

Cardiology Fellowship Programs FAQ	
General Subspecialty Program Requirements	
Question	Answer
<p>Do the General Subspecialty Program Requirements apply to Cardiology? [Program Requirement: See Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine]</p>	<ul style="list-style-type: none"> • Absolutely. Cardiology program directors should study carefully the General Subspecialty Program Requirements, and the FAQs related to these program requirements. The requirements cover required structural elements in the program such as required institutional support, facilities and resources, key faculty and program director qualifications and responsibilities, conferences, continuity clinic, scholarship and research, evaluation, etc. • Subspecialty fellowship programs are expected to be in full compliance with <u>both</u> the General Subspecialty Program Requirements, and the Subspecialty Specific Program Requirements.
Educational Program	
Question	Answer
<p>Our cardiology fellowship is 4 years in length. Can we spread out the clinical training over 48 months? Can we use the time fellows spend in continuity clinic to reduce the block time of 24 months clinical? [Program Requirement VIII.B.1. – VIII.B.2.] [Program Requirement II.A.4.n).(3)]</p>	<ul style="list-style-type: none"> • All required training must be completed within the accredited 36-months of training. • An additional year of training (i.e., for research may be required (or offered) by the program, but the required training (at least 24 months clinical, continuity clinic, conferences, and research) must be completed during the accredited three years (36 months) of training: • Time spent in continuity clinic (one-half day weekly x 36 months) may not be used to reduce the minimum block time required for clinical training.
<p>Can time spent in continuity clinic be counted as part of the 24 month minimum of clinical experience or as part of the 9 month minimum non-laboratory clinical practice activity? [Program Requirement VIII.B.2.] [Program Requirement VIII.B.2.b)]</p>	<p>Time spent in continuity clinic can neither be counted towards the minimum 24 month clinical experience nor the 9 months non-laboratory clinical activities.</p>
Facilities and Resources	
Question	Answer
<p>What facilities must be present at the Primary Training Site? [Program Requirement X.]</p>	<p>Facilities required at the Primary Training Site</p> <ul style="list-style-type: none"> • Cardiac radionuclide laboratories • Active cardiac surgery program The Committee considers this an important requirement. Program applications have been withheld for lack of a cardiac surgery program at the primary site. • Cardiac surgery intensive care unit <ul style="list-style-type: none"> ○ The committee prefers separate cardiac surgical ICU and Medical CCU, but will accept mixed units with adequate educational rationale. • ECG Labs (ECG, ambulatory ECG, and exercise testing laboratories at the primary training site.) • Echocardiography labs • Cardiac Catheterization Labs <ul style="list-style-type: none"> ○ The Committee strongly encourages at least two catheterization laboratories. ○ It will consider models in which a lab is shared between EP and cardiac catheterization, with adequate educational rationale and documentation. • EP Labs • CCU <ul style="list-style-type: none"> ○ The Committee strongly encourages the presence of

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	<p>a dedicated and geographically distinct CCU at the primary training site.</p> <ul style="list-style-type: none"> ○ It will consider models in which a CCU is a defined and dedicated unit within a unit, with adequate educational rationale and documentation. <ul style="list-style-type: none"> • EP Services • PFT Labs • Vascular Labs
<p>Is it necessary to have a geographically distinct CCU at the primary training site? [Program Requirement X.D.5.]</p>	<p>The Committee considers a CCU to be an essential facility for a cardiovascular disease fellowship.</p> <ul style="list-style-type: none"> • The unit must be a dedicated and distinct CCU, with a CCU head nurse, a dedicated CCU nursing staff and allied health personnel, and an ABIM certified cardiologist as director. • The CCU needs to be located at the primary teaching site and be the locus of the fellows' education in cardiac intensive care. <p>The Committee prefers that the CCU be geographically distinct. The Committee would consider a CCU embedded within a larger medical/ surgical ICU, organized and run as a separate unit as outlined above, with adequate educational justification. The Committee would examine carefully the volume and case-mix patients available for fellow education in the CCU, as well as the staffing and leadership of that CCU.</p>
<p>Must a pulmonary function laboratory be present at the primary training site? [Program Requirement X.D.7.]</p>	<p>The committee believes it is necessary for Cardiology fellows to be able to order and review PFTs, but the PFT lab does not need to be on site.</p>
<p>What satisfies the requirement for a peripheral vascular laboratory? [Program Requirement X.D.8.]</p>	<p>The requirement refers to a non-invasive peripheral vascular laboratory.</p>
Specific Program Content	
Question	Answer
<p>We were cited for lack of clinical experience in cardiac rehabilitation. How can we meet this requirement? [Program Requirement XI.A.1.l)]</p>	<p>Programs can meet this requirement in one of two ways:</p> <ul style="list-style-type: none"> • By providing trainees with knowledge of cardiac rehabilitation through didactic lectures and experience through referral of patients to cardiac rehabilitation • Through direct experience in a comprehensive cardiac rehabilitation program.
<p>We were cited for lack of experience in adult congenital heart disease. How can we meet this requirement? [Program Requirement Section XI.A.2.a)]</p>	<p>Programs can meet this requirement in one of 2 ways:</p> <ul style="list-style-type: none"> • Through direct clinical experience involving patients with congenital heart disease. • If sufficient numbers of patients with congenital heart disease are not available, then didactic instruction is acceptable.
<p>Are there any procedures listed in the program requirements that are no longer required for cardiology fellows? [Program Requirement XI.B.1.-3.]</p>	<p>Beside right heart catheterization is no longer a required procedure.</p>
<p>What are the requirements for fellow participation in percutaneous interventions? [Program Requirement XI.B.3.c)</p>	<p>The program requirement indicates that the RRC-IM expectation for fellows in cardiology are that fellows must:</p> <ul style="list-style-type: none"> • Participate in the procedure by performing the work up these patients in order to understand the indications and contraindications of the procedure. • Participate in the diagnostic cath component of some patients undergoing PCI, and then be present for the performance of the

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	<p>interventional procedure of these patients.</p> <p>The fellow does not need to actively perform the PCI procedure as either a primary or secondary operator, but must be present at the table in the interventional laboratory during the procedure. They should be involved in the interpretation of the post-procedure angiographic findings as well.</p>
<p>What are the requirements for cardiology fellow experience with cardiac trauma? [Program Requirement XI.A.2.c)]</p>	<ul style="list-style-type: none"> • The RC-IM recognizes that cases of cardiac trauma are uncommon, even in centers with a level 1 trauma center. • Each resident must have didactic instruction related to the prevention, evaluation, and management of cardiovascular trauma. Specific clinical experience is not required.

APPENDIX I

RRC-IM Calculation of Minimum Key Clinical Faculty (KCF) and Key Clinical Faculty (KCF) Scholarship Participation/Productivity Cardiovascular Disease				
Minimum 4 KCF or 1:1.5 faculty-fellow ratio for programs with 7 or more fellows				
Approved Fellow Complement	Minimum Certified KCF (incl PD)	Majority of Minimum KCF (50%)	PARTICIPATION KCF with at Least 1 Pub Past 3 Years [259]	PRODUCTIVITY Pubs All KCF Past 3 Years (1/yr x 3 yrs) [259]
3	4	2	2	6
4	4	2	2	6
5	4	2	2	6
6	4	2	2	6
7	5	3	3	9
8	6	3	3	9
9	6	3	3	9
10	7	4	4	12
11	8	4	4	12
12	8	4	4	12
13	9	5	5	15
14	10	5	5	15
15	10	5	5	15
16	11	6	6	18
17	12	6	6	18
18	12	6	6	18
19	13	7	7	21
20	14	7	7	21
21	14	7	7	21
22	15	8	8	24
23	16	8	8	24
24	16	8	8	24
25	17	9	9	27
26	18	9	9	27
27	18	9	9	27
28	19	10	10	30
29	20	10	10	30
30	20	10	10	30
31	21	11	11	33

- Publication = Research publication, review article, or editorial in a peer review journal (PRJ), funded peer-review grant, or book chapter.
- Scholarly case reports acceptable (Sept 2007) if indexed in Pub Med, and copy submitted with PIF
- Peer review publication = indexed in Pub Med (or Medline). If not in Pub Med, PD must supply evidence of peer review
- In press or accepted for publication counts. Submitted or in preparation does not count.
- Abstract, illustration, letter to the editor, presentation, or publication in non-PRJ does not count.
- Peer-reviewed funding (NIH, NCI, or other government-funded or national-foundation funded) counts

- Industry, pharmaceutical, or other non-peer-review grant does not count.
 - Exception: Pharmaceutical studies in which the KCF is the overall PI (lead investigator) for all sites will be accepted as counting as one product of scholarship
- 1 paper = 1 paper; Do not count multi-author papers more than once.
- Count the last three calendar years prior to PIF submission. If site visit is in Sep. 2008, count publications from 2005, 2006, and 2007 as well as 2008.
- Contribute to participation: Only ABIM certified KCF
- Contribute to productivity:
 - Certified KCF
 - Additional sub-specialty KCF (above minimum required, certified or non-certified)
 - Non-physician faculty and faculty in other specialties IF:
 - Contribute to fellow education
 - Devote at least 10 hours/ week to the program