



## The Society for Cardiovascular Angiography and Interventions

### SCAI President's Page

## IFI and ICI Offer Unifying Curriculum for Physicians Worldwide

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The Interventional Fellows Institute (IFI) and the Interventional Cardiologists Institute (ICI) are two ways of delivering a comprehensive, online curriculum to interventional cardiology fellows-in-training and practicing cardiologists. Initially developed by Drs. Manish Parikh and George Dangas, both programs are now offered, supported, and regularly updated and enhanced by the Society for Cardiovascular Angiography and Interventions (SCAI). The curriculum has received recognition and praise from program directors and practicing physicians both in the United States and abroad.

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Dr. Parikh joins us this month to discuss how IFI and ICI continue to develop and evolve, to meet the needs of interventional cardiologists worldwide.

### From Concept to Reality

**Dr. Hijazi:** Dr. Parikh, you started working on IFI and ICI years ago, but for those who are not aware of these educational opportunities, perhaps you could begin by telling us about their purpose and value.

**Dr. Parikh:** The concept for IFI and ICI was developed back in 2000 after the Accreditation Council for Graduate Medical Education (ACGME) realized that interventional cardiology was going to become boarded as of 1999. At that time, there was no unified core curriculum for trainees or practicing physicians. The 126 programs in the United States that had fellows were randomly teaching lectures based on whomever they had in their faculty.

The ACGME had decided that it would require a unifying concept of basic didactics, but there was no one who could actually provide it for the fellowship program directors, who had to do it on their own in 12 months. Cordis, a Johnson & Johnson Company, recognized the need and provided the funding for Dr. George Dangas and me to develop a concept and to construct for a unifying core curriculum that would be available to all program directors, practicing physicians, and, most importantly, the fellows-in-training.

**Dr. Hijazi:** Besides IFI being for fellows and ICI being for practicing cardiologists, what is the difference between the two programs?

**Dr. Parikh:** The only difference is the programming and software. They have the same lectures and tests. But in the United States and many other parts of the world, fellows require mentoring and direct communication with their facilitating mentors or program directors. So, in addition to the courses and tests, IFI has software that links a fellow's test results directly to the program director for confidential review. It allows the program director to monitor and keep a transcript of the fellow's growth and progress.

**Dr. Hijazi:** Aside from helping fellows improve their performance, how are those transcripts used?

**Dr. Parikh:** Program directors use them to improve the weaknesses in their programs and curricula in order to better prepare fellows for their boards. The transcripts also show that they have met the ACGME-mandated requirements when they are audited every 6 or 7 years.

### Nuts and Bolts

**Dr. Hijazi:** How many modules does the curriculum have, and how long does it take for a fellow to complete them?

**Dr. Parikh:** There are currently 14 modules or chapters. Each module has 5 to 15 dedicated talks. There are a total of 70 lectures, each requiring 1 hour of effort. It takes about 70 hours during the fellow's year of training to complete and have a very thorough didactic involvement in what interventional cardiology encompasses.

**Dr. Hijazi:** Is there any plan to offer ICI as a CME event for practicing cardiologists?

**Dr. Parikh:** Yes. We should have that up and running in the next 3–4 months. Each lecture will be for 1 CME credit.

**Dr. Hijazi:** How do you keep IFI and ICI up-to-date?

**Dr. Parikh:** The Society has two committees responsible for IFI and ICI. I chair the sponsoring committee, and Dr. Dangas chairs the editorial board. We already have 10 Society members on the sponsoring committee, and we are seeking 10 for the editorial board. We meet regularly and hope to edit the first four modules in the next couple of months, with biannual edits of modules later. Everything will be reviewed twice a year.

**Dr. Hijazi:** Will you include pediatric/congenital cardiology modules?

**Dr. Parikh:** We would like one or two modules on pediatric cardiology/congenital heart disease. As soon as the content's noneditable format is changed to a new platform, which is planned for this spring, you and whomever else you appoint will be the first to be involved?

### International Collaboration

**Dr. Hijazi:** Are these programs used in the same way in countries other than the United States? For example, how are they used by GISE, the interventional society in Italy?

**Dr. Parikh:** Currently, GISE only uses the ICI format. They are making it available to all of their members, practicing physicians, and trainees. It would, however, be very simple to allow any university anywhere the flexibility of direct communication with program director and trainees, if that is what they need.

**Dr. Hijazi:** As you know from our various meetings at EuroPCR and the World Congress in Argentina, IFI and ICI are among the important benefits offered by SCAI to other societies. How do you see other societies using these modules?

**Dr. Parikh:** IFI and ICI offer a unifying, unadulterated, free online curriculum that anybody with high-speed internet can use. It allows the Society to collaborate with any interventional cardiology society anywhere

in the world. It allows broader opportunities for membership and collaboration in any kind of educational, research, and training format imaginable. It exposes the rest of the world to the Society and the Society to the rest of the world. That is the beauty of this particular product—it can be used as an encyclopedia, an all-encompassing curriculum, or a periodic reference. The fact that it is brought to the rest of the world by the Society represents what the Society is all about.

**Dr. Hijazi:** Is there anything else in the pipeline that we should know about?

**Dr. Parikh:** Yes. Something very, very new is that the entire interventional community in China has reached out to us. We are talking with them to understand their needs. The Chinese government would like to translate the ICI curriculum to Chinese to train

interventional cardiologists in China. It will happen once the legal aspects are addressed, probably in the next 3 months.

**Dr. Hijazi:** This is fantastic! Congratulations, Dr. Parikh, for your leadership and efforts over the years to provide these programs for our fellows, members of the Society, and other societies, which will ultimately benefit our patients.

**Dr. Parikh:** Thank you. It has been a group effort. We can continue to add a lot to it. There is so much you can do now on the internet with animation, videography, and simulation.

It is really a legacy curriculum that will be a centerpiece for all SCAI educational endeavors.

**Dr. Hijazi:** You can write to me about this, or any other topic, at [president@scai.org](mailto:president@scai.org).