

CLINICAL RESEARCH FELLOWSHIP - ELECTROPHYSIOLOGY

AIMS, OBJECTIVES & EXPECTATIONS

The London Heart Rhythm Program is a large network consisting of administrative and research coordinators, nurses, technologists, trainees and physicians. Each plays a valuable role in helping the group achieve the highest standard in clinical care, research and education. We are excited to welcome you to the team, and expect that you will treat each member with the kindness and respect that you expect to be treated. Always keep in mind that the manner in which you conduct yourself reflects upon the group as a whole.

Research:

Clinical research fellows are expected to participate in research directed by supervisors or self-driven research ideas supported by the EP program.

- i) During a year, each fellow should identify at least three to four projects. Ideally, this would be a prospective project that would include a full research cycle of data collection, abstract preparation and completion of a manuscript.
- ii) Fellows should:
 - i) Do a retrospective study
 - ii) Write a review article with one of the consultants
 - iii) Write a book chapter with one of the consultants.
 - iv) Perform meta-analysis
- iii) Fellows are expected to present their research progress at rounds on a quarterly basis, annually at Cardiology Resident Research Day each May, as well as national and international conferences.
- iv) As part of the recruitment of subjects in trials, research fellows are expected to participate in at least one clinic per week.
- v) It is expected that fellows will regularly apply for grants, and support from agencies to help with funding of fellows as well as funding of studies as directed by the supervisor.
- vi) Clinical experience in general cardiology is desirable.

Education:

- i) Clinical research fellows are encouraged to present interesting cases, recent papers or review topics at Wednesday and Friday morning rounds.
- ii) Each fellow will have a performance review with the supervisor every two to four weeks, with an opportunity for bidirectional feedback. This will be reflected in brief written form in the fellow's file.

Conferences:

Clinical research fellows are expected to attend conferences. Priority for attendance at meetings will be given to fellows presenting abstracts. Funding to cover the presentation of research on

behalf of the London Heart Rhythm Program at meetings will be sought from the Department of Medicine, from educational funding within the Division, and from industry. Scientific meetings will be considered to include the CCS, AHA, ACC, HRS, ESC and Cardiostim. Other meetings attended will be considered on a case-by-case basis, but may require use of vacation time.

EP Lab: Only if interested by mutual discussion with the supervisor

Electrophysiology (EP) Fellows will be qualified Cardiologists performing 12-24 months of fellowship training in clinical electrophysiology. Clinical research fellows are not expected to be rostered into the EP labs unless the fellow desires to gain some EP experience if there are no research responsibilities being compromised for the session.

Procedure Room / Implant Room: Only if interested by mutual discussion with the supervisor

Clinical research fellows are not expected to develop proficiency in implantation of pacemakers and defibrillators. However, if there is a keen desire from a fellow to gain exposure in a particular subset of training then this can be accommodated but not guaranteed. Procedures include implantation of single and dual chamber pacemakers, biventricular devices, ICD implantation, loop recorder implantation as well as programming and troubleshooting of all arrhythmia devices.

Clinical: Only if deemed necessary

- i) Clinical research fellows will attend Heart Rhythm Clinics on a regular basis. Opportunities will be available to attend EP clinics at the London Cardiac Institute on Tuesday and Thursday. There will also be regular opportunities to participate in the Inherited Arrhythmia Clinic and CRT clinic.
- ii) Clinical research fellows may rotate through weeks on call for EP service but is at the discretion of the EP service and are not mandated. On-call would involve the care of arrhythmia inpatients on the ward, and the performance of consultations throughout the hospital. On rare occasions, it may be necessary to see consults at Victoria Hospital, at the discretion of the attending physician on call. Duties pertaining to in-patients will be assisted by the Physician Assistant and on-service residents, with the fellow primarily responsible. There will be daily rounds with the attending physician if on-call.
- iii) Clinical research fellows will be expected to carry the pager only if EP fellows are not available and as dictated by the EP service if research activities are covered. The call is consultative to other services in the hospital, and primary call for in-patients on the Heart Rhythm Program. Call will involve weekend rounding and response to pages during night and weekends. First call overnight coverage of the inpatients can be provided by the in-house cardiology resident if there is evening sign out to the covering resident. The on call fellow will come to the hospital to tend to emergencies in heart rhythm inpatients, new admissions, device interrogations, and arrhythmia-procedure related complications.

The consultant on call for the service will be available to discuss management issues and back up the fellow on call.

Vacation:

Clinical research fellows are entitled to 4 weeks of vacation for each academic year. Fellows must submit their vacation requests directly to the supervisor at least 4 weeks prior to the desired period of leave.

Termination or extension of fellowship:

Clinical research fellows will have biweekly meetings to discuss progress, difficulties and future outlook of projects. The performance of the fellows will be reviewed and based on three monthly accrued reviews of feedback will the fellowship be extended. If the fellow is not performing to the expectations then the fellowship will not be extended.



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