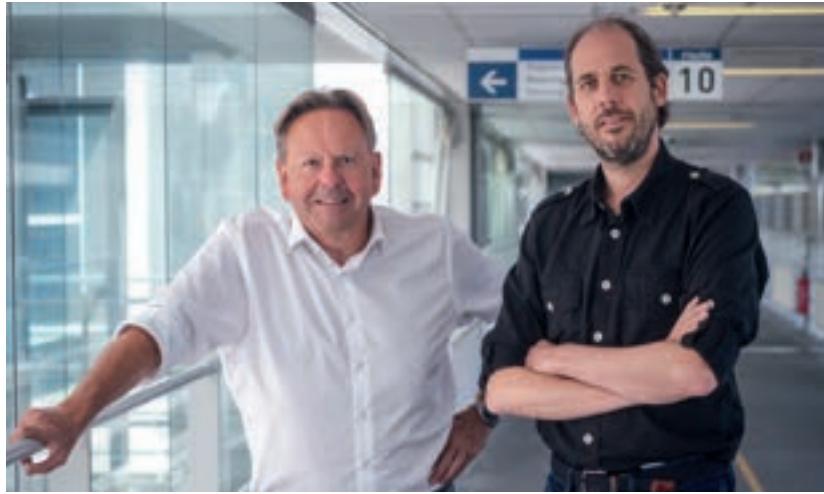


Ever since its inception in 2017, Jordi Heijman has been a member of the Scientific Programme Committee of DAS-CAM, whose founding father, Harry Crijns, has been the course director for the three editions there have been since then. "Now that Harry has retired, he is gradually also handing over these tasks. The idea was that Kevin Vernooy, Paul Volders and I would jointly take over his tasks in the fourth edition." As matters now stand, this idea needs some slight adjustments, as is clear from Heijman's biography below.

"The only thing that's constant is change, is how I would sum up DAS-CAM", smiles Heijman. The advent of the Covid pandemic meant that the second edition had to be done largely online, and in the course of the current edition it turned out that their project partner EHRA wanted substantial changes to be made. "They wanted to develop a three-tier educational programme: basic, advanced and leadership training. They asked us to develop the third tier as 'DAS-CAM 2.0'." Crijns' successors got together to write a plan, which was approved by EHRA. "This means there will be a re-start of DAS-CAM in September 2024, in a somewhat different format. We've put the programme, as it were, in a pressure cooker in order to extract its essence. It's sometimes good to be forced to cast a critical eye at your own programme. And in that situation, it's very helpful that we, as the Scientific Programme Committee, get together for over an hour each week to prepare and improve the next module. That has enabled us to develop DAS-CAM 2.0 in a short period of time."

Whereas so far, DAS-CAM was a 2-year programme comprising eight modules, DAS-CAM 2.0 has four modules in one year. While the lectures offering medical content have been shifted to the 'advanced' tier, everything that is needed to become a future leader in the field has been retained. This includes leadership skills, health technology assessment and quantitative biostatistics methods. "Since the course is now presented annually, it means we can serve twice as many people as before. The maximum number of participants in one group has been set at 32, as we strongly believe the participants' own contributions and interactions are important." As with all of such programmes, industry sponsoring is indispensable. "You always have to strike a balance: what can you offer the industry, and when is there an added value for the programme? Some companies want to have a representative who can be present at the course, and can develop informal relationships with future leaders in the field. Others find it important that we visit their training centre with a group. If that offers us added value in terms of content, that's fine with us." It's all to serve the higher goal: continuing to share the Maastricht expertise in the field of arrhythmias with participants from all over the world for the years to come.

Jordi Heijman is Associate Professor of Cardiology at Maastricht University and will remain so until January 2024. After that, he will be a professor and chair of Medical Physics & Biophysics at the Medical University of Graz, Austria.



EUROPEAN VASCULAR COURSE (EVC)

Target group: Anyone who treats vascular patients or vascular diseases, from lab technicians to dialysis nurses to specialists and trainees and more.

Set-up: annual, three-day event for 1,500–2,000 participants at the MECC in Maastricht

Twenty years ago, Michael Jacobs was one of the initiators of the EVC, which has been held in Maastricht annually since 2009. "There is an important need, not only for theoretical training, but especially for practical training in our field", says the founding father and director. "In our discipline, conferences are more common than courses. We offer 300 workshops, where people can train their skills in a hands-on approach. That's necessary, as the treatment of cardiovascular diseases is increasingly done with minimally invasive endovascular methods through the groin, rather

than by 'traditional surgery'. As a result, there is a need for training both these new techniques, as well as open surgery skills, which are still regularly required in practice. This partly explains the success of our course."

In recent years, Barend Mees has been assisting Jacobs, who is gradually scaling down some of his tasks. Mees: "Simulation training has become an integral part of training programmes for surgeons, and this goes for vascular surgeons as well. Of course, you also learn a lot from

practical work in your training programme, but this can vary greatly, depending on where you do your training. Even within the Netherlands, there are differences between hospitals offering training programmes, in terms of how much manual skills training you've had when you finish training. In addition, new endovascular devices or new techniques come onto the market each month, and we also include that in our EVC. We objectively compare the various options in a workshop: these five plugs are available to seal a blood vessel; what are the advantages and disadvantages of each, and how do you use them."

Jacobs: "Participants of the latest edition came from 53 different countries. That's good publicity for Maastricht. Pauwels Congress Organisers takes care of the organisation for us, but I myself also deal with things like logistics, contracts, participants and catering." Mees: "That's what may also explain the EVC's success, Michael's close involvement and attention to detail."

Jacobs: What we're aiming at is ongoing educational innovation. This year, Barend will be going to Singapore to check out a method to practise endovascular surgery on human cadavers. I've no idea whether that will be the future, but it's an interesting option. In addition, we keep aiming at a wide range of training courses and case discussions, with which we can continue to attract the more experienced specialists who are seeking in-depth training. And despite the size of the event, we all feel like we're a family."

Mees: "Maastricht is not that large, so course participants also meet each other after the course in the city. And besides, the four EVC programme leaders (arterial, venous, vascular access and cardiac) invite the experts in the field to

their homes for an evening. This creates a very special and intimate atmosphere."

Jacobs: "The event is paid for by the participants' fees, a small grant and especially sponsoring by the industry. In recent years it's been difficult to secure the funding. Last year, for instance, we saw an industry partner leave that had been supplying us with aorta models for twenty years. Covid forced us to cancel one year, whereas we still had our overheads. Company budgets are under increasing pressure. The fact that our course is Medtech-approved does help, but it's hard work."

Mees: "During the Covid pandemic we went digital for the first time. We had eight green-screen studios set up at the MECC and offered a two-day programme with only workshops. We developed a kit comprising a vascular model, which we sent to participants' homes together with devices (stents, balloons), and which they could practise hands-on in front of their computer. Like, folding a stent into a home-built aorta. That was great! We even had an online competition between teams from the US, UK, Germany and Italy, to see who could complete a complex vascular catheterisation in the shortest time. That allowed us to retain our sponsors and raise enough money for that year. In the future we might expand our community-building and social-media efforts. When you see a Spanish EVC participant posting a message on LinkedIn saying 'I was at the Olympics of vascular surgery', that really says it all."

Michael Jacobs is Professor of Surgery and Medical Director of the Heart & Vascular Centre of Maastricht UMC+.

Barend Mees is Assistant Professor of Vascular Surgery and a vascular surgeon at Maastricht UMC+.