



The Society for Cardiovascular Angiography and Interventions

SCAI President's Page

SCAI—Promoting Quality in Education

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In recent years, the Society for Cardiovascular Angiography and Interventions (SCAI) has greatly expanded both the number and diversity of continuing medical education (CME) offerings for interventional cardiologists and our colleagues. Providing such a wide variety of high-quality educational programs is not something that just happened by chance. Rather it was, and continues to be, the direct result of the Society's commitment to quality in education and the tireless efforts of a very active Education Committee. Nobody appreciates this effort more than the Chair of our Education Committee, Dr. Larry Dean, the two co-chairs of this committee Drs. Joseph Babb and David Cox, and the members of this committee, all of whom help SCAI's educational offerings live up to our motto, "The Best of the Best in Interventional Cardiology." To highlight the activities of the Education Committee, I have asked Dr. Dean to join me as an author of this President's Page. One needs to go no further than our mission statement to understand the importance of education to the Society.

SCAI MISSION: *The Society for Cardiovascular Angiography and Interventions promotes excellence in invasive and interventional cardiovascular medicine through physician education and representation, and the advancement of quality standards to enhance patient care.*

PROVIDING CME—HOW DOES IT HAPPEN?

The pathway to providing CME is more detailed and complicated than most physicians appreciate. To

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provide CME, an organization like SCAI must be accredited by the Accreditation Council for Continuing Medical Education (ACCME). The accreditation process is rigorous, taking 12 to 18 months to complete. Approximately 13% of organizations fail to attain accreditation on their first attempt. To gain an appreciation for the rigor of this process, I suggest a visit to the Web site of the ACCME at www.accme.org.

The ACCME sets the educational standards for CME activities and monitors its accredited providers' adherence to those standards. ACCME accreditation is a mark of quality CME activities that are planned, implemented, and evaluated by ACCME-accredited providers in accordance with ACCME's accreditation policies. ACCME accreditation assures the medical community and the public that such activities provide physicians with information that can assist them in maintaining or improving their practice of medicine. Accreditation also provides a mandate that the CME activities are free of commercial bias and based on valid content.

HOW FAR WE HAVE COME

Although the Society is nearly thirty years old, for the first half of its existence, we were not in a position to offer accredited CME. As recently as 1993, even our flagship event, the Annual Scientific Sessions, was not an ACCME-accredited educational activity. That changed in 1994 when the Society attained the much-coveted designation by the ACCME, thanks to the efforts of Dr. Babb and his colleagues. Upon successful completion of the accreditation process, the Society's educational mission was immediately invigorated and, in a relatively short time, SCAI became a major resource for members and their colleagues to acquire the necessary CME credits and stay up-to-date in invasive/interventional cardiology.

ACCME accreditation is not a static process. Similar to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), periodic re-accreditation by the Council is required, and the standards for accreditation are continually evolving. Over time, the ACCME has steadily adopted more stringent compliance criteria for organizations. For example, it is an ACCME requirement that accredited organizations conduct a needs assessment to plan CME activities, evaluate the effectiveness of their overall CME program, and then make improvements to the program based on these data. This is why meeting organizers implore you to complete the meeting evaluation forms rather than throw them in the trash. Without your feedback, it is impossible to assess the meeting and make

improvements that will make it a better experience next time.

At the time of this writing, ACCME had established new performance criteria that emphasize identifying outcomes measurement and practice improvement. ACCME's stated goals are to promote "learning and change—both for learners and providers." Specifically, the Council is now focused on measuring the extent to which a CME provider uses the knowledge gained through CME activities to change its CME offerings. This new ACCME framework asks SCAI and other accredited providers to meet some ambitious goals, such as:

- Setting a CME mission that focuses the CME program on improving one or more measures of physician competence, performance, and/or patient outcomes;
- Striving to meet that mission through a program of CME based on practice-based needs; and then,
- Evaluating success at meeting the mission; and if possible,
- Engaging with their environment to enhance the role of the program, and of CME, in promoting quality and safety [1].

ACCME's emphasis on promoting quality and patient safety is in harmony with SCAI's mission statement. It is no coincidence that our mission statement cites "physician education" first among the activities through which SCAI "promotes excellence in invasive and interventional cardiovascular medicine."

SCAI'S LOGO—WHAT IT REPRESENTS

If physician education forms part of the foundation of SCAI's mission statement, then the "bricks" are the individual CME programs we offer and the "mortar" holding everything together is the Society's Education Committee. The members of this committee constantly review proposals for new programs and recommend to the Board of Trustees only those that meet the Society's standards for high-quality, objective, unbiased education, relevant to the practice of invasive/interventional cardiology. Every day you likely receive one or more announcements about a medical meeting offering CME credit. Some will feature SCAI's logo quite prominently, and it is important to understand what our logo represents on those materials.

The CME programs offered by the Society are typically divided across three categories: SCAI directly sponsored, SCAI jointly sponsored, and SCAI co-sponsored. These categories denote, in descending order,

progressively less engagement by the Society in the content and management of the educational program.

SCAI Directly Sponsored Programs

As the name suggests, directly sponsored programs are those in which SCAI has the most invested, quite literally. These programs are wholly owned by the Society, meaning the Society identified the need for the program and has assumed all the responsibility and risk involved in offering the program. When a program is directly sponsored, the Society, through its members and staff, plans and manages every facet of the program, including developing the content, recruiting the faculty, providing the CME credit, and ensuring all logistics run smoothly. The best example of an SCAI directly sponsored program is our Annual Scientific Sessions, but there are numerous other examples, both traditional and more innovative. For example, the Society has developed a three-tiered program for training physicians in carotid artery stenting, including a didactic core curriculum, online self-assessment program, and simulation training. This directly sponsored program blends traditional and innovative educational components. Another example among many is the series of excellent educational programs the Society is now sponsoring on multislice CT coronary angiography.

SCAI Jointly Sponsored Programs

Jointly sponsored programs are planned and developed as a collaborative effort by the Society and a non-ACCME-accredited organization. An example of such a program is the *Cardiology Fiesta in San Antonio—Update on Cardiac Diagnostic and Therapeutic Techniques*, directed by SCAI Board member Dr. Steve Bailey. In cases of joint sponsorship, SCAI takes the lead to ensure the program and faculty are objective, impartial, and unbiased, and SCAI is the provider of CME for the event. Program planning and meeting logistics are handled by the course director and associates.

We do not engage in many jointly sponsored programs because the Society is very careful about determining which programs to jointly sponsor. In order to maintain ACCME accreditation, SCAI must take full responsibility for the needs assessment, planning, implementation, and evaluation of the effectiveness of these programs. In addition, SCAI participates in these programs only when the Education Committee and Board of Trustees have complete confidence in the non-accredited organization's ability to host a program that is of high quality and completely unbiased. When you see a program promoted as jointly sponsored by SCAI, you can have confidence that the Society

believes in the educational value of the program for interventional cardiologists.

SCAI Co-Sponsored Programs

In the past, the ACCME characterized the interaction between a "direct sponsor" and "co-sponsor" as a "partnership," but the Council now focuses instead on the "direct" and "joint" sponsorship models. Similar to many other societies, SCAI utilizes the co-sponsorship designation to recognize programs of high quality and interest to interventional cardiologists. At the time of this writing, there are fifteen co-sponsored programs listed on the SCAI Web site. The Society does not initiate, plan, or organize such programs, nor do we provide the CME credit. The organization owning the program performs those functions, and your Society endorses the program. By endorsing these programs, the Society recognizes that the program is of value to the field of interventional cardiology and promotes it to the membership.

OUR COMMITMENT TO QUALITY EDUCATION

So, what does SCAI's logo represent in all of these contexts? Understand that your Society takes its educational mission VERY seriously and is constantly working to ensure that you and others in our specialty have access to—and are aware of—high-quality, objective programs that contribute to the delivery of high-quality invasive and interventional cardiovascular medicine. We clearly understand that you have choices among the multitude of educational programs currently offered by many organizations. As each of us works to stay up-to-date in our specialty, we will decide which programs best suit our style of learning, are most relevant to our practices, and fit our schedules and lifestyles. I am confident that SCAI has enough diversity in its educational portfolio that you can find what you are looking for. In fact, maintaining the right balance between quantity and quality is a major priority for the Society. The Education Committee is mindful that SCAI is not a "for-profit" company focused on churning out CME credits as fast as possible. To the contrary, the Society carefully reviews each proposed program (direct, joint, or co-sponsored) against a set of stringent quality criteria.

YOUR INPUT IS APPRECIATED AND NECESSARY

The Education Committee is one of the Society's most active and hard-working committees. It is an excellent opportunity to get better connected to the Society, get to know some of the Society's most dedicated members, and get "hooked" on participating your-

self. As most members would agree, the Education Committee is an excellent opportunity to make a meaningful contribution to the profession that has been so rewarding to each of us. The Education Committee, as is true for most SCAI committees, meets in person about three times a year, but does most of its work via conference call and e-mail. If you become involved, you can help shape SCAI's CME portfolio and help the Society to fulfill its crucial educational mission. It's a terrific opportunity, and we hope you will consider it.

Please send your thoughts and ideas to me at president@scai.org. I would be grateful to hear from you and will respond to every message.

REFERENCES

1. CME as a bridge to quality: updated accreditation criteria—background, explanations, timeline. Available at: http://www.accme.org/dir_docs/doc_upload/7ac66e27-3ed0-4b83-854d-ce5a8e-d82099_uploaddocument.pdf