



# CardioSurve Newsletter

*The Voice of U.S. Cardiologists*

Winter 2016

## Sowing the Seeds of Cardiovascular Education

## JACC's Expanded Offerings Provide Broad Appeal

## Training the Trainers

## Simulation-Based Education: A Popular Tactile Learning Technique

## CardioSmart: Benefitting Patients and Clinicians

 **CardioSurve**  
*The Voice of U.S. Cardiologists*

CardioSurve™ is a unique, insightful panel of 300-350 cardiologists which provides an in-depth perspective of what U.S. cardiologists think.

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## Sowing the Seeds of Cardiovascular Education

Since its inception, education has been one of the central components that has allowed the ACC to fulfill its enduring purpose of improving cardiovascular health. In 1951 at the inaugural ACC national meeting, ACC President Bruno Kisch, MD, MACC, said that "for the first time in this country [the ACC would bring together] the clinician and scientist in common work and exchange of opinions ... for the best of the suffering cardiac patient."

Throughout its history, the ACC has fostered and provided cutting edge science and education to cardiovascular clinicians. This December 2016 edition of the CardioSurve Newsletter focuses on this mission, highlighting cardiology's pre-eminent publication the *Journal of the American College of Cardiology*, the future of instruction via simulation-based education, training those on the front lines of education and development of the next generation of cardiologists, and the extension of education into the patient space with CardioSmart.

As the ACC strives toward meeting the goal of improving the health of the cardiovascular patient of today and tomorrow, it will continue its long tradition of planting seeds in the minds of cardiovascular clinicians with education.

## JACC's Expanded Offerings Provide Broad Appeal

The *Journal of the American College of Cardiology* (JACC) continues to rank number one among all 124 cardiovascular journals in the world and is consistently rated the top benefit of ACC membership. Under Editor-in-Chief Valentine Fuster, MD, PhD, MACC, JACC has expanded its digital media offerings with a new mobile app and audio summary podcasts from Dr. Fuster, as well as added features like "Central Illustrations" for every manuscript and the "Fellows-in-Training and Early Career Page" in every other issue to further enhance the appeal of the *Journal*.

A recent JACC readership survey of 467 ACC domestic and international members finds that these efforts are paying off, with 94% of members overall indicating that they read JACC. More importantly, although members report that on average they read about four different clinical journals on a regular basis, JACC leads the pack on frequency of readership with more than

7 out of 10 clinicians (71%), noting that they read JACC at least weekly; *New England Journal of Medicine* is a close second with 68% weekly readership. Clinical utility (81%), education (73%) and teaching (53%) are among the top benefits of JACC noted by readers, with FACC members ranking clinical utility (85%) as their primary benefit, and Early Career professionals citing JACC as their top resource for education (85%).

In terms of topics covered by the *Journal*, acute coronary syndrome is identified as the most important clinical topic (75%), followed by heart failure (66%), coronary artery disease (65%) and atrial fibrillation (58%). These findings are similar to findings from a 2014 readership survey.

The majority of JACC readers (90%) consider guidelines and clinical statements to be the most important article types in the

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**"Don't judge each day by the harvest you reap, but by the seeds that you plant."**

— Robert Louis Stevenson



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## Training the Trainers

In September, the ACC conducted research among 270 members of the Cardiovascular Training Section in order to better understand and support the unique needs of Training Directors, Coordinators, and Residents. According to the survey, professional development opportunities, staying current on changing requirements and regulations and networking opportunities are the primary ways in which ACC's Cardiovascular Training Section provides the most value to its members.

More than three quarters of the members (77%) report that they participate in the ACC training section in order to keep current on training issues. Members also note promoting innovation in cardiovascular training (60%) and staying up-to-date on regulatory issues (57%) are benefits of section participation. The more tangible social aspects of the section also keep members engaged, with networking at 52% and opportunities for collaboration at 49%. Not surprisingly, training directors see live programs as the most effective form of educational communication with 42% ranking this first in effectiveness; email ranks second at 25%; and social media (e.g., Twitter) is seen as the least effective (1%).

Given the value of live meetings, it is not surprising to find that most CV Training Section members (77%) have been able to participate in a live ACC program in the past three years. Cost, scheduling conflicts, size of meeting, and preferring specialized meetings are the primary attendance barriers that are cited by the two-in-five (22%) section members unable to attend an ACC live program.

Section members volunteer a wide range of suggestions for desired educational topics, including faculty development on training, mentorship/career development for trainees, program development and access to a centralized resource repository. When probed on specific topics, developing centralized resources (74%) and updates on current changes (74%) are the two most important qualities that members desire from the Section. Interpreting training guidelines (63%), interaction with other sections (56%), education on teaching (56%), mentorship (54%), networking (52%) and advocacy (51%) are also very important for at least half of the section members.

Moving forward, the insights from the survey will lay a defined roadmap for the College to meet the needs of Cardiovascular Training Section members.



## JACC's Expanded Offerings

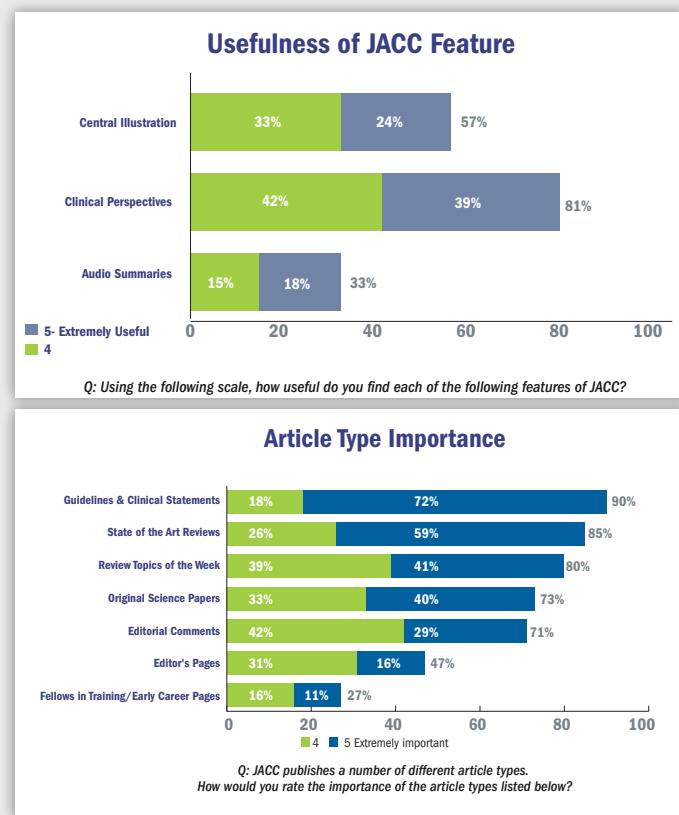
### Provide Broad Appeal continued from previous page

*Journal.* State-of-the-art reviews (85%) and review topics of the week (80%) garner high praises as well. Secondary manuscript types include original science papers (73%) and editorial comments (71%).

When asked about the *Journal*'s features, readers overwhelmingly name clinical perspectives as the most useful feature (81%), particularly for cardiovascular team members. Central Illustrations rank second (57%), followed by audio summaries at 35%. International associates are most likely to find audio summaries valuable. Additionally, of the audio summary users, the majority say they listen from home (49%) or during transit (41%). Members are fairly evenly divided on how they access *JACC*, with more than half of readers (59%) accessing the *Journal* by computer. Another 52% say they read the print edition. Fellows in Training, Early Career professionals and International Associates are more likely to read the *Journal* online.

*JACC*'s popularity, growing readership, and accolades show that it is a critical part of ACC members' professional growth and practice. In addition, it is apparent that its new digital offerings are helping to engage a wider audience. The College is using the results from the survey to guide development of additional features, as well as the new online home for *JACC* Journals that will debut in December 2016.

Learn more about *JACC* and the *JACC* family of journals at [OnlineJACC.org](http://OnlineJACC.org).



# Simulation-Based Education: A Popular Tactile Learning Technique

Simulation-based education experiences can include work with mannequins, online case-based simulation, virtual-reality simulation (via iPads or other electronic platforms), standardized patient simulation (with actors as patients) and task-training simulation. In April, CardioSurve explored the experience and perceptions of US cardiologists in their encounters with clinical simulation-based education.

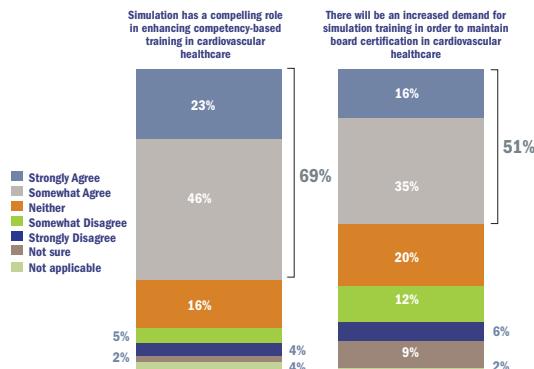
According to the survey, more than 4 out of 5 cardiologists (84%) state they have been taught via some form of simulation-based education, with more than half (64%) participating in two or more experiences. While mannequin-based simulation education (64%) is cited as the most common experience, clinicians appear to prefer online-based (59%) and virtual-reality simulation (54%) above other formats; only a quarter of cardiologists would rather participate in mannequin-based simulations.

More than two out of three clinicians (70%) agree that their simulation-based educational experiences are effective for learning. Early Career cardiologists (76%) are more likely to believe in the effectiveness of simulation-based education than their mid-to-late career colleagues (66%). However, more mid-to-late career cardiologists (54%) feel that there will be an increased demand for simulation training to maintain board certification in the future as compared to their younger colleagues (39%).

The survey also provides insights into the areas in which cardiologists believe simulation-based education would be most beneficial to them. Not surprisingly, cardiologists share that they are most likely to participate in procedural-based education via simulation (62%). They also believe that they would find value in leadership training (33%), team-based approaches to effective patient care (32%), and communication training (26%) using simulation learning platforms.

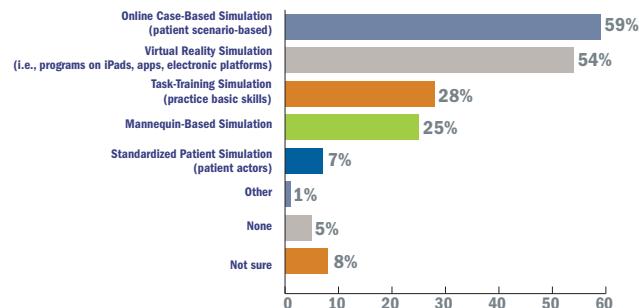
Despite the fact that most clinicians believe that simulation-based education is effective for learning, only slightly over one third of respondents (37%) feel that they would be very likely to participate in simulation-based educational offerings via ACC.org. However, if Maintenance of Certification (MOC) Part II credits are packaged with those offerings,

## Perception of Roles of Simulation in CV Training



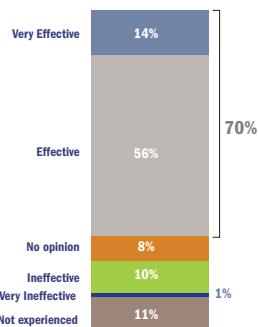
Q: Please indicate whether you agree or disagree with the following statements: (n=167)

## Simulation-Based Educational Preferences



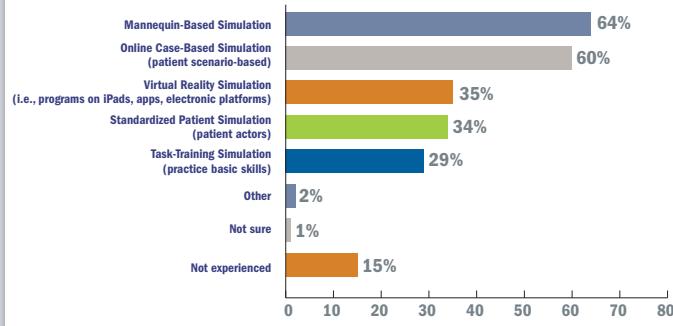
Q: Which of the following types of simulation-based education do you prefer? Please select all that apply. (n=167)

## Effectiveness of Simulation-Based Education



Q: In general, when thinking about your simulation-based educational experience(s), how effective overall do you think the simulation(s) has/have been for learning? (n=167)

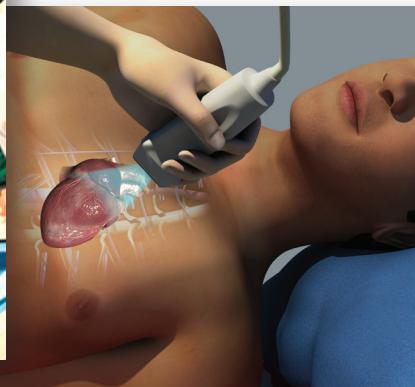
## Simulation-Based Educational Experiences



Q: Which of the following types of simulation-based education have you experienced? Please select all that apply. (n=167)

online participation jumps with more than 8 out of 10 clinicians (81%) indicating that they would participate in ACC.org simulation-based education. "The more MOC credit available, the better," says one clinician.

Although clinicians are favorably inclined toward simulation-based education and feel that it is effective, these educational offerings will ultimately be evaluated on the same criteria upon which all educational opportunities are judged: topic, time, ease of use and cost. Each simulation-based educational offering must always explore these factors thoroughly prior to launch. As the future of education evolves, the ACC will continue to be at the forefront of innovative platforms for cardiovascular education, both online and in-person. For more information about simulation-based educational opportunities at ACC.17, please visit [accscientificsession.acc.org](http://accscientificsession.acc.org).



# CardioSmart: Benefiting Patients and Clinicians

The ACC started its patient-centered CardioSmart initiative to encourage patients to play an active role in their own heart health and empower them to make better, healthier lifestyle choices. The program offers a number of resources for clinicians, ranging from popular infographic posters, mobile apps and shared decision-making tools, patient-focused video programming for waiting rooms, and a robust website featuring patient stories, fact sheets, and tips on how to prevent and treat cardiovascular diseases and risk factors.

In a recent CardioSurve survey, 38% of cardiologists indicate that they are familiar with CardioSmart and more than 1 out of 5 cardiologists (22%) state that they have used CardioSmart materials or resources for their patients. Among those cardiologists, more than half (59%) note that they send patients to the CardioSmart website while approximately 1 out of 4 share CardioSmart fact sheets (29%), brochures (26%) or infographic posters (24%) to help inform their patient populations. One in 10 of these clinicians (12%) also report using the CardioSmart iPad app.

Furthermore, among cardiologists leveraging CardioSmart resources, their collective perception is that they are very effective. Four out of five cardiologists (80%) believe that the CardioSmart fact sheets are very beneficial tools for their patients. Additionally, the vast majority of these cardiologists feel that the CardioSmart brochures (77%), website (75%), and the infographic posters (63%) are very helpful to patients as well.

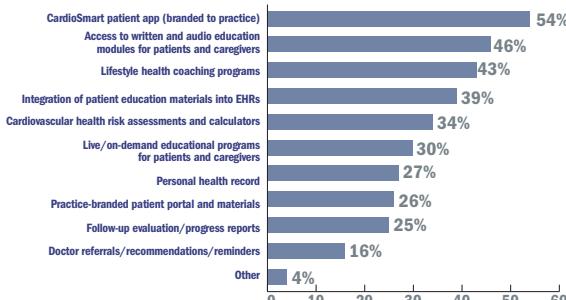
Nearly all of the clinicians (90%) who are using CardioSmart state they have seen at least one key benefit from participating, foremost of which is providing important resources to supplement an office visit (55%). Clinicians also note that CardioSmart tools help enhance communication with patients and provide patients with access to authoritative educational information. “[It is] extremely essential for patients to understand their disease state, treatment and adherence to their individualized treatment plan. Further education only enhances their understanding, especially with the small amount of time one can spend in the office visit,” said one CardioSmart clinician.

In addition to its current value, cardiologists see potential in CardioSmart’s future. The majority of clinicians (54%) surveyed say they would be interested in a CardioSmart patient app branded to their practice as part of the continuing evolution of the program. They also showed interest in the development of written and audio education modules for patients and caregivers (46%), lifestyle health coaching programs (43%) and the integration of patient education materials into electronic health records (39%).

Learn more about CardioSmart and how to become a CardioSmart practice at [CardioSmart.org](http://CardioSmart.org).

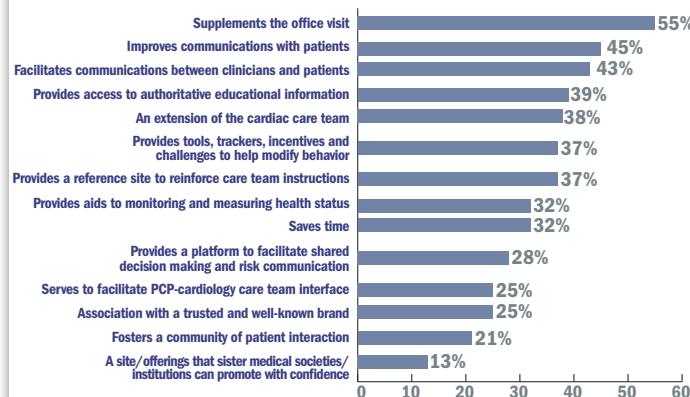


## What should ACC develop to further support CardioSmart?



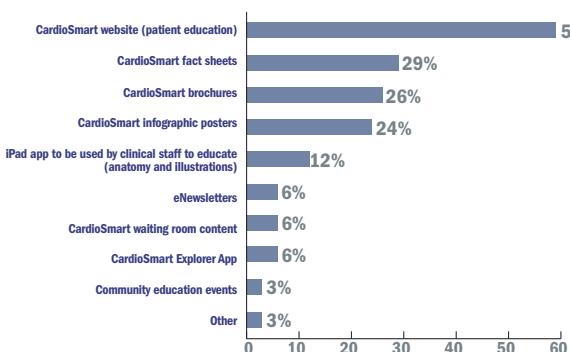
*Q: Which of the following resources should the ACC develop to further support the CardioSmart effort?  
Please select all that apply. (n=155)*

## Key Benefits of CardioSmart



*Q: Which of the following would be a key benefit to participating in CardioSmart?  
Please select all that apply. (n=155)*

## Most Commonly Utilized CardioSmart Materials/Resources



*Q: Which of the following CardioSmart materials/resources have you utilized for your patients?  
Please select all that apply. (n=34)*