

ASCCP CONTINUING MEDICAL EDUCATION (CME) MISSION STATEMENT

Purpose

The educational mission of the ASCCP is to improve clinician competence and performance and patient outcomes through educational activities focused around the study, prevention, diagnosis, and management of lower genital tract disorders.

Content areas

ASCCP activities will educate the target audience in the clinical management of the spectrum of benign, premalignant, and malignant disorders of the female lower genital tract (i.e., cervix, vagina, and vulva) with an emphasis on disorders best imaged using colposcopy. Other disorders, including those of the male and of adjacent areas, including anal and perianal epithelium, will be addressed briefly as they relate to this primary content area.

Target audience

The intended target audience is licensed health professionals interested in colposcopy and disorders of the lower genital tract. This audience includes licensed physicians (e.g., gynecologists, family physicians, gynecologic oncologists, pathologists, and others), advanced practice clinicians (e.g., nurse practitioners, physician assistants, and certified nurse midwives), nurses, public health advisors and epidemiologists administering cancer prevention programs. The audience mix varies by activity, from novice clinicians learning basic concepts to experienced practitioners seeking to update knowledge and refine techniques.

Types of activities

CME will be provided to the target audience through a variety of activities. These will include traditional live meetings, comprised of lectures to large audiences, hands-on workshops, and interactive case-based seminars; a biennial meeting that incorporates debates, panel discussions, small-group seminars, case-based audience participation sessions, and lectures; print media, including clinical vignettes; and electronic media, including videotapes, CD-ROMs, DVDs, case-based question-and-response vignettes with self-assessment, and full-length, self-directed Internet CME activities.

Non-CME functions designed to support these CME activities include:

- a post-course mentorship training and assessment program;
- *Journal of Lower Genital Tract Disease*, an international peer-reviewed publication listed in Index Medicus;
- *Modern Colposcopy*, a comprehensive textbook and atlas allowing clinicians to refresh and repetitively reinforce concepts as they encounter cases;
- a continually updated website with focused content;
- residency self-assessment and curriculum development modules;
- availability of online post-meeting clarification of concepts using experts through the ASCCP central office;
- a pathology review service for clarification of difficult diagnostic issues; and,
- literature reviews and identified practice gaps with relevant changes at systems and practice level gleaned through ASCCP Practice Improvement in Cervical Screening and Management symposia planning processes.

Expected results

Expected results vary depending on the activity but focus on filling identified practice gaps by instilling new competencies. Achieving targeted competencies will allow clinicians to improve performance in managing lower genital tract disorders for improved patient outcomes. Specific competencies include the abilities to:

1. Recommend tailored management to women with genital human papillomavirus infections, abnormal cervicovaginal cytology, cancer precursors, and benign disorders involving the lower genital tract (*Patient Care, Practice-based Learning*).
2. Develop the following skills:
 - a. perform colposcopy of the cervix, vagina, vulva, and anus with graduated levels of skill, including the ability to distinguish normal from abnormal anatomy and to define the colposcopic appearance of normal variants, benign disorders, low grade and high grade cancer precursors, and cancer. (*Medical Knowledge, Patient Care*)
 - b. describe the epidemiology and natural history of HPV and lower genital tract cancer precursors to distinguish women with disease likely to regress spontaneously from those with disease likely to persist or progress. (*Medical Knowledge, Patient Care*)
 - c. understand cytology and pathology of the lower genital tract and the terminology used to communicate these findings. (*Medical Knowledge*)
 - d. use HPV testing to identify women at risk for lower genital tract disease. (*Medical Knowledge, Practice-based Learning, Patient Care*)
 - e. perform biopsies of suspicious lesions encountered and either observe or treat cervical, vaginal, vulvar, and anal disease, depending on the likelihood of spontaneous regression or progression. (*Patient Care, Practice-based Learning*)
 - f. screen for (when appropriate), diagnose, and manage lesions involving the cervix, vagina, vulva, perianal skin and anal canal. (*Medical Knowledge, Patient Care, Practice-based Learning*)
 - g. apply new diagnostic and treatment modalities to the management of lower genital tract disorders. (*Medical Knowledge, Practice-based Learning, Patient Care*)
 - h. vaccinate appropriate populations against HPV following a thorough discussion of risks and benefits (*Medical Knowledge, Patient Care, Practice-based Learning, Interpersonal and Communication Skills*)
 - i. integrate the above skills through the application of management guidelines developed by ASCCP and other national organizations. (*Systems-based Practice*)

CME Goals

The Society seeks to improve clinician competence and performance and patient outcomes in the field of lower genital tract disorders through the education of health care professionals and others in colposcopy and related strategies. We intend to provide physicians and other licensed healthcare providers with the knowledge and skills necessary to fill gaps in practice.

Specifically, we intend to offer educational opportunities that will allow clinicians to:

1. achieve expertise in performing colposcopic examinations including an understanding of normal and abnormal cervical anatomy, cytology, histology, and colposcopic findings;
2. recognize, evaluate, and manage premalignant and malignant diseases of the cervix, vagina, vulva, and anus;
3. recognize, evaluate, and treat related diseases of the vulva and vagina including vulvodynia, nonneoplastic epithelial conditions, preinvasive vulvar conditions, vulvar carcinomas and vaginitis;
4. understand the natural history of premalignant lower genital tract disease to allow more directed therapy;
5. describe the role of human papillomavirus (HPV) in the pathophysiology of lower genital tract neoplasia and use HPV DNA testing in its evaluation and management;

6. understand the risks and benefits of the HPV vaccine and know how to access new information on the use of the HPV vaccine; and,
7. become familiar with new diagnostic modalities for lower genital tract diseases.

CME Objectives

The ASCCP intends to meet its CME goals through the following educational objectives.

1. conduct medical education postgraduate courses teaching colposcopy and other screening techniques;
2. conduct a biennial scientific meeting to disseminate new ideas, conduct debates and panel discussions on screening, triage, and management issues;
3. provide self-study educational resource materials such as Internet CME activities and case studies, textbooks, CD-ROMs, videotapes and DVDs, the quarterly Home Study Course, and other products;
4. publish the *Journal of Lower Genital Tract Disease*, an international peer-reviewed journal;
5. support residency training in colposcopy and other skills related to lower genital tract disorders through a national online residents' assessment program, assistance with program curriculum development, and other means;
6. facilitate colposcopy education via a mentorship training and assessment program; and,
7. optimize providers' knowledge on the risks and benefits of the HPV vaccine and provide them with easily accessible information on the use of the HPV vaccine.

CME Needs Assessment, Planning and Evaluation Processes

The initial development of any CME program, whether a postgraduate course or enduring material, begins with the Accreditation and/or Program Committee(s) through the identification of performance and practice gaps or through the identification of new modalities to address previously identified gaps. Appointed Program Directors and/or Authors, working under the direction of the Accreditation and Program Committees, then identify appropriate needs and target audience(s) and develop the educational activity objectives, curriculum content, format of delivery, and evaluation methods using appropriate measurement tools. The appropriate committee chairpersons and staff ensure that the educational planning and evaluation of a particular program are handled according to the Society's internal CME protocols and adhere to the ACCME's *2006 Updated Criteria and Standards for Commercial Support*. It is the Accreditation and Program Committees, working under the governance of the Board of Directors, who oversee the CME program. CME administration is supervised and conducted by relevant Society staff in conjunction with the appropriate Committee chairpersons or Program Directors.

The overall needs assessment and evaluation of all CME and non-CME educational activities are conducted by the Accreditation and Program Committees at least semi-annually. The Board of Directors then reviews and approves the planning and evaluation reports, and the production and administration reports of any program or enduring material. The Society conducts a long-range planning retreat every 5 years; the next scheduled retreat will be in February 2014. These retreats establish the main strategic thinking and planning processes for the overall mission of the society, to identify its 5-year goals and priorities, and to align these with existing programs, CME activities, and member services. Retreat outcomes are then built into term committee goals and strategies by the 3 incoming presidents and are shared with the membership at the biennial business meetings.

Specific ASCCP policies regarding faculty selection, corporate sponsorship of programs, etc., may be found in the Society's education and program files at the national office.

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