



AMERICAN SOCIETY OF ECHOCARDIOGRAPHY NEWS

PRESIDENT'S MESSAGE

More Than Just Words

What are you proud of? At work and at home, we have those prideful moments. As a parent, we take pride in the accomplishments of our children. At work, we relish in how we helped a patient in need, mentored a junior colleague, or built a sustainable cardiovascular program.

As I start to come to the end of my presidential year at ASE, I find myself more reflective and prideful of the accomplishments of our organization. While there are many things we have done that we should all be proud of, there is one near and dear to my heart that I want to call out in this column—the global impact of our guidelines.

To understand why this one is so personal, I need to bring you back approximately 15 years when the ASE Board of Directors, under Pam Douglas' leadership, decided that the "Nomenclature and Standards" committee would be transformed (from a group that focused on the technical specifics of echocardiography) to the "Guidelines and Standards" committee (that would set guidelines for the clinical application of cardiovascular ultrasound). To my delight (and surprise), I was asked to chair this committee, the first such opportunity I had at ASE to chair a committee.

Now fast forward to 2014-15 where I get the great honor to represent ASE at meetings around the world. Every meeting has a different flavor, a different focus, and a different audience. Despite all these differences, there is one constant at every meeting—the ASE guidelines are always cited and are driving how cardiovascular ultrasound is practiced. I can be sitting in the middle of America, Mexico, India, or China, and ASE guidelines are discussed. I can be at a meeting with the world experts in some sub-specialized area of cardiovascular ultrasound or with novice users who are applying ultrasound for the first time in a remote part of a third world country that does not even have cardiologists, and everybody is making reference to ASE guidelines.

How did this happen? There are dozens and dozens (maybe hundreds) of ultrasound organizations around the world but everyone seems to use ASE guidelines. Well, I suspect the answer is due to a combination of several factors. First, we did a very good job to make sure the experts, from around the world (and often in partnership with other societies, when appropriate) were writing the guideline papers. Then we vetted the guidelines very carefully through peer-review before publishing them. Thus, the words had important meaning.

However, we soon learned that words alone do not have value unless they are read and used. Therefore, for about the last ten years, we have made sure our guidelines activities were aligned with a dissemination and implementation strategy—posters, pocket guides, flip charts, reference books, and apps summarize the content of the documents. These additional formats can now be found on lab walls, carts, pockets, and phones throughout the world. Our exhibit staff distributes thousands of our guideline CDs, a popular giveaway, at cardiology and non-cardiology meetings worldwide. The guidelines webpage (www.asecho.org/guidelines) receives an average of 20,000

hits per month. Think about that for a moment—20,000 hits per month!

Our journal also prominently features the guideline documents in the front of the issue. The 2005 Chamber Quantification document had nearly 5,000 citations alone. We are excited about the potential citations for the recent 2015 Chamber Quantification update published in the January 2015 issue of JASE. A recent complement that has been very successful is our guideline webinars. For example, the recent webinars for the "Chamber Quantification" and "Echo as a Monitor for Therapeutic Intervention" documents had registrations of 1,445 and 922 respectively. However, that does not come close to reflecting the true numbers of viewers because labs all over the world (including mine) gathered their staff together to watch the live webinars as a group. One thing that stood out to me, besides the fabulous lectures by the author, was that the webinar chat rooms consistently reveal (and proudly announce) locations of participants around the world—some watching in the middle of the night from Australia or India!

Because of the importance of getting the guidelines into practice, writing groups are now instructed to provide end-of-section recommendations, protocols, tables, and videos for easier implementation by the medical community. With global dissemination, we are thankful to the dedicated teams of physicians worldwide who volunteer their time and expertise to translate the full document text of our guideline documents (www.asecho.org/translations) for use by colleagues in their native countries, and translated guideline posters which can be found on lab walls throughout South and Central America and China. And now our guideline webinars are even being presented by ASE's talented bi-lingual volunteers in Spanish, Portuguese, and Chinese to provide greater visibility and implementation of our guideline documents worldwide.

None of this would be possible if not for our volunteer experts who form the writing group, devoting countless hours writing, debating, editing, rewriting, and trying to achieve consensus. Also, our Guidelines Committee, under the leadership of Federico Asch, is one of the most requested volunteer assignments. This committee has to constantly provide peer-review of each document, review documents for consistency, and identify when a document needs updating. Writing groups are often surprised to receive extensive comments from more than 20 reviewers, each who spent hours going over the document in detail!

Our guidelines are more than just words. Our guidelines are both core to our mission (to be an organization committed to excellence in cardiovascular ultrasound and its application to patient care) and a great source of pride we all can share.



Neil J. Weissman, MD, FASE