**New Application: Advanced Heart Failure and Transplant Cardiology**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

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| Describe the collaborative relationship to the program director of the cardiovascular disease program. [PR.I.B.1.b)] (Limit response to 300 words) |
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| Will the program require fellows to travel more than 60 miles from the primary clinical site for a required rotation? [PR I.B.5.] | YES  NO |

If yes, describe how the program will ensure that the fellows are not unduly burdened by required rotations at geographically distant sites. (Limit response to 250 words)

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**Resources**

Will the program, in partnership with its Sponsoring Institution:

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| ensure that the program has adequate space available, including meeting rooms, classrooms, examination rooms, and office space? [PR I.D.1.a).(1)] | YES  NO |
| ensure that the program has adequate access to computers, visual, and other educational aids? [PR I.D.1.a).(1)] | YES  NO |
| ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work? [PR I.D.1.a).(2)] | YES  NO |
| provide access to an electronic health record (EHR)? [PR I.D.1.a).(3)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| How will the program provide fellows with access to training using simulation to support education and patient safety? [PR I.D.1.a).(4)] (Limit response to 300 words) |
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| Describe how the program will provide fellows with a patient population representative of the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. [PR I.D.1.b)] (Limit response to 300 words) |
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| Will the patient population provide fellows with at least 200 hospitalized patients with diagnosed heart failure per year, including both pre- and post-transplant patients and patients with ventricular assist devices? [PR I.D.1.b).(1)] | YES  NO |

Explain a “NO” response. (Limit response to 250 words)

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| Will the patient population provide fellows with ambulatory patients, including patients with heart failure, transplants, and mechanical circulatory support? [PR I.D.1.b).(2)] | YES  NO |

Explain a “NO” response. (Limit response to 250 words)

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**Educational Program**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in the prevention education, evaluation, and management of both inpatients and outpatients with the following? [PR IV.B.1.b).(1).(a).(i) - (xxiv)]

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| Acute cellular and antibody mediated rejection | YES  NO |
| Acute decompensation of chronic heart failure | YES  NO |
| Cardiac allograft vasculopathy | YES  NO |
| Cardiac transplant | YES  NO |
| Of these, how many cardiac transplant patients will each fellow manage | # |
| Of these, how many cardiac transplant are seen during initial transplant hospitalization and peri-operative course | # |
| Cytomegalovirus and other opportunistic infections | YES  NO |
| Heart failure secondary to cancer chemotherapy | YES  NO |
| Heart failure and congenital heart disease | YES  NO |
| Heart failure and arrhythmias | YES  NO |
| Heart failure and other transplanted organs | YES  NO |
| Heart failure, and those who are being evaluated for implantable cardioverter-defibrillators | YES  NO |
| Heart failure, and who are being evaluated for cardiac resynchronization therapy | YES  NO |
| Heart failure, and who are on mechanical assist devices | YES  NO |
| Of these heart failure patients, how many will be seen by each fellow? | # |
| Of these, how many will be managed during peri-operative hospitalization? | # |
| Heart failure, and who are pregnant or recently post-partum | YES  NO |
| Heart failure, and who are from diverse ethnic groups; | YES  NO |
| Heart failure with dilated or non-dilated left ventricle | YES  NO |
| Hypertension | YES  NO |
| Hypertrophic cardiomyopathies | YES  NO |
| Infiltrative and inflammatory cardiomyopathies | YES  NO |
| Inherited forms of cardiomyopathy | YES  NO |
| New onset heart failure | YES  NO |
| Pre- and post-cardiac surgery and non-cardiac surgery heart failure | YES  NO |
| Post-transplantation hypertension | YES  NO |
| Post-transplantation renal insufficiency | YES  NO |
| Pulmonary hypertension | YES  NO |

Will fellows demonstrate competence in the ability to: [PR IV.B.1.b).(1).(a).(i) - (v)]

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| perform diagnostic and therapeutic procedures relevant to their specific career paths? | YES  NO |
| treat their patients’ conditions with practices that are patient-centered, safe, scientifically based, effective, timely, and cost-effective? | YES  NO |
| participate in pre-procedural planning, including the indications for a procedure and the selection of the appropriate procedure or instruments? | YES  NO |
| provide post-procedure care? | YES  NO |
| perform endomyocardial biopsies? | YES  NO |
| How many of these biopsies will each fellow perform? | # |

Will fellows demonstrate competence in heart failure evaluation, to include: [PR IV.B.1.b).(2).(b).(i) – (iv)]

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| applying and interpreting approaches to evaluating symptom severity, functional capacity, and health-related quality of life in patients with heart failure? | YES  NO |
| recognizing clinical features in all forms and etiologies of heart failure? | YES  NO |
| recognizing the indications for, and interpreting the results of all diagnostic tests and modalities relevant to evaluating and managing patients with or suspected of having heart failure or cardiac dysfunction, in particular, recognizing the impact of such testing on the management of these patients? | YES  NO |
| using and interpreting the results of maximal and sub-maximal exercise testing and cardiopulmonary exercise testing? | YES  NO |

Will fellows demonstrate competence in heart failure management, to include: [PR IV.B.1.b).(2).(c).(i) – (v)]

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| device interrogation and interpretation in patients with implanted cardioverter-defibrillators or implanted cardioverter-defibrillator-cardiac resynchronization therapy devices? | YES  NO |
| How many interrogations and interpretations of these devices will each fellow perform? | # |
| recognizing the indications for and prescribing non-pharmacologic, non-device treatment modalities, including diet and exercise? | YES  NO |
| recognizing the indications for, prescribing, and monitoring all classes of drugs relevant to patient care? | YES  NO |
| recognizing the indications for and prescribing immunomodulating drugs, and managing their adverse effects, therapeutic levels, and interactions with other drugs? | ☐ YES ☐ NO |
| selecting methods of surveillance for transplant rejection and immune status? | ☐ YES ☐ NO |

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| Will fellows be supervised by a qualified faculty member until they attain proficiency in performing required procedures? [PR IV.C.9.] | YES  NO |

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| Will fellows’ performance and interpretation of procedures be documented in the fellow’s record, including indications, outcomes, diagnoses, and supervisor(s)? [PR IV.C.10.] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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**Medical Knowledge**

Will all fellows be able demonstrate knowledge of the following basic mechanisms of heart failure? [PR [IV.B.1.c).(1).(a) – (j)]

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| Cardiomyocyte biology as it applies to heart failure | YES  NO |
| Differential diagnosis that includes specific etiologies and exacerbating factors for patients presenting with new onset heart failure and with acute exacerbation of chronic heart failure | YES  NO |
| Extracellular matrix biology, including the roles of matrix remodeling in the progression of heart failure | YES  NO |
| Genetics, including common mutations leading to hypertrophic and dilated cardiomyopathies | YES  NO |
| The impact of psychosocial factors on the manifestations, expression, and management of heart failure | YES  NO |
| Interpretation of endomyocardial biopsy results with regard to implications for therapy | YES  NO |
| Neurohormonal activation | YES  NO |
| Pharmacogenomics, specifically as it applies to special-needs patients with heart failure | YES  NO |
| The role and interpretation of hemodynamic monitoring | YES  NO |
| Ventricular remodeling concepts | YES  NO |

**Practice-Based Learning and Improvement**

Briefly describe how fellows will demonstrate competence in investigating and evaluating their care of patients, appraising and assimilating scientific evidence, and continuously improving their patient care based on self-evaluation and lifelong learning. [PR IV.B.1.d)] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

Briefly describe how fellows will develop skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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**Systems Based Practice**

Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [PR IV.B.1.f)] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

**Ambulatory Experiences**

Describe the fellows’ ambulatory experience. Address all relevant information, including the duration, number of sessions per week, average number of patients seen. [PR IV.C.4. – IV.C.4.a)] (Limit response to 400 words)

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| What percentage of the fellows’ education will occur in the ambulatory setting? | # % |

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| How many patients will each fellow evaluate for cardiac transplant or mechanical devices? [PR IV.C.5.c)] | # |

Describe how the program will provide fellows clinical experience in caring for patients in the context of a multidisciplinary disease management program. [PR IV.C.5.a)]

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Describe how the program will provide fellows clinical experience in caring for patients in end-of-life care. [PR IV.C.5.b)]

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Describe how the program will provide fellows clinical experience managing diagnostic and therapeutic devices used for the evaluation and management of heart failure in the acute and chronic care setting. [PR IV.C.5.d)]

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| Will the program provide fellows individualized educational experiences to allow them to participate in opportunities relevant to their future practice or to further skill/competency development in the foundational educational experiences in the subspecialty? [PR IV.C.6.] | YES  NO |

Explain “NO” response. (Limit response to 250 words)

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**Didactic Experience**

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| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR IV.C.7.a)] |
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Describe how the program will ensure that fellows have an opportunity to review all knowledge content from conferences that they were unable to attend. [PR IV.C.7.a).(1)] (Limit response to 300 words)

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| Will the faculty participate in required conferences? [PR II.B.2.e)] | YES  NO |

Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR IV.C.8.] (Limit response to 300 words)

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**Evaluation**

**Fellow Evaluation**

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| Describe the method for assessment of procedural competence. [PR V.A.1.a).(1)] |
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| Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow's ability to meet professional responsibilities? [PR V.A.1.c).(1)] | YES  NO |

**Faculty Evaluation**

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| Will these evaluations be written and confidential? [PR V.B.1.b)] | YES  NO |
| Will the results of these evaluations be communicated on a regular basis, at least annually, to faculty members? [PR V.B.2.] | YES  NO |