Cardiac Electrophysiology Fellowship (1 year)

Name of Institution: McGill University Health Centre

Type of Fellowship: Cardiac Electrophysiology Fellowship

Program Information:

Number of fellowship positions: Maximum 1 per year

Academic affiliation: McGill University

Name of hospitals involved in training and % of time spent in each institution:
Montreal General Hospital 90%
Royal Victoria Hospital 10%

Background:
Cardiac electrophysiology is one of the fastest growing subspecialty areas in cardiology. This subspecialty focuses on diagnosis and management of cardiac arrhythmias. It is recognized that the technical and cognitive skills required for performance of cardiac electrophysiology are considerable and take extensive time and training to acquire. Fellowship includes training in appropriate history, investigation and ECG diagnosis of arrhythmia, pharmacologic management of arrhythmias, and catheter ablation, as well as patient selection, implantation techniques, complications and management for pacing, implantable cardiac defibrillator (ICD) and cardiac resynchronization therapy (CRT).

The McGill University Health Centre (MUHC) is the electrophysiology referral centre for several referral hospitals serving a large geographical area covering a population of greater than 1.8 Million. The MUHC has a long history of device implantation at both the Royal Victoria Hospital (RVH) and the Montreal General Hospital (MGH) sites. In 2007, a new electrophysiology device implantation laboratory was constructed at the MGH and dedicated full time to device implantations. In this laboratory, cardiac electrophysiologists implant over 1000 devices, including over 350 ICD and CRT devices per year. In 2011, a new fully equipped state of the art biplane electrophysiology laboratory was added to the electrophysiology suite at the MGH. This new biplane laboratory is equipped with 3D mapping systems (CARTO 3, and EnSite Velocity), 3D rotational angiography, a number of ablation systems (including Cryocath and Ablation Frontiers), to perform complex catheter ablation procedures (e.g. atrial fibrillation and ventricular tachycardia ablation). Over 450 EP studies and ablation have been performed in 2012. Lead extractions are performed at the MGH electrophysiology laboratory or in the main operating room. Epicardial devices via mini-thoracotomy and surgical ablation are performed in the operating room (MGH or RVH).

Specialized electrophysiology clinics exist at both RVH and MGH sites and provide cardiac electrophysiology expertise to patients with heart failure, congenital cardiac anomalies or complex cardiac arrhythmias. A cardiac genetics clinic has been developed and combines the expertise of cardiologists trained in the management of inherited cardiac arrhythmia syndromes, medical geneticists, and genetic counselors. Specialized device follow-up clinics also exist at both sites and treat over 5000
patients per year. On call coverage for electrophysiology emergencies is provided 24hr per day throughout the year by MUHC electrophysiologists.

**Mission:**
Our mission is to be a referral centre of excellence in interventional electrophysiology integrated within the Centre of Excellence in Cardiovascular Sciences at McGill University. Our goal is to provide excellence in patient care, research, and education in interventional electrophysiology.

**Research Activity:**
Clinical research is an integral part of the MUHC electrophysiology program. Research is performed on implantable devices as well as catheter ablation. A number of trials are ongoing or in the process of being planned. Examples of research studies are listed below:

**Clinical Studies with MUHC Principal Investigators (selected studies):**

1) BRUISE CONTROL: BRidge or continUe coumadIn for device SurgEry randomized CONTROLled Trial. (Funding Source: Canadian Institutes of Health Research (CIHR); Principal Investigators: David H Birnie and Vidal Essebag)
2) BRUISE CONTROL-2: A randomized controlled trial to investigate whether a strategy of Continued versus Interrupted Dabigatran at the time of device surgery, in patients with moderate to high risk of thrombo-embolic events. (Principal Investigators: David Birnie, Jeff Healey and Vidal Essebag)
3) A longitudinal study to identify factors that trigger ventricular tachyarrhythmias among persons with implanted cardioverter defibrillators. (Funding Source: CIHR; Principal Applicant: Mark S Goldberg; Co-Applicants include: Vidal Essebag and Tom Hadjis)
4) A Population-based Analysis of the Effectiveness and Adverse Effects of Medications in Patients with Atrial Fibrillation. (Funding Source: CIHR; Principal Applicant: Louise Pilote; Co-Applicants include: Vidal Essebag)
5) A Population Based Study of Adherence to Atrial Fibrillation Therapies. (Funding Source: CIHR; Principal Applicant: Louise Pilote; Co-Applicants include: Vidal Essebag)

**Clinical Studies with MUHC Local Principal Investigators (selected studies):**

1) Ventricular tachycardia Ablation vs. eNhanced drug therapy In Structural Heart disease (VANISH)
2) Prevention of Arrhythmia Device Infection Trial (PADIT)
3) Adenosine Following Pulmonary Vein Isolation to Target Dormant Conduction Elimination (The ADVICE Trial)
4) Substrate and Trigger Ablation for Reduction of Atrial Fibrillation Trial (STAR-AF 2)
5) RAFT AF: A Randomized Ablation-Based Atrial Fibrillation Rhythm Control Versus Rate Control Trial in Patients with Heart Failure and High Burden Atrial Fibrillation. (Funding Source: CIHR; Principal Applicant: Tony Tang; Co-Applicants include: Vidal Essebag)
Fellowship Program Directors: Dr. Vidal Essebag and Dr. Martin Bernier

Teaching Faculty:
Dr. Martin Bernier, Dr. Vidal Essebag and Dr. Tom Hadjis, are full time cardiac electrophysiologists at the MUHC who trained in interventional cardiac electrophysiology at Harvard University. Their clinical expertise includes all aspects of device implantation, ablation, and non-invasive electrophysiology diagnosis and management. Part time MUHC electrophysiology faculty includes Dr. Teresa Kus, Dr. Giuliano Becker, Dr. Jean-François Roux, Dr. Atul Verma and Dr. Sylvia Abadir. They contribute to the training program with expertise in syncope, devices, and complex ablation including congenital arrhythmias.

Academic Facilities:
The ablation procedures (simple and complex) and device implantation are performed in the electrophysiology laboratories at the MGH site. Devices may also be implanted occasionally at the RVH site in the biplane cath lab, or in the main OR at the MGH site (generally for emergencies or epicardial cases requiring thoracotomy). Pacemaker clinics and electrophysiology clinics are located at both MGH and RVH sites. A list of recommended books and readings will be provided. Attendance at a national or international conference will be strongly encouraged.

Program Entry Requirements:
Electrophysiology fellows should have completed Cardiology core training at an institution with Royal College certification or equivalent for foreign fellows. Knowledge of diagnosis and management of arrhythmia is considered part of core cardiology training, and the ability to function as a cardiologist is a prerequisite for cardiac electrophysiology training. Patient management issues such as heart failure, ischemic heart disease, hypertension, and stroke prevention all intersect with arrhythmia management. The ability to perform an appropriate history, physical examination and conduct appropriate investigations related to cardiovascular symptomatology or disease is assumed to be integral to cardiology training.

Curriculum:
The complete cardiac electrophysiology fellowship is a 2-year program and will provide the fellow with training in advanced noninvasive and invasive arrhythmia management including all aspects of device implantation as well as simple and complex ablation procedures. For additional details, please refer to the 2-year cardiac electrophysiology fellowship section of this website. The 1-year curriculum is primarily intended for candidates who have or will have already undergone at least 12 months of dedicated cardiac electrophysiology training and may be eligible for an exemption from the first year of training and admissible as a second year electrophysiology fellow. Requests for a 1 year fellowship with a focus on advanced skills or specific procedures will be evaluated on a case by case basis. The curriculum will include cognitive skills, technical skills, research, and education.

Cognitive Skills:
Cognitive skills are acquired both by experience in clinical care on the wards, clinic, and in the electrophysiology lab as well as by structured instruction in rounds and other structured sessions. Many of the cognitive skills will be acquired by discussion with staff and colleagues and attendance and presentation at rounds. Participation in a structured research project will develop the skill to critically appraise the science behind clinical guidelines and clinical decision-making.
### Cognitive skills required in cardiac electrophysiology training

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<thead>
<tr>
<th>Roles: Medical expert/ Clinical Decision-Maker</th>
<th>Strategies</th>
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<tr>
<td>1. Knowledge of current indications and contraindications for an electrophysiology study.</td>
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<td>2. Knowledge of potential complications with EP studies and management of such complications.</td>
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<td>4. Ability to measure conduction intervals and refractory periods; knowledge of their significance in normal and pathological states.</td>
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<td>6. Ability to interpret data derived from EP testing.</td>
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<td>7. Knowledge of the indications for and complications of therapy with antiarrhythmia devices.</td>
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<td>8. Knowledge of the indications for and complications of ablative therapy.</td>
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<td>9. Detailed knowledge of recent clinical trials that affect the selection of patients for EPS.</td>
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<td>10. Indications for ICD therapy.</td>
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<td>11. Indications for CRT.</td>
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<td>12. Review of implant techniques, including coronary sinus lead placement.</td>
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<td>13. Knowledge of performance, complications of and contraindications to defibrillation threshold testing.</td>
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<td>15. Programming and troubleshooting of ICD’s and CRT devices.</td>
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<td>17. Knowledge of indications and contraindications of tilt-table testing – protocol of administration and interpretation of results.</td>
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<td>18. Knowledge of radiation safety protection for staff and patients.</td>
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<td>19. Know normal and abnormal cardiac anatomy and electrophysiology.</td>
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<td>20. Know anatomy and physiology of the normal atrioventricular conduction system and accessory pathways.</td>
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<td>21. Understanding of intracardiac electrocardiographic signals.</td>
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<td>22. Understand the pathogenesis of cardiac arrhythmias including primary electrophysiology abnormalities and secondary causes of rhythm disturbances.</td>
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<td>23. Know the pharmacology of antiarrhythmic drugs and of sympathetic and parasympathetic antagonists.</td>
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<td>24. Know the causes of syncope.</td>
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<td>25. Understand the basic concepts of artificial pacemaker function.</td>
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<td>26. Understand the concept of proarrhythmia.</td>
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<td>27. Be able to interpret Holter Recordings.</td>
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<td>28. Be able to interpret intracardiac device interrogation including electrograms.</td>
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<td>29. Understand the advantages and limitations of genetic testing in patients and families with inherited arrhythmia syndromes of sudden death.</td>
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<td>30. Understand the investigations and management of inherited arrhythmia syndromes in patients and their families.</td>
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| Communicator | 1. Be able to inform the patient and their family about their problem, its prognosis, management and plans for follow-up  
2. Communicate with the health care team regarding the patient management plan  
3. Be able to write consultation/ discharge letters to referring physicians  
4. Prepare the final EP study reports | 1. Participate actively in teaching sessions  
2. Prepare and present rounds as scheduled |
| Collaborator | 1. Work with the house-staff team in the care of patients  
2. Participate in the performance of the EP study  
3. Understand and support the roles of allied health professionals (nurse, EP technologist) in the EP lab | 1. Contribute to organized rounds |
| Scholar | 1. Recognize gaps in knowledge regarding patient problems and develop strategies to fill the gap through reading and consulting other members of the health care team  
2. Contribute knowledge learned to service rounds | 1. Read the articles provided  
2. Critically review relevant published material at Journal Club  
3. Participate in and understand arrhythmia research project |
| Professional | 1. Deliver care with integrity, honesty and compassion  
2. Understand the professional, legal and ethical codes to which physicians are bound | 1. Participate actively in teaching sessions  
2. Prepare and present rounds as scheduled |

**Education:**
EP fellows take an active part in the education curriculum. Weekly teaching rounds are organized to the benefit of EP fellows. The sessions will include review of interesting tracings, device troubleshooting, discussion of interesting cases and review of relevant topics. The EP fellows are expected to attend and to also routinely present at those rounds. Sporadically, rounds are video-conferenced between several hospitals. The fellows are expected to attend and will also be asked to present on occasion.
Non-invasive EP is part of the curriculum, mostly through weekly attendance at 1 or 2 general EP clinics, under the supervision of an electrophysiologist. Participation in other specialized clinics (congenital, heart failure and genetics) is also expected and can be tailored according to individual objectives.
EP fellows are expected to attend an average of 1-2 days of device clinic per week. During that time, they will routinely have general cardiology residents shadowing them. The EP fellows are expected to teach the basics of device interrogation and troubleshooting.
In addition, the EP fellows are involved in the teaching to general cardiology residents as well as more junior residents rotating on the coronary care unit (CCU). EP fellows take turn in giving 30-minute weekly introductory presentations to the CCU team.

**Technical Skills:**
Technical skills will be obtained by exposure to simple and complex procedures in the cardiac electrophysiology laboratory. The focus during the first year of training will be on developing excellent device implantation techniques and acquiring skills at catheter placement and interpretation of tracings.
in the electrophysiology (EP) lab. The senior EP fellow in the second year of fellowship will focus more time on complex device implantation as well as ablation procedures, simple and complex.

Basic technical skills required for performing electrophysiology studies include the following:
1) Operational skills to perform right and left heart catheterization with percutaneous techniques via femoral and other venous and arterial access sites.
2) Manual dexterity to safely place and manipulate electrode catheters in the appropriate chambers for the arrhythmia under study.
3) Ability to obtain appropriate recordings from various locations.
4) Ability to safely perform programmed electrical stimulation.
5) Ability to recognize and manage procedural complications.
6) Proficiency in the use of external defibrillation and intravenous cardiac medications.
7) Proficiency in the appropriate use of sedation including airway management
8) Proficiency on anticoagulation issues in cardiac arrhythmia, affecting risk of strokes and hemorrhagic complications of the invasive procedures
9) Proficiency in the testing, interrogation, and programming of implantable antiarrhythmia devices, including pacemakers and defibrillators
10) Technical knowledge of electrical safety and pertinent radiation-related issues

It is recognized that different fellows may acquire technical skills at somewhat different rates. As a result, the evaluation of technical skills will not be based simply upon the number of procedures performed. Ultimately, the Program Committee and Program Director will be responsible for evaluation of technical skills acquired by each trainee. Nevertheless, there are a certain minimum number of procedures required in order to have adequate exposure to techniques and complications of electrophysiology procedures and device implantation. The expected minimum experience for these procedures is outlined below:
1) Primary operator and analysis of 100-150 diagnostic electrophysiology studies, of which 50 involve patients with supraventricular arrhythmias.
2) Performance of at least 75 ablations for supraventricular tachycardia (SVT)
3) Primary operator of at least 100 ICD/PPM implantations and at least 30 revisions
4) Performance of at least 15 coronary sinus (LV) lead placements
5) Supervised performance of at least 20 transseptal punctures
6) For left sided procedures, at least 15 procedures using the retrograde aortic approach
7) For training in atrial fibrillation (AF) ablation, 30-50 supervised ablations
8) For training in scar-related ventricular tachycardia (VT) ablation, 15-20 procedures

Research:
Clinical research is an integral part of the cardiac electrophysiology program at the MUHC. Several research protocols are ongoing at any given time. EP fellows work closely with the physicians, research nurses and coordinators at all stages of the research. Protected time for research activities will be provided. All fellows will be expected to participate in research in the following ways:
1) During the course of a year, each fellow should identify at least one project. Ideally this would be a prospective project that would include a full research cycle of data collection, abstract preparation and completion of a manuscript.
2) Fellows will be expected to perform peer-review of articles under the supervision of an attending electrophysiologist.
3) Fellows should avail themselves of the opportunity to i) do a retrospective study, ii) write a review article, or iii) write a book chapter with one of the consultants.
4) Fellows are expected to actively participate in all ongoing clinical trials in electrophysiology including the screening and follow-up of patients enrolled in such trials.
5) Fellows are expected to present their research progress at rounds on a quarterly basis, and annually at Cardiology Resident Research Day.

**Fellow Duties and Responsibilities:**
1) Responsibility for supervision of the inpatient electrophysiology service including consent, admission and discharge of patients admitted under the electrophysiology service for elective device implantation or ablation procedures.
2) On call for cardiac electrophysiology: generally 1-2 weekends per month, under supervision of on call electrophysiologist.
3) Weekly attendance at general EP clinic and device clinic. Participation in other specialized clinics (heart failure, congenital and genetics) is also expected. This includes supervision and teaching of cardiology residents in device clinics.
4) Teaching of cardiology residents during CCU teaching sessions or academic half-days.
5) Pre-procedure evaluation of patients in outpatient clinics referred for interventional electrophysiology procedures and device implantation.
6) Attendance and participation at cardiac electrophysiology service rounds.
7) Participation in academic activities involving the residents including organization and presentation of rounds.
8) Attendance at least at one national or international electrophysiology/device conference.
9) Participation in ongoing research activities with supervised participation in protocol development and manuscript preparation. This includes active participation in screening and follow-up of patients involved in a number of different research protocols.
10) The fellow is encouraged to prepare for and perform the International Board of Heart Rhythm Examiners (IBHRE) Cardiac Rhythm Device Therapy Examination for the Physician following the completion of training (the examination is held annually in July). For more information see website: [http://www.ibhre.org/ExamInformation/ExamInformation.htm](http://www.ibhre.org/ExamInformation/ExamInformation.htm)
11) The fellow is strongly encouraged to become a member of the Heart Rhythm Society. Affiliate Membership during training is complimentary. For more information see website: [http://www.hrsonline.org/About/Membership/Benefits/index.cfm](http://www.hrsonline.org/About/Membership/Benefits/index.cfm)