

Interview

Cite this article: Tretter JT and Jacobs JP (2021) Global leadership in paediatric and congenital cardiac care: “Humility in Leadership – an interview with Katarina Hanséus, MD, PhD, President of the Association for European Paediatric and Congenital Cardiology (AEPC)”. *Cardiology in the Young* **31**: 689–695. doi: [10.1017/S1047951121001669](https://doi.org/10.1017/S1047951121001669)

Received: 1 April 2021

Accepted: 4 April 2021



Keywords:

Cardiology; CHD; interview; leadership

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Global leadership in paediatric and congenital cardiac care: “Humility in Leadership – an interview with Katarina Hanséus, MD, PhD, President of the Association for European Paediatric and Congenital Cardiology (AEPC)”

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Abstract

Dr. Katarina Hanséus is the focus of our fourth in a series of interviews in *Cardiology in the Young* entitled, “Global Leadership in Paediatric and Congenital Cardiac Care”. Dr. Hanséus was born in Malmö, Sweden. She attended undergraduate school in her home town in Malmö, Sweden, graduating in 1974. Dr. Hanséus then went on to complete medical school at University of Lund in Lund, Sweden, graduating in 1980, where additionally she completed a Doctoral Dissertation in the evaluation of cardiac function and chamber size in children using Doppler and cross-sectional echocardiography. Under the Swedish Board of National Welfare, Dr. Hanséus completed her authorisation as a paediatrician in 1986, followed by her authorisation as a paediatric cardiologist in 1988, at University of Lund. She was appointed head of Paediatric Cardiology in 2000 at the Children’s Heart Center, Skane University Hospital, Lund, Sweden. The programme at Lund serves as one of the two national referral centres for comprehensive paediatric and congenital cardiac care, including paediatric cardiac surgery, in Sweden. From 2006 to 2013, she served as the clinical and administrative head of the Department of Neonatology, Paediatric Surgery, Paediatric Intensive Care, Paediatric Cardiology, and Paediatric Cardiac Surgery, returning as the head of Paediatric Cardiology in 2013, for which she currently holds the position.

Dr. Hanséus is a recognised leader in the field of Paediatric Cardiology and has been involved in leadership within the Swedish Pediatric Society, the Swedish Association for Pediatric Cardiology, and the Association for European Paediatric and Congenital Cardiology throughout her career. Within the Association for European Paediatric and Congenital Cardiology, she served as the Secretary General from 2011 to 2016, the President Elect in 2018, and is the current President serving from 2019 until 2022. This article presents our interview with Dr. Hanséus, an interview that covers her experience as a leader in the field of Paediatric Cardiology, including the history and goals of the Association for European Paediatric and Congenital Cardiology, and her role and vision as their current President.

We are very pleased that Dr. Katarina Hanséus (Fig 1) is the focus of our fourth in a series of interviews in *Cardiology in the Young* entitled, “Global Leadership in Paediatric and Congenital Cardiac Care”.^{1–3} Dr. Hanséus was born in Malmö, Sweden. She would attend undergraduate school in her home town at Malmö Borgarskola in Malmö, Sweden, graduating in 1974. Dr. Hanséus then went on to complete medical school at University of Lund in Lund, Sweden, graduating in 1980, where additionally she completed a Doctoral Dissertation in the evaluation of cardiac function and chamber size in children using Doppler and cross-sectional echocardiography.⁴ Under the Swedish Board of National Welfare, Dr. Hanséus would complete her authorisation as a paediatrician in 1986, followed by her authorisation as a paediatric cardiologist in 1988, at University of Lund. She was appointed head of Paediatric Cardiology in 2000 at the Children’s Heart Center, Skane University Hospital, in Lund, Sweden. The programme at Lund serves as one of the two national referral centres for comprehensive paediatric and congenital cardiac care including paediatric cardiac surgery in Sweden. From 2006 to 2013, she served as the clinical and administrative head of the Department of Neonatology, Paediatric Surgery, Paediatric Intensive Care, Paediatric Cardiology, and Paediatric Cardiac Surgery, returning as the head of Paediatric Cardiology in 2013, for which she currently holds the position.



Figure 1. Katarina Hanséus, MD, PhD.

Dr. Hanséus is a recognised leader in the field of Paediatric Cardiology and has been involved in leadership within the Swedish Pediatric Society, the Swedish Association for Pediatric Cardiology, and the Association for European Paediatric and Congenital Cardiology throughout her career. Within the Association for European Paediatric and Congenital Cardiology, she served as the Secretary General from 2011 to 2016, the President Elect in 2018, and is the current President serving from 2019 until 2022. This article presents our interview with Dr. Hanséus, an interview that covers her experience as a leader in the field of Paediatric Cardiology, including the history and goals of the Association for European Paediatric and Congenital Cardiology, and her role and vision as their current President.

Dr. Tretter: Tell us about your upbringing, and any role models or events which led both to your pursuit of medicine in general, and specifically to the field of paediatric cardiology.

Dr. Hanséus: I was born in 1955 in Malmö, which is the third largest city in Sweden. It is located very close to the city of Lund, a university city in the south of Sweden. It is also where I work now. Both of my parents worked full-time, which was unusual for the time, and they were both the first academic students in their respective families. They were extremely grateful, having enjoyed the years spent in their academic careers. They brought the idea to me that to study is to have a high value in your life, also for the joy that university studies bring. So, they were very supportive of me in studying hard in order that I could choose the career that I wanted. They both had studied at the university during the Second World War when it was not clear in the beginning if there was a future for the Free Western World. Due to this experience of uncertainty, they emphasised to me that you always have to plan as if there is a future.

When it came to my choice to pursue a career in medicine, I was the first family member with an interest outside law and economy. Initially, my interest was in the biological sciences, driven towards theoretical concepts with the opportunity to understand the biological constructs of an organism. At this early stage, I did not have

a concept of what it meant to be a doctor, because if I had known I would have dreamt about being a doctor from the day I was born. Once I was exposed to medicine, my career path was clear.

So, I went to medical school. During the summer time, I worked at a sailing camp with adolescents. This experience working with children drew me towards the field of paediatrics. Following medical school, I started training at the Paediatric Department at the University Hospital in Lund, without specifically aiming for paediatric cardiology. However, early on in my general paediatric training, I had the opportunity to rotate through paediatric cardiology. I became fascinated within a few weeks. I was fascinated by the team I worked with, in how they mentored me from the start, and how they gave away their experience and joy in their work. I was specifically interested in the combination of physical examination and imaging in making the diagnosis, as well as the wide range of severity encountered in CHDs. I was amazed in the value that one can bring the parents whether informing them a murmur is physiological or when making something which could have been catastrophic turn out much better for the child. Parents demand us to do our absolute best, and we as providers have the same goal for this child. I think this collaboration is amazing. So, needless to say, I was captured by this field after only a few weeks of experiencing it and didn't want to do anything else for the rest of my life.

Dr. Tretter: I think what won't come across in the written document is that I can tell how extremely passionate you remain to this day. This passion is truly inspiring to someone like myself, early on in my career. I would like to change gears and focus on your career, which has included many roles in leadership. You had served as the Secretary General of the Association for European Paediatric and Congenital Cardiology from 2011 to 2016, becoming the President Elect in 2018, and currently holding the position of President for the Association for the 2019 to 2022 term. The Association for European Paediatric and Congenital Cardiology is the most international organisation within the field of paediatric cardiology. The Association for European Paediatric and Congenital Cardiology certainly has become a model for the globalisation of collaboration and knowledge-sharing within our field. Discuss with us the history of the Association for European Paediatric and Congenital Cardiology, its current goals, and how the Association aims to further achieve these goals.

Dr. Hanséus: The Association for European Paediatric and Congenital Cardiology was founded in 1963 by a handful of paediatric cardiologists that met in France and started the Association. At that time, most of the cardiologists present at this meeting where the sole cardiologist in their hospital, city, or even country. So, the value for them to meet and form relationships with other colleagues who were working in the same field and facing similar challenges, but in other countries, was extremely important. Since they were often the only paediatric cardiologist in their centre, they were often working long hours throughout the year. These annual meetings became very appealing to both network with colleagues and discuss experiences in patient care, but also provided the opportunity to meet friends and form long relationships and to have a break from the hard work and travel to various locations within Europe.

Early on the Association was small, and it was obvious the Association was solely its members. As an association grows, so does its leadership and its administration. However, I believe it is important as an association grows that it remembers that it is

the members that form the association. It is not its leadership, the councils, or the office. These are put in place to serve the members. We had an advantage in the Association for European Paediatric and Congenital Cardiology to grow rather slow. We still are in no way a large association, currently having approximately one thousand members. This relatively slow growth has allowed us to ensure we focus on the members as the integral part of the Association for European Paediatric and Congenital Cardiology.

I think that as the Association grows and expands its international involvement, there must be reliability and consistency. The Association for European Paediatric and Congenital Cardiology is always going to follow its constitution. We will have contracts with the groups and organisations we collaborate with. We will ensure the elections for council members are performed fairly, in a democratic fashion. If all of these things are in place, the members can go on with their visionary exchange of fantastic science and clinical experience. The council members and administration serve as the base to keep this consistency so that the Association for European Paediatric and Congenital Cardiology thrives and its members can focus their time being the excellent physicians and scientists that they are.

The mission of the Association for European Paediatric and Congenital Cardiology is:

- knowledge of the normal and diseased heart and circulation in a growing individual
- exchange of expertise between experts from Europe and globally
- continuous medical education, and
- harmonising training in Paediatric Cardiology and its subspecialties in Europe.

These missional statements are each equally important, but it was largely the desire for exchange of expertise that initially brought this group together. When I began in the Association for European Paediatric and Congenital Cardiology, I had very few paediatric cardiac contacts. But I could see my colleagues enjoying the friendships that they had developed. Soon enough this is what I would experience. This friendship and fellowship is an important aspect in which I encourage others to consider joining the Association, recognising the professional growth that is fostered with the development of these lifelong friendships. The Association for European Paediatric and Congenital Cardiology will continue to foster these goals by providing the opportunities for networking, learning, and a platform for sharing ideas.

Dr. Tretter: As you mentioned, the “exchange of knowledge” and “continuous education” are prominent aspects of the mission of the Association for European Paediatric and Congenital Cardiology. The Association for European Paediatric and Congenital Cardiology has partnered both with *Cardiology in the Young*⁵ as their official journal, and the Pediatric Cardiac Learning Center within Heart University,⁶ a free online learning platform for education of providers in congenital heart disease. The Association for European Paediatric and Congenital Cardiology hosts an annual educational conference, which I will be bold to say is my favorite annual educational event. In addition, the Association for European Paediatric and Congenital Cardiology published a statement paper within *Cardiology in the Young* this past year regarding recommendations for basic training in paediatric and congenital cardiology.⁷ So, clearly these missional statements are being pursued in full force. Could you please comment on why the Association for European Paediatric and

Congenital Cardiology has put education of providers at the forefront of its mission and what changes to this approach do you anticipate in the increasingly globalised post-pandemic world.

Dr. Hanséus: One answer towards why education of providers became very important to the Association for European Paediatric and Congenital Cardiology was because no one else did. For several decades, the menu of the educational opportunities within paediatric cardiology in the different countries was sparse. The Association for European Paediatric and Congenital Cardiology developed the teams and infrastructure to be able to provide this much needed education within our field. Ultimately, it is all about the patients. And while the Association for European Paediatric and Congenital Cardiology focuses on our members, our members are focusing on the patients. So, the Association for European Paediatric and Congenital Cardiology then becomes all about optimising the care of patients.

Internationalisation has increased profoundly the past decade related to the internet, ease of communication, and ease of travel. With this, expanding the relationships of the Association for European Paediatric and Congenital Cardiology has been an important focus. The Association for European Paediatric and Congenital Cardiology has subsequently expanded into much more of an international organisation, with membership and involvement outside of Europe. Related to this, the relationship between the Association for European Paediatric and Congenital Cardiology and Heart University was seen as mutually beneficial for both entities to achieve their altruistic goals. What Coronavirus disease 2019 (COVID-19) has given us is that it has accelerated this relationship through the related needs to provide alternatives for continued medical education and education of trainees.⁶ Our relationship with Heart University was good from the beginning; however, COVID-19 made this relationship even better through the growing necessities for online education and idea sharing, a relationship we could not imagine being without. We certainly long for the days when we can return to our annual in-person conference, but we have learned together the valuable and complimentary role provided by our joint efforts towards this online educational forum.

Dr. Tretter: Clearly COVID-19 has shown the importance of The Webinar to increase the accessibility of high-quality education to a global population.⁸ However, as you mentioned earlier, it cannot fully supplement the value of in-person conferences, which includes but is not limited to the networking and development of lifelong professional friendships and mentorship. I certainly was looking forward to joining you in Gothenburg, Sweden, for the planned 2020 Association for European Paediatric and Congenital Cardiology Conference, which was then cancelled secondary to COVID-19. I was looking forward to interacting in person with the many great members of the Association for European Paediatric and Congenital Cardiology that I have come to know from past conferences and through our interactions over emails and video conference calls. Once life returns to some resemblance of normalcy, I would envision The Webinar will play a much larger role in academia. But the in-person conference will remain as a staple of continued medical education.

Dr. Hanséus: I do agree, and I think that these two forms of education will stimulate each other. You and I had met before COVID-19. My impression then was that our joint efforts would provide access to high-quality education in paediatric and congenital cardiac care all around the world and break down barriers that existed

prior to COVID-19 and will exist in the post-pandemic world, whether logistical, financial, or what have you.

Dr. Tretter: Related to the relationship between Heart University and the Association for European Paediatric and Congenital Cardiology, it has been published in *Cardiology in the Young* that “the relationship between the Association for European Paediatric and Congenital Cardiology and Cardiology in the Young is important and fundamental; this relationship is the primary relationship and affiliation of *Cardiology in the Young*”.⁵ Can you comment on the value of the relationship between the Association for European Paediatric and Congenital Cardiology and *Cardiology in the Young*?

Dr. Hanséus: One of the big advantages for the Association for European Paediatric and Congenital Cardiology is the free access provided for its members to a peer-reviewed and trustable journal. It provides an easier avenue for searching for true knowledge, as opposed to what may be provided by larger non-medical search engines such as Google. The collaboration between the Association for European Paediatric and Congenital Cardiology and *Cardiology in the Young* additionally allows an avenue to publish important guidelines and white papers. For example, over the past year, the Association for European Paediatric and Congenital Cardiology has published within *Cardiology in the Young* guidelines related to basic training in paediatric and congenital cardiology,⁷ training in diagnostic and interventional electrophysiology,⁹ and a position paper on COVID-19 in paediatric and congenital cardiology,¹⁰ as well as being involved in the White Paper describing the initiative of Heart University.⁶ The journal therefore provides not only information that is medical and scientific, but also generally useful for our Association for European Paediatric and Congenital Cardiology members and the community of paediatric and congenital cardiac care as a whole. So, it becomes an excellent symbiotic relationship between the Association for European Paediatric and Congenital Cardiology and *Cardiology in the Young*. However, I do think it can improve. The Association for European Paediatric and Congenital Cardiology council, including myself, can improve in writing more newsletters and engaging the members through these newsletters.

Dr. Tretter: One thing that comes to mind thinking about this relationship is when I had started out as an attending here at Cincinnati Children’s Hospital Medical Center. With my limited available discretionary funds, I had inquired with my leadership their opinion of the best conferences to consider attending. The Association for European Paediatric and Congenital Cardiology conference was highly recommended because of its sole focus on paediatric and congenital cardiac care. This contrasts to many other conferences where often our field is a small topical focus of a larger adult cardiology-focused conference. It is the same idea with *Cardiology in the Young*, being one of few journals whose sole focus is on paediatric and congenital cardiac care. While there is bias and incentive towards publishing in some of the larger adult cardiology-focused journals, there are clear advantages for our field placing greater emphasis on our own journals.¹¹ Can you discuss some of your goals for the future of the relationship between the Association for European Paediatric and Congenital Cardiology and *Cardiology in the Young*?

Dr. Hanséus: I have already pointed out one, in that we the council need to be more active in the journal. Another aspect is that what we have seen from when the Association for European

Paediatric and Congenital Cardiology started in 1963 is the field of paediatric cardiology develop into multiple sub-specialities, such as electrophysiology, cardiac imaging, foetal cardiology, and so on. I want *Cardiology in the Young* to develop itself better as a journal that appeals to all of our sub-specialists. Currently, there is a trend towards creating sub-specialty journals, most of which live under the umbrella of popular adult cardiology journals. This too has its advantages. But I would like *Cardiology in the Young* to provide relevant material across the spectrum of paediatric and congenital cardiology to both appeal to all of our sub-specialists and also provide this wide spectrum of knowledge to all paediatric cardiologists, no matter their sub-specialty focus. For example, the cardiac imager should still have an excellent understanding of the care of patients with cardiac arrhythmias, even if they are not directly involved in their care.

Dr. Tretter: The World Congress of Paediatric Cardiology and Cardiac Surgery has been called “The Olympics of our Profession”.^{12,13} Can you comment on the value of The World Congress of Paediatric Cardiology and Cardiac Surgery and the relationship between Association for European Paediatric and Congenital Cardiology and The World Congress of Paediatric Cardiology and Cardiac Surgery?

Dr. Hanséus: The World Congress did an excellent job early on of integrating paediatric and adult congenital cardiologists, congenital cardiothoracic surgeons, interventionalists, and other important provider specialities involved in paediatric and congenital cardiac care. This accomplishment was extremely important. As mentioned, the Association for European Paediatric and Congenital Cardiology is a medium-sized organisation with a European focus. We are well organised and aim to be reliable, having a way of doing this. That is very good. However, The World Congress brings in some new ideas with even larger international involvement and another way of arranging large meetings. It brings together providers from all over the world who are practicing the same field but in extremely different circumstances. This knowledge sharing is exceedingly valuable since the world is not defined by one country or one continent. I am very excited for the next World Congress in Washington, D.C. in 2023. The Association for European Paediatric and Congenital Cardiology annual meetings and The Quadrennial World Congress complement each other very well and the collaboration between the two have improved greatly over time.

Dr. Tretter: Well, I know that global health and taking care of patients with paediatric and CHD in all parts of the world, including in low-resource settings, is a major focus for this upcoming World Congress. I too am very excited to attend.

As President of the Association for European Paediatric and Congenital Cardiology, you provide important leadership for the Association for European Paediatric and Congenital Cardiology as the Association collaborates with multiple other organisations and entities. Can you comment on the relationship of Association for European Paediatric and Congenital Cardiology with The European Association for Cardio-Thoracic Surgery and The European Congenital Heart Surgeons Association?

Dr. Hanséus: To be formal, one of the positions in the Association for European Paediatric and Congenital Cardiology council is reserved for a congenital cardiothoracic surgeon. I think this is extremely important and has helped to solidify and improve upon our relationships with both the The European Association for

Cardio-Thoracic Surgery and The European Congenital Heart Surgeons Association. Multidisciplinary care is essential for our patients, and this collaboration is at the heart of it. It is also a very important part for the Association for European Paediatric and Congenital Cardiology to collaborate with other national and international associations and societies to achieve our goals for knowledge sharing, continued medical education, and training. In addition to collaborating with the The European Association for Cardio-Thoracic Surgery and The European Congenital Heart Surgeons Association, we have close collaboration and exchange with the Japanese Society of Pediatric Cardiology and Cardiac Surgery and with the European Society of Cardiology, the European Academy of Pediatrics, the Asian Pacific Cardiology Society, the American Heart Association, and the American Society of Echocardiography.

Dr. Tretter: Right, and I still remember your excellent speech at the Faculty Dinner for the First Joint Meeting of the The European Congenital Heart Surgeons Association and the World Society for Pediatric and Congenital Heart Surgery in Sofia, Bulgaria in June 2019, where you emphasised the importance of this collegial relationship between the paediatric cardiologist and the congenital cardiothoracic surgeon. During this memorable speech, you emphasised the importance of this relationship for optimal patient care.

Dr. Hanséus: This relationship is important. But the multidisciplinary team required to care for our patients goes far beyond just the cardiologist and surgeon. It includes many other disciplines including the intensivist, the anaesthesiologist, and the nurse! I would like to have a more visible collaboration and integration between the Association for European Paediatric and Congenital Cardiology and the cardiac intensivists.

Dr. Tretter: Recently, the Association for European Paediatric and Congenital Cardiology and The European Association for Cardio-Thoracic Surgery published the following two manuscripts:^{14,15}

- “Clinical guidelines for the management of patients with transposition of the great arteries with intact ventricular septum”¹⁴
- “Guidelines for the management of neonates and infants with hypoplastic left heart syndrome: The European Association for Cardio-Thoracic Surgery and the Association for European Paediatric and Congenital Cardiology Hypoplastic Left Heart Syndrome Guidelines Task Force”.¹⁵

Can you comment on the value of such joint multidisciplinary publication of Guidelines?

Dr. Hanséus: I think that sometimes we are afraid of guidelines, thinking they will challenge the concept of us doing the best for the individual patient. Every patient is unique and may not fit exactly into a generic guideline for a specific disease. However, they are valuable in providing general expert consensus and evidence when available. The clinician is then left with determining how these general guidelines may or may not apply to their individual, unique patient to determine what is best for their patient. Guidelines become very important for the sake of our patients because we cannot all have our own learning curve.¹⁶ We have to learn from each other and collect our knowledge, not reinventing the wheel every time by ourselves.

Dr. Tretter: The Association for European Paediatric and Congenital Cardiology has published multiple position papers in *Cardiology in the Young*, covering multiple topics:^{7,9,10,17–27}

- basic training in paediatric and congenital cardiology⁷
- ideal configuration of the modern theatre for paediatric cardiac catheterisation¹⁷
- standards for training in paediatric echocardiography¹⁸
- training in congenital cardiovascular MRI¹⁹
- training in diagnostic and interventional cardiac catheterisation²⁰
- training in paediatric cardiac intensive care²¹
- indications for cardiovascular magnetic resonance in children with congenital and acquired heart disease^{22,23}
- multidisciplinary family-centred psychosocial care for patients with CHD²⁴
- clinical training in paediatric heart failure and transplantation²⁵
- training in pulmonary hypertension²⁶
- training in diagnostic and interventional electrophysiology^{9,27}
- coronavirus disease 2019 (COVID-19) FAQ's in Paediatric and Congenital Cardiology¹⁰

Can you comment on the value of such joint multidisciplinary publication of Guidelines?

Dr. Hanséus: The process of reaching a multidisciplinary publication is as important as the product. In order to actually have recommendations, you have to have a group of experts agreeing how to do it. And when you agree how to do it you define the topic. You define what MRI is, cardiac catheterisation is, or whatever the focus is. If you believe in people interacting with each other, interacting to achieve a goal is very important. Collaboration comes from me needing something from you, and vice versa. I will be happy when the paper is finished, and I cannot finish it without you, so we will collaborate to complete this task. So, the road is at least as important as the goal.

The available sub-specialty expertise within our field varies between centres and between countries. I believe it is important that we try to define what a basic level of understanding and expertise is needed to provide different services and perform various procedures to ensure the basic safe care of patients around the globe. This task will sometimes be complicated, but is essential to define this for the best care of our patients. The intent is not to point out who is good or bad, but to help centres and countries recognise if they are currently capable to provide various services and perform various procedures, or if they need to improve, which may involve asking for outside help.

Dr. Tretter: How has COVID-19 impacted the Association for European Paediatric and Congenital Cardiology?

Dr. Hanséus: COVID-19 is a catastrophe in many ways in terms of how it has impacted human beings. But focusing on its impact specifically on the Association for European Paediatric and Congenital Cardiology, our initial focus and concern was trying to understand how this could potentially impact our patients. Second, and definitely less important, it obviously impacted the ability to travel resulting in cancellation of our annual Association for European Paediatric and Congenital Cardiology Meeting. This crisis also made us increasingly consider the core values of the Association for European Paediatric and Congenital Cardiology. Our main means of facilitating these core

values of knowledge sharing and educational growth to improve the care of our patients was at stake. We also had to consider how to promote membership in the Association for European Paediatric and Congenital Cardiology, with the benefit of the annual meeting now temporarily taken away related to COVID-19. But these considerations prompted us towards developing the collaboration with Heart University in the webinars, such as the Association for European Paediatric and Congenital Cardiology Foetal Cardiology Learning Series put on by the Association for European Paediatric and Congenital Cardiology Foetal Cardiology Working Group as well as our involvement in Heart University's webinar series "Contemporary Questions in Congenital Heart Disease". We had to re-organise how we would proceed with the council meetings. Being on the council does involve much work, but it is mixed with the fun of traveling for the meetings and opportunities to socialise with the other council members. Now the meetings had to be conducted over video conference calls, with an increased number of meetings, as we discussed how to address the negative impact of COVID-19 on the Association for European Paediatric and Congenital Cardiology, and without the previous benefits. So, the workload increased significantly. The council members contributed in a fantastic way, taking on the hard work. I am very proud of the council members and how they have risen to this challenge, exchanging our views of how we will take the Association for European Paediatric and Congenital Cardiology forward in the midst of this pandemic. I think the gain will be more than the loss.

Dr. Tretter: As the leader of an international medical association, what advice about leadership do you have for younger physicians who aspire to be leaders?¹⁶

Dr. Hanséus: As doctors and with the fascinating topic of paediatric cardiology, we are very focused on the medical aspect of our work, with the clinical and academic work dominating our minds and our days. I want young people to know that being a leader involves doing clinical work. It also involves working with people and dealing with patients, but also dealing with team members, whether part of the clinical team or an organisational team. Getting involved as junior members in working groups and taking part in the administration of the Association, or being involved in the organisational work at your institution at home, is not dangerous. It may lead you to something that you end up valuing and enjoying. It is a way that you can potentially change things. What you do at the desk and what you do at the bedside are not completely separate things, so it becomes important to develop these multifaceted skills as a clinician leader. Most of us who are leaders now just happened to fall into it by chance. I did not go into the Association for European Paediatric and Congenital Cardiology council because I hoped to one day become the Secretary General or President. I went into it because I thought it was a fun opportunity. It was just my piece of luck that I would eventually be appointed into these roles. So, as with everything, with the science, the clinical work, and leadership, you must always go to those things that bring you joy, and then the success will come.

Dr. Tretter: As a woman who leads an international medical association, what advice about leadership do you have for younger woman physicians who aspire to be leaders?¹⁶

Dr. Hanséus: You cannot be naïve and believe that there is never a difference for women compared to men, in the same way related to

differences between cultures. However, throughout the history of the Association for European Paediatric and Congenital Cardiology, I believe we have been very fortunate to have very visible, very skilled, and very good female leaders and colleagues, both in the clinical and research arena. This fact was very inspiring for me when I was a young paediatric cardiologist first exposed to the Association for European Paediatric and Congenital Cardiology, that gender should not be a barrier to success. This truth has been the same at my institution. You have to be aware that gender bias may exist, but you must try not to be too affected and focused on this, trying not to see the gender issue into everything that does not go your way. You must have confidence in yourself and your abilities. We live with a lot of our history, but today is today, and history is the history. So, sometimes we may view things as gender-bias, even though part of that may be because you are viewing it with historical glasses. But things have and continue to improve in society, and much of this is history, and the future is now.

Dr. Tretter: Can you comment on the value of mentorship in your career? Who were your mentors? Do you have any advice about how to be a great mentee? Do you have any advice about how to be a great mentor?¹⁶

Dr. Hanséus: The value of mentorship in my career has been immense. My mentors were the two paediatric cardiologists when I started at the University Hospital in Lund: Associate Professor Gudrun Björkhem and Professor Nils-Rune Lundström. They showed the joy in the work and were fascinated with everything related to their work. But they never forgot to combine it with the message that it doesn't come for free and it is not easy all the way. I think that an important part of being a mentor and mentee is to have the courage to address the things that are not easy. If you can trust your mentor to provide constructive criticism when it is not easy, you can trust them with the positive encouragement. The personal discussion and connection between the teacher and pupil are an extremely important aspect of learning, which cannot be replaced by other means.

Dr. Tretter: Do you have any advice for strategies that your mentees and students can use to successfully collaborate on a multi-disciplinary TEAM?²⁸

Dr. Hanséus: As much as I can give the names of my physician mentors, I can give the names of the nurses and staff at the ward where I trained. They all served as extremely important mentors to me. I feel privileged to be involved in patient care, to work with a multi-disciplinary team, and to recognise that each member of the TEAM serves an important role and has an important knowledge base and skill set, which are critical towards the care of the patient. Even now as an experienced paediatric cardiologist, this fact does not change. The bedside nurse and other patient providers bring valuable assets to the care of the patient. This principle is important for the junior paediatric cardiologist and trainee to recognise and appreciate. It is okay to not know everything, but is critical to trust the collaboration and those that are part of your team.

Dr. Tretter: If you are not busy with your clinical duties, leading your department, or your leadership responsibilities at the Association for European Paediatric and Congenital Cardiology, where would we find you?

Dr. Hanséus: You would find me outside in the nature with my camera. You would find me with my grandchild, my son, and

daughter-in-law. You would find me at the sailing camp for adolescents with CHD. And you would find me with my friends.

Dr. Tretter: Thank you for this awesome interview, Dr. Hanséus. The elements that really stand out to me interviewing you as a clear, recognized leader in the field are both your joy for what you do, and your humility. It is really inspiring to me seeing someone in your position with these qualities. Thank you for this opportunity.

Dr. Hanséus: Thank you Justin.

Acknowledgements. None.

Financial support. This work received no specific grant from any funding agency, commercial, or not-for-profit sectors.

Conflict of interest. The authors have no conflicts of interest to disclose.

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