



ASNC PRESIDENT'S MESSAGE

ASNC AND THE NEW WORLD OF MEDICAL EDUCATION: A GLIMPSE OF THE FUTURE



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The COVID-19 pandemic is the greatest public health crisis of our lifetimes and has disrupted most, if not all, of our major activities, especially in the fields of medicine. There are, however, silver linings, one of which is that we have adapted and innovated to the changing circumstances by working, learning, and engaging in new ways. Because of the pandemic, we now collaborate and educate one another over great distances using virtual technologies. As a major provider of cardiovascular imaging education, ASNC has been a leader in this transformation.

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THE TRANSFORMATIVE PICTURE OF VIRTUAL LEARNING

On the encouraging side, the quality of your ASNC's virtual educational offerings has become superb as staff and physicians have become increasingly adept with online learning platforms and many more learners have been reached, often over great distances. Virtual learning also is in many ways more convenient and less expensive than in-person meetings, particularly if, for example, the alternative is traveling to a conference in another city.

However, many physicians note that something has been lost with the transition to online-only meetings and learning. The casual conversations with colleagues and industry partners, the forum for leisurely asking exploratory questions after a presentation or giving feedback to presenters, and the camaraderie, collegiality, and opportunities for networking all are more challenging with the move from in-person to online meetings. Also, many have often not found contemporary versions of virtual exhibit halls to be satisfactory alternatives to real ones and traffic to abstract sessions and feedback to abstract presenters tends to be less at virtual medical congresses than at live ones. Researchers, particularly younger colleagues and those working in smaller programs, substantially benefit from feedback from these presentations and the diminution of such scientific interchange is concerning.

Nevertheless, ASNC data suggest significantly higher attendance and broader reach with virtual educational programs than with in-person presentations. With this shift, of course, comes new opportunities.

In our efforts to re-imagine continuing medical education, we need to consider how our members' needs have changed during and after the pandemic as well as how our industry partners can engage with our community to share new technology and innovation. As we thoughtfully transition back to face-to-face meetings, enhancing these interactions will be critical; moreover, creatively considering new virtual opportunities to support younger members will be vital.

As we begin this journey together, we will create the "new normal" for your ASNC and continuing medical education. We have heard from you, our

members. ASNC's 2021 Practice and Education Survey indicated that, for now at least, members would prefer to receive a significant amount of their medical education either online or on demand. Over two-thirds of respondents expressed this preference for all of the listed educational topics.¹ This partiality was especially true for younger physicians and technologists. This is understandable because these groups tend to have fewer educational funds available and, in the case of young multimodality imager physicians, the need to participate in educational activities from numerous sources creates a substantial financial barrier to travel to meetings. Indeed, even before the pandemic, physicians identified expense and travel time as the biggest barriers to obtaining continuing medical education.²

RECENT ASNC BOARD OF DIRECTORS ACTIVITY

In early June, the ASNC Board of Directors met (via Zoom, of course) to discuss the new realities of medical education and medical meetings. Part of the meeting included brainstorming sessions with industry partner colleagues. The Board also discussed contemporary adult-learner theory with Dr. Michael Cullen, an expert from the Mayo Clinic, and applied his teachings to ASNC's strategies for educational offerings.

Dr. Cullen emphasized the importance of the following points about learner-centric education³:

1. Incorporating learning objectives
2. Facilitating self-assessment of knowledge gaps
3. Integrating learner experiences
4. Providing content in multiple formats
5. Promoting interaction
6. Developing faculty teaching skills

CONSENSUS AND FUTURE DIRECTION

Through this brainstorming, several consensus trends emerged:

1. *One Format Does Not Fit All:* While a number of educational offerings can be delivered effectively via virtual formats, there will continue to be an important place for in-person learning. For example, the virtual format works exceedingly well for ASNC's Cardiac PET Workshops because faculty can use their own workstations, and the format is particularly time-efficient for attendees. In contrast, the ASNC Annual Scientific Session and the Nuclear Cardiology Today conference can and should optimize the in-person experience for attendees, faculty, and industry partners.

2. *Expect Out-of-the-Box Experiences at In-person Meetings:* In the near future, we may see smaller in-person meetings than we have in the past, and hybrid events (where meetings offer live and virtual components) may become popular. This post-COVID-19 transformation may offer new opportunities to make meetings even more personal, enjoyable, and meaningful for in-person attendees. Expect a lot of innovation in this area. Also expect interesting new venues, as the location will become all the more important when group activities for socializing, networking, and relaxed learning will be priorities. In-person meetings also will likely be linked with workshops that benefit from hands-on experience.
3. *Conferences Will Innovate Toward Learner-centeredness and Engagement:* Both virtual and in-person programs are going to become more robust as organizers get more intentional in their adoption of modern adult-learning theory and in their efforts to make educational experiences more learner-centric. It is likely that lecture content will be more goal-driven and will include more pre- and post-test questions so that faculty can match their presentations to learning gaps. More intentional feedback to presenters—both from attendees and experienced educators—also will be used to promote faculty development and enhance the overall quality of ASNC educational offerings.
4. *Right Format for the Right Learner at the Right Time:* As different formats can be effective for different learners at different times, much future content will be offered in multiple ways. For example, we might have the option of learning about a topic at a live event; on a virtual platform; via on-demand products, podcasts, or audio recordings; through teaching pearls or test questions; or (usually) various combinations of these and other delivery options. It is likely that a hybrid approach will be used to meet the needs of various constituents.
5. *All Roads Lead to the ASNC Annual Scientific Session:* ASNC will plan to strategically organize each year's educational activities with the annual meeting in the center with other activities complementing or augmenting it.
6. *Learning Together and Building Community(ies) Will Be Priorities:* One of the main benefits of live in-person programs is bringing together individuals and teams with similar interests. The ASNC Board recognized the ongoing need to continue providing education to groups who have specific needs, such as fellows-in-training and individuals interested in learning how to diagnose and treat cardiac amyloidosis or implement myocardial blood flow in their labs. The Board is also exploring new learning needs,

such as for a “business of nuclear cardiology” programming or equipment-focused “Tips and Techniques” content shared by industry.

WHAT TO EXPECT FROM ASNC

Like lifelong learning, ASNC's optimization of offerings for continuing medical education will always be a work in progress. The ASNC leadership invites your input at every stage of this journey. This is an especially dynamic time for adult learning and medical education. Our field, and your ASNC, are enthusiastically embracing the new opportunities before us. As your medical society home, ASNC pledges to stay at the forefront in serving you, our members and stakeholders.

References

1. ASNC Practice and Education Survey, May 2021, unpublished.
2. O'Brien Pott M, Blanshan AS, Huneke KM, et al. Barriers to identifying and obtaining CME: A national survey of physicians, nurse practitioners and physician assistants. *BMC Med Educ.* 2021;21:168. <https://doi.org/10.1186/s12909-021-02595-x>.
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