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Summer schools of adult and paediatric respiratory medicine: course report

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The European Respiratory Society (ERS) summer schools of adult and paediatric respiratory medicine took place on June 20–23, 2018 in Lisbon, Portugal.

Summer school of adult respiratory medicine

Faculty

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Overview from the faculty, Gabor Kovacs

This year, as previously, it has been a particular honour and challenge to be a member of the organisational committee for the ERS summer school of adult respiratory medicine and share my clinical experience with the participants. Based on our previous and current experience, both the organisers and the participants agreed that the main goal of the course was to provide the participants with an up-to-date basic knowledge on the most important fields of adult respiratory medicine and specifically to help participants in the preparation for the ERS HERMES examination. In order to achieve

these goals, several challenges had to be addressed. From the organisers' point of view, I would like to highlight three major challenges.

The first challenge was the time frame. If you go to an expert on a specific field of pulmonary medicine and ask him or her to review the most important and clinically relevant questions in his or her area including definitions, classifications, diagnostic issues and therapeutic possibilities, you very soon get used to the question "How can I cover all this in such a short time?" Still, I feel that in most fields we succeeded in finding a good compromise and were able to highlight the most relevant clinical questions. We also asked the speakers to provide sufficient additional literature and an extended slide kit to the audience and to make contributions to Respedia so that, during the course, the focus could be kept on the most important issues.

The second challenge was diversity and different backgrounds. One of the specialties and particular challenges of the summer school lay in the diversity of participants, who represented countries practically from all continents. This automatically meant that they had highly different healthcare systems as well as diagnostic and therapeutic opportunities in their home countries. Large epidemiological differences may of course lead to differences in the medical interest of participants. As organisers, we tried to actively address these differences, if necessary. At the same time, we felt



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Participants in the 2018 ERS summer schools of adult and paediatric respiratory medicine describe their experiences <http://ow.ly/MV7Q30m5SkW>

that it was most important to highlight international consensus represented by the ERS and other international guidelines.

The third challenge was the sharing of theoretical and practical knowledge. Most of the participants were clinical doctors facing daily clinical problems in the field of respiratory medicine. As organisers we aimed to address all topics in a practical way, so that the shared knowledge helped participants in their future medical decisions and contributed to improved patient management.

As course organiser, I realised again that many participants (especially at the beginning of the course) felt “unsafe” to ask questions in front of the whole audience. Cultural differences may also have played a role here: colleagues from Western Europe or the USA “opened up” much more easily than participants from Eastern European or Asian countries. Between the sessions, during coffee breaks, however, there seemed to be a large need for discussing specific, practical issues, even individual patient cases. Sometimes the card or email address of the speaker was asked for, so that a discussion could be continued later. I felt that there was a great need for such an interaction and such a networking opportunity appeared to be very helpful for participants. Also, as organiser, it was encouraging to see how the lectures initiated further discussions within the group. A similar role was played by the interactive sessions, such as workshops, tutorials, question rounds and even the short version of the HERMES test.

Based on the feedback of the participants and the fact that the course has been fully booked in previous years, we feel that the ERS summer schools represent a highly successful programme that is worthy of being continued. As one of the organisers of the course, I cannot emphasise enough the hard and outstanding work of the ERS staff, which makes this event possible. In the future, we plan to provide even more opportunities for interaction between participants and invited experts and to work up specific practical questions in the form of workshops or question rounds. The introduction of the short version of the HERMES exam and the feedback session may also be further integrated into the programme, giving more practical help in the preparation for the exam.

Adam Bialas, Poland, a participant

I wanted to participate in the summer school because I considered this course an important part of preparation for the HERMES exam. In fact, despite a busy schedule, the programme was thought through and contained all the essential fields of respiratory medicine, providing a concise and highly didactic overview of the covered topics. However, my experiences far exceeded my expectations. I found this course not only purely scientific, but also an inspiring and mind-broadening event.

Every lecture was prepared with care for any details and presented with passion for teaching.

Presentations were very interactive and lecturers encouraged discussions. In fact, one of the biggest advantages of attending the school was a unique opportunity to discuss all difficulties or doubts with the great experts in their fields. This facilitated deeper understanding of the most problematic issues and was very inspiring.

Another form of activities was workshops. The selection of topics was very accurate and reflected some of the most problematic areas: pulmonary function, sleep-related disorders and lung imaging. Workshops were very interactive, were based on interesting case presentations, and allowed for wider discussion of difficulties of a great importance for these fields. In my opinion, this form of activity was very effective. Now, I feel that I understand respiratory physiology much more deeply, so it forms a solid basis to better understand other topics in respiratory medicine. Also, my ability to assess lung images improved significantly. Additionally, I understood some issues from sleep medicine that were a little bit unclear for me before. All this knowledge will be beneficial for my everyday clinical practice.

I considered the multiple-choice question (MCQ) sessions after each thematic block to be another great advantage. The MCQs included a great variety of clinical scenarios and were comprehensively commented upon by the experts. The really useful thing was the form of voting and presentation of the results as a bar chart: it was an excellent trigger for the discussion of the best correct answer and justifying why the rest were inappropriate. Such an approach enabled not only a self-assessment of our knowledge against the freshly acquired or revised knowledge, but also allowed us to identify where possible weaknesses might be and helped in drawing the plan of the areas in which there is an urgent need for further learning. It was also very enjoyable, motivating and confidence-boosting.

It is also very important to emphasise the impact of the summer school on delivery of evidence-based care. Nowadays, we may observe the avalanche-style increase in research publications, and it is quite hard to make a good selection in all areas of respiratory medicine without a risk of disregarding something really important. During the summer school, every lecture contained a practical synthesis of the mainstream articles that are useful in everyday clinical practice. Undoubtedly, this is a great help in delivery of evidence-based care and may have the effect of contributing to improved outcomes. Therefore, I think that this event is a crucial step in professional development and should be an obligatory point, especially for every trainee in respiratory medicine.

One of the topics that raised a great deal of discussion among participants was lung cancer, especially diagnostic pathways and the latest therapeutic opportunities. Both these issues vary across countries, mainly due to accessibility of individual methods. Another widely discussed topic

was sleep medicine, because not all participants had sufficient experience in this difficult area. In fact, not all general respiratory medicine institutions perform sleep assessment examinations, and for some participants it was their first contact with detailed diagnosis and treatment of sleep-related disorders.

Another important thing, which I have to highlight, was the excellent organisation of the course. All parts of the course had an optimal length and the timing was exemplary. Additionally, there were enough coffee breaks and enough time was allowed to recharge batteries and relax, which contributed to reduction of tiredness and, as an effect, optimised the learning process. I even had enough energy for revision of the material in the evening and I ended each day with the feeling of a really productive use of my time. This good organisation was visible a long time before the summer school, as the reading list, all presentations and additional materials helpful in preparation for the course were available for download from the website. It really helped in the learning process.

One of my best memories from the summer school is of the very friendly atmosphere during the course. It was a great chance to meet people from the whole world, feel the diversity of respiratory medicine, compare thoughts and share ideas. It was a very positive experience, that although the practice differs between countries, the summer school had a real sense of community. It was a great feeling, that although we work on our individual developments so hard, we form the respiratory medicine as a team.

To sum up, the summer school was an important step in my education. Now, I am richer in knowledge, friendships and great memories. I am really grateful to all the organisers and faculty for this unforgettable experience.

Summer school of paediatric respiratory medicine

Faculty

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Overview from the faculty, Ernst Eber and Fabio Midulla

The summer school of paediatric respiratory medicine is intended to provide a comprehensive overview of each of the major fields of paediatric respiratory medicine based on the HERMES syllabus. This course is aimed at all paediatric respiratory professionals wishing to update their knowledge, particularly those preparing for the European examination in Paediatric Respiratory

Medicine. The programme is designed to challenge participants and provide a learning framework, including interactive sessions and MCQ discussion sessions.

Topics covered included acute and chronic respiratory infections, airway endoscopy, bronchial asthma and wheezing disorders, chronic respiratory failure, congenital malformations, cystic fibrosis, evaluation of respiratory signs and symptoms, lung function testing, lung imaging, rare diseases and lung transplantation, rehabilitation in chronic respiratory disorders, sleep medicine, technology-dependent children and tuberculosis.

The course was delivered through a range of media, including lectures, workshops and case-based discussions. 42 participants from 23 different countries took part.

Certainly, one of the main challenges for the faculty was to lecture at the right level, because the level of knowledge varied widely, as at previous summer schools. In addition, as this time we had to restrict the lengths of our lectures to accommodate an additional workshop and several interactive, case-based sessions, it was difficult to cover all the content we felt should be dealt with. Further challenges arose from the very variable backgrounds of the participants, not only in terms of knowledge but also with regard to countries of origin and healthcare systems. Regarding challenges for the participants, we think that (clearly depending on their level of knowledge and experience) some found several topics quite complex and challenging (*e.g.* rare diseases and tuberculosis). In addition, for those from developing countries with fewer resources available, the gap between the current medical state-of-the-art and their facilities and possibilities became obvious.

Many of the participants were eager to learn about (basic) diagnostic testing in paediatric respiratory medicine (when to apply, how to perform and how to interpret lung function testing, imaging and airway endoscopy). In addition, they were particularly keen to learn about less common disorders, such as congenital malformations and other rare diseases (cystic fibrosis, primary ciliary dyskinesia, *etc.*), and as a group were probably less interested in common respiratory disorders such as asthma and acute respiratory infections.

In our opinion, the interactive sessions (four workshops and five case-based discussions) were a huge success. The participants were very keen to present their own cases and have them discussed within the whole group, and in particular with faculty members. We have never had so many lively discussions, both during the sessions and in the breaks, in previous summer schools. Both the participants and the faculty obviously very much enjoyed the constant exchange of ideas and both groups could learn from each other.

To us, the most relevant (new) topics for future summer schools are the rational usage of diagnostic tests in various settings, a critical

appraisal of relevant current (ERS) guidelines and recommendations, a more comprehensive discussion of rare (genetic) disorders (maybe also including more about technology-dependent children/long-term tracheostomy) and disorders more prevalent in the participants' countries of origin (such as sickle cell disease and parasitic diseases).

We are convinced that this course should be continued once a year, as it is a unique opportunity for participants from many countries to come together for 4 days to learn from experienced faculty but also from each other, and the personal feedback received from participants during the course underlined the need for this educational ERS activity. In the future, we will certainly keep and build on the interactive components. In addition, during discussions, we should use more and good MCQs both as a preparation for the HERMES examination and in order to convey important pieces of knowledge.

Yabwile Mulambia, Malawi and South Africa, a participant

The disease profile in African paediatric pulmonology practice is different from that of our European counterparts. We see patients mostly with infectious diseases. Notwithstanding, as a trainee pulmonologist, the scope of knowledge has to go beyond what I see in daily practice and this course offered me that opportunity. I gained further insights into the advances in the management of cystic fibrosis, which are currently not available in our setting. I also observed that there was a lot of interest in the cases that were presented from Africa. The course presented a platform for exchange of knowledge and an opportunity for me to make a case presentation. This needs to be encouraged as it has improved my confidence in making presentations and in subsequent discussions. It allows for showcasing the worth of knowledge from other parts of the world. The course also provided the opportunity to network with colleagues from all around the world in order to improve our practice, share knowledge as well as coordinate research activities.

The atmosphere of the course was somewhat welcoming without being too relaxed. I felt at home and this made learning very easy. The fact that all the logistics were well organised removed unnecessary stress and helped us focus on the course itself. There was a lot of discussion around the cases that were presented, and the diversity of opinion provided a wealth of knowledge. One could not help but appreciate that we were in an academic setting.

The most controversial issues among participants were differences in the approach to the management of certain conditions during case discussions. This is certainly due to differences in

availability of resources in the different settings. Not only that but also there are differences in the stages and states at which patients present to hospital. I gathered that, even though we may be seeing the same disease in name, it is essentially a different disease in reality.

The importance and the depth of research done and how that informed clinical practice was a major learning point for me. The extent to which this was condensed in the content of the course was striking and made it easier for the participants to understand the important bits of every topic.

The highlight for me was when I gained a new understanding of the management of bronchiolitis. This is the simplest and most common condition in pulmonology practice. The management is simple yet quite complex. I was made to understand the basics first, then taken further into what current data say and why management protocols are shaped the way they are. This approach was repeated for many of the topics in the course content and that greatly improved the understanding that I got. The course was richly informative. I would recommend this course to every paediatric pulmonology registrar.

Adaeze Ayuk, Nigeria and South Africa, a participant

I am Nigerian, from the College of Medicine, University of Nigeria, Enugu, and currently doing a fellowship in paediatric pulmonology in the Red Cross War Memorial Children's Hospital, University of Cape Town, South Africa (under the African Paediatric Fellowship programme). I am grateful to the ERS for granting me part-funding that enabled me to pay for the course. The primary objective of the ERS paediatric summer school is to serve as an update course for participants entering the HERMES exam. The course is a standard paediatric pulmonology refresher course; hence, it also served for me as a major revision before my Colleges of Medicine of South Africa fellowship exams in paediatric pulmonology in 2018, and as a revision course for the paediatric HERMES exams.

We started the course on a Wednesday and ended on a Saturday. The course content was vast, rich and truly so useful, even to people who had already passed the HERMES exams, as I met someone from Italy who was attending the course for the third time! This year's course was well attended and particularly interesting as it had an African flare, with paediatric pulmonology attendees from Nigeria, Cameroon, Ghana, Kenya, Malawi and South Africa.

The faculty was so friendly and very knowledgeable in their given topics. Handling topics like congenital thoracic malformations, where the nomenclature keeps changing, was very interesting.

The workshop topics were very well chosen, very interactive and quite relevant, both for examination purposes and current day-to-day practice.

I found the case-based discussions particularly intriguing, as it was a good learning opportunity for me as I listened to experiences from other participants. Everyone had really good cases (including myself). Networking was another good aspect of the course for me, especially meeting again with great mentors and fabulous faculty.

I consider the ERS paediatric summer school a must for every paediatric pulmonologist in training as this course truly takes your knowledge right up to another level. That is what the course has done for me. It addresses both the resource-rich and resource-poor countries, even though their

needs might appear diverse. I went away from the ERS summer school with a great insight, and it doesn't matter whether or not you are writing the HERMES exams, you can never ever regret coming to the summer school and I feel very fortunate to have attended this excellent course. The only downside was having to miss the International Congress of Paediatric Pulmonology this year, as both programmes were unfortunately fixed at the same time of the year. I really wish this could be date-adjusted to avoid the clash in future.

I want to say "Thank you" again to the ERS for giving me this opportunity to learn, and definitely will find avenues to pass my knowledge on to colleagues, in South Africa and in Nigeria, and to Africa at large!

Acknowledgements

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Conflict of interest

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