

ACC NEWS



President's Page: ACC Educational Programs

ADOLPH M. HUTTER, JR., MD, FACC

President, American College of Cardiology

Continuing medical education, or CME, is a constant part of our lives as physicians. As Sir William Osler (1) stated in 1900, "More clearly than any other, the physician should illustrate the truth of Plato's saying, that education is a lifelong process." Although we each learn in our own way, in our own settings, according to our perceived needs, abilities and talents, there are some general categories of reasons for our participation in CME activities (2). Although originally enunciated in the early 1980s, these categories still hold true today and include the following:

1. CME is an integral part of our commitment to our profession. We maintain and extend our knowledge and skills for ourselves as well as for our patients.
2. We are interested in topical subjects, usually those that relate to our own specific area of practice.
3. Learning is a cumulative, but evolving, process. CME allows us to validate or modify what we have already learned and reassures us that we are practicing medicine in accord with the best guidance that science provides.
4. Much of our learning is problem specific, and is intended to help us attain a particular learning or behavioral objective.
5. We continue to learn from one another. The social interaction of meetings, where learning occurs informally as well as formally, characterizes the entire continuum of medical education.

The American College of Cardiology has as its primary mission "to provide a comprehensive and innovative program of high quality continuing education for cardiovascular health care professionals." The heart of the College is certainly our outstanding array of CME programs and publications. The ACC education programs are well presented,

Address for correspondence: Adolph M. Hutter, Jr., MD, A.C.C. Building, Suite 467, Massachusetts General Hospital, 15 Parkman Street, Boston, Massachusetts 02114.

well attended and effective. A recent needs assessment survey conducted by the College (3) reveals that the traditional methods of CME—attending courses, reading, discussing problems informally with colleagues—are still much appreciated. Nonetheless, because our membership is diverse and learning needs are individual, the College has begun to increase the types of educational offerings available to members. This diversification is likely to continue as the curriculum of cardiovascular medicine expands and the need of physicians to demonstrate continuing competence increases.

Current CME activities provided by the College. *The College Annual Scientific Session.* This large annual meeting comprises many educational activities and was attended by more than 12,000 professionals in both 1991 and 1992. Those who attend the Session can learn about the latest research findings through abstract presentations, interact with internationally respected experts on many topics, attend mini courses, hear both sides of controversial topics and participate in informal discussions with one another in an intensive, but brief educational activity. The exposition, which is one of the largest sponsored by a medical specialty society, extends the educational activity of the Scientific Session by permitting a first hand look at the latest products and services in cardiovascular medicine. An evaluation of ACC '92 shows that we are doing well. Almost all of a representative sample of attendees reported that the session was relevant to their practice and that they would recommend attendance to their colleagues. The program committee and the staff continually strive to make this world-renowned meeting even better every year, and I believe they succeed in this endeavor.

The Learning Center at Heart House. The educational programs held at the ACC Learning Center in Bethesda represent the opposite approach to educational programming. Like the Annual Meeting, Learning Center programs provide timely information by leading authorities but they

are characterized by their small size and opportunity for extensive personal interaction among faculty and participants. Thirty programs were presented during the 1991-92 program year, with an average attendance of 70 at each program—a near capacity audience in the Learning Center auditorium. The Learning Center interactive chairs have just been enhanced with adjustable lumbar support to assure the physical comfort of program participants during the intensive educational sessions.

ACC Extramural CME programs. In 1992 more than 7,000 persons attended ACC Extramural CME programs. A total of 32 programs were presented by more than 650 faculty members. The cumulative evaluation data support the premise that these programs are effective, timely and well presented. More than 90% of all respondents indicated that the program information “. . . will be of value in my professional activities.” Both the Learning Center and the Extramural programs are individually peer reviewed and revised as necessary to keep them up to date and relevant to professional activities.

ACC education in print and other media. The College library of self-study materials is rapidly expanding, and I predict will grow even more through the next decade. ACCEL, the College's audio journal, will soon mark its 25th anniversary. Described as a “completely spontaneous, often controversial, and always stimulating educational resource,” it joins the *Journal of the American College of Cardiology* as an important source of new information for cardiovascular practice. The first issue of *ACC Current Journal Review* was published this October. Through abstracts and reviews this bimonthly journal will offer readers access to pertinent clinical papers published in 40 of the most respected journals in cardiology and medicine. The College's catalog of audio tapes and videotapes is growing. The printed *Learning Center Highlights* and the *Learning Center Video Highlights* bring current content from the Learning Center in Bethesda to the physician's home or office. “Cardiology Update,” the College's cable TV program specifically for cardiovascular professionals, also brings in-depth coverage of important topics to the physician's home. The most recent new initiative is the College's first Adult Clinical Cardiology Self-Assessment Program (ACCSAP I, available in March 1993), which includes a syllabus, self-examination questions, answer commentaries and bibliographic references. ACCSAP I will contain current information, abstracted and reviewed by experts, and will constitute the centerpiece of study for certification and recertification in adult cardiology.

CME for the 90s and beyond. This solid base of successful CME programs has the College well grounded for the next exciting decade. I hear from many of you, and I myself believe, that the quality of our programs and our faculty is our greatest strength. The College staff and the many volun-

teers who serve as members of the educational committees and faculty of our educational programs are committed to maintaining this level of quality in any new endeavor. They are also consistently striving to improve the quality of our CME activities.

The recent needs assessment study gives a hint of how the College's future may unfold. Respondents to this survey expressed substantial interest in self-study CME programs and indicated a desire to have CME programs offered closer to home. A surprisingly large percentage of respondents stated that they would like to participate in a 1-week traineeship with recognized experts. There was an expressed interest in multiple choice tests and written patient management problems.

A focus group of leaders in CME was one part of the needs assessment study; these leaders identified broad trends that are likely to affect CME. The most important trends included the changing economics of medicine, the electronic media/computerization of CME, the growing reliance on practice parameters/guidelines, the changing regulations affecting pharmaceutical industry relationships to CME, the lack of societal underpinning for CME and the increasing “individualization” of CME.

Since 1990, the duration of certification by the American Board of Internal Medicine (ABIM) has been limited to 10 years. The recertification process, which was described in the November 1 issue of *JACC* (4), will introduce new methods to measure the extent to which we, as physicians, succeed in our self-directed learning efforts. It also makes it even more imperative for the College to ensure that its CME activities meet the members' current and new learning needs.

An Educational Priorities Conference will be held at Heart House in December. The purpose of this important conference is not only to review and discuss the findings of the needs assessment study, but also to develop specific recommendations for the College's future CME priorities, strategy and direction. Through this Conference I think we will be able to improve what we are already doing well, and venture into exciting new areas with the same sense of quality and service that have come to be the hallmarks of the CME activities of the American College of Cardiology.

References

1. McGovern JP, Roland CG, William Osler: *The Continuing Education*. Springfield, IL: Charles C Thomas, 1969.
2. Richards RK, Cohen RM. The value and limitations of physician participation in traditional forms of continuing medical education. *Kalamazoo, MI: Upjohn*, 1981:9-13.
3. *Continuing Medical Education Needs of Adult Cardiovascular Specialists*. American College of Cardiology, January 1992.
4. Cardiovascular Disease Board of the American Board of Internal Medicine. Recertification in Cardiovascular Disease. *J Am Coll Cardiol* 1992; 20:1294-5.