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

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Sponsoring Institution**

1. Describe the reporting relationship between the subspecialty program director and the cardiology fellowship director. [PR I.B.1.b)]

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**Resources**

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| Will there be adequate inpatient facilities (e.g., conference rooms, on-call rooms) for the fellowship program? [PR I.D.1.a)] | YES  NO |
| Will there be adequate facilities in the ambulatory settings (e.g., exam rooms, meeting/conference room, and work area) for patient care and the educational components of the program? [PR I.D.1.a)] | YES  NO |
| Will inpatient and outpatient systems in place to prevent fellows from performing routine clerical functions, including scheduling tests and appointments, and retrieving records and letters? [PR I.D.1.b).(1)] | YES  NO |
| Will fellows have access to an electronic health record? [PR I.D.1.c)] | YES  NO |

Will fellows have access to the following:

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| --- | --- |
| a patient population with a variety of clinical problems and stages of diseases [PR I.D.4.a).(1)] | YES  NO |
| a full range of patients with advanced or complex heart failure [PR I.D.4.a).(1)] | YES  NO |
| heart failure patients including those who are pre- and post-transplant [PR I.D.4.a).(3).(a)] | YES  NO |
| patients with ventricular assist devices [PR I.D.4.a).(3).(a)] | YES  NO |
| ambulatory patients including those with heart failure, transplants, and mechanical circulatory support [PR I.D.4.a).(3).(b)] | YES  NO |
| training using simulation [PR IV.C.5.] | YES  NO |

**Personnel**

**Program Director**

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| --- | --- |
| Will the program director be required to generate clinical or other income to provide this administrative support? [PR II.A.2.b)] | YES  NO |
| What is the percentage of Program Director support? [PR II.A.2.c)] | % |

**Program Coordinator**

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| --- | --- |
| Will there be a dedicated program coordinator to provide adequate administrative support to the program? [PR II.A.2.b)] | YES  NO |

**Educational Program**

**Patient Care and Procedural Skills**

Indicate the setting(s) in which fellows will develop competence in prevention education, evaluation, and management of inpatients and outpatients with the following [IV.B.1.b).(1).(b).(i)-(xxiv)]:

| **Clinical Area** | **Inpatient Experience** | **Outpatient Experience** |
| --- | --- | --- |
| acute cellular and antibody mediated rejection [PR IV.B.1.b).(1).(b).(i)] | YES  NO | YES  NO |
| acute decompensation of chronic heart failure [PR IV.B.1.b).(1).(b).(ii)] | YES  NO | YES  NO |
| cardiac allograft vasculopathy [PR IV.B.1.b).(1).(b).(iii)] | YES  NO | YES  NO |
| cytomegalovirus and other opportunistic infections [PR IV.B.1.b).(1).(b).(v)] | YES  NO | YES  NO |
| heart failure secondary to cancer chemotherapy [PR IV.B.1.b).(1).(b).(vi)] | YES  NO | YES  NO |
| heart failure and congenital heart disease [PR IV.B.1.b).(1).(b).(vii)] | YES  NO | YES  NO |
| heart failure and arrhythmias [PR IV.B.1.b).(1).(b).(viii)] | YES  NO | YES  NO |
| heart failure and other transplanted organs [PR IV.B.1.b).(1).(b).(xi)] | YES  NO | YES  NO |
| heart failure, and who are pregnant or recently post-partum [PR IV.B.1.b).(1).(b).(xiv)] | YES  NO | YES  NO |
| hypertrophic cardiomyopathies [PR IV.B.1.b).(1).(b).(xvii)] | YES  NO | YES  NO |
| infiltrative and inflammatory cardiomyopathies [PR IV.B.1.b).(1).(b).(xviii)] | YES  NO | YES  NO |
| inherited forms of cardiomyopathy [PR IV.B.1.b).(1).(b).(xix)] | YES  NO | YES  NO |
| new onset heart failure [PR IV.B.1.b).(1).(b).(xx)] | YES  NO | YES  NO |
| pre- and post-cardiac surgery and non-cardiac surgery heart failure [PR IV.B.1.b).(1).(b).(xxi)] | YES  NO | YES  NO |
| post-transplantation hypertension [PR IV.B.1.b).(1).(b).(xxii)] | YES  NO | YES  NO |
| post-transplantation renal insufficiency [PR IV.B.1.b).(1).(b).(xxiii)] | YES  NO | YES  NO |
| pulmonary hypertension [PR IV.B.1.b).(1).(b).(xxiv)] | YES  NO | YES  NO |

If the questions in this section or their format do not permit you to describe the program accurately or optimally, provide a narrative that more completely or accurately describes this particular component of the program.

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Indicate whether fellows will demonstrate competence in prevention education, evaluation, and management of inpatients and outpatients with the following [PR IV.B.1.b).(1).(b)]

|  |  |  |
| --- | --- | --- |
|  | **Yes/No** | **Number of patients per fellow** |
| cardiac transplant [PR V.B.1.b).(1).(b).(iv)] | YES  NO | # |
| Of these, how many patients will be seen during initial transplant hospitalization and peri-operative management [PR IV.B.1.b).(1).(b).(iv).(a)] |  | # |
| heart failure, and who are being evaluated for implantable cardioverter-defibrillators [PR IV.B.1.b).(1).(b).(ix) | YES  NO | # |
| heart failure, and who are being evaluated for cardiac resynchronization therapy [PR IV.B.1.b).(1).(b).(x)] | YES  NO | # |
| heart failure, and who are on mechanical assist devices [PR IV.B.1.b).(1).(b).(xii)] | YES  NO | # |
| Of these, how many will be managed during peri-operative hospitalization [PR IV.B.1.b).(1).(b).(xii).(a)] |  | # |
| Will fellows have clinical experience in evaluating patients for cardiac transplant or mechanical assist devices? [PR IV.C.8.h)] | YES  NO | # |
|  | **Yes/No** | **Number of biopsies per fellow** |
| Will fellows perform endomyocardial biopsies? [PR IV.C.9.h).(3)] | YES  NO | # |
|  | **Yes/No** | **Number of interrogations and interpretations of these devices per fellow** |
| Will fellows perform device interrogation and interpretation in patients with implanted cardioverter-defibrillators or implanted cardioverter-defibrillator-cardiac resynchronization therapy devices? [PR IV.B.1.b).(2).(b).(ii)] | YES  NO | # |

Will all fellows achieve competence in heart failure evaluation to include:

|  |  |
| --- | --- |
| applying and interpreting approaches to evaluating symptom severity, functional capacity, and health-related quality of life in patients with heart failure [PR IV.B.1.b).(2).(a).(i)] | YES  NO |
| using and interpreting the results of maximal and sub-maximal exercise testing and cardiopulmonary exercise testing [PR IV.B.1.b).(2).(a).(iv)] | YES  NO |

Will all fellows achieve competence in heart failure management to include:

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| --- | --- |
| assigning methods of surveillance for transplant rejection and immune status [PR IV.B.1.b).(2).(b).(i)] | YES  NO |
| recognizing the indications for and prescribing immunomodulating drugs, and managing their adverse effects, therapeutic levels, and interactions with other drugs [PR IV.B.1.b).(2).(b).(iii)] | YES  NO |

If the questions in this section or their format do not permit you to describe accurately or optimally the program, provide a narrative that more completely or accurately describes this particular component of the program.

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**Medical Knowledge**

Will all fellows be able demonstrate knowledge of the following basic mechanisms of heart failure:

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| --- | --- |
| cardiomyocyte biology as it applies to heart failure [PR IV.B.1.c).(3).(a)] | 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 [PR IV.B.1.c).(3).(b)] | YES  NO |
| extracellular matrix biology, including the roles of matrix remodeling in the progression of heart failure [PR IV.B.1.c).(3).(c)] | YES  NO |
| genetics, including common mutations leading to hypertrophic and dilated cardiomyopathies [PR IV.B.1.c).(3).(d)] | YES  NO |
| interpretation of endomyocardial biopsy results with regard to implications for therapy [PR IV.B.1.c).(3).(f)] | YES  NO |
| neurohormonal activation [PR IV.B.1.c).(3).(g)] | YES  NO |
| the role and interpretation of hemodynamic monitoring [PR IV.B.1.c).(3).(i)] | YES  NO |

If the questions in this section or their format do not permit you to describe accurately or optimally the program, provide a narrative that more completely or accurately describes this particular component of the program.

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**Practice-Based Learning and Improvement**

1. 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**

1. 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**

1. Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the 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**

1. Provide information for the fellows’ follow-up, ambulatory experiences. List each experience indicating the name of the experiences, site number, duration of the experience, number of half-day sessions per week, whether faculty supervision is provided for each experience, and the percent of female patients. Add rows as necessary. [PR IV.C.4]

| **Name of Experience** | **Site #** | **Duration** | **Sessions Per Week** | **Average # of Patients Seen Per Session** | **On-site concurrent faculty supervision present?** | **% Female Patients** |
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| What percentage of the fellows’ education will occur in the ambulatory setting? | # % |

1. If the questions in the section above or their format do not permit you to describe accurately or optimally the rotations in the program, provide a narrative that more completely or accurately describes this particular component of the program.

(200 word limit)

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**Conferences**

Will fellows routinely participate in the following: [PR IV.C.6.b)]

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| --- | --- |
| Core Curriculum Conference Series | YES  NO |
| Clinical Case Conferences | YES  NO |
| Research Conferences | YES  NO |
| Journal Club | YES  NO |
| Morbidity and Mortality Conferences | YES  NO |
| Quality Improvement Conferences | YES  NO |

|  |  |
| --- | --- |
| Will the faculty participate in required conferences? [PR IV.C.7.c)] | YES  NO |

Describe how the program will ensure that the fellows have the opportunity to make up missed core conferences (e.g., when off-site). [PR IV.C.6.a)]

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Briefly describe the Core Curriculum Conference Series in the program. [PR IV.C.6.]

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| Will the program provide fellows clinical experience in end-of-life care? [PR IV.C.6.f) | YES  NO |
| Will fellows receive instruction in practice management relevant to the specialty? [PR. IV.C.7.] | YES  NO |
| Will the program provide fellows clinical experience in the management of diagnostic and therapeutic devices used for the evaluation and management of heart failure in the acute and chronic setting? [PR IV.C.8.i)] | YES  NO |
| Will all fellows participate in pre-procedural planning including the indications for a procedure? [PR IV.C.9.h).(1)] | YES  NO |
| Will all fellows participate in pre-procedural planning including the selection of the appropriate procedure or instruments? [PR IV.C.9.h).(1)] | YES  NO |

If the questions in this section or their format do not permit you to describe accurately or optimally the program, provide a narrative that more completely or accurately describes this particular component of the program.

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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.8.f)]

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Describe how fellows will demonstrate substantial involvement in post-procedure care. [PR IV.C.9.h).(2)]

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**Evaluation**

**Fellow Evaluation**

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| Will the program director review fellow procedure logs in order to document that each fellow has performed the minimum number and achieved competence in required procedures? [PR V.A.1.a).(2)] | YES  NO |
| 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 the faculty 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 |

**Evaluation Narrative**

Describe the method of assessment for procedural competence. [PR V.A.1.a).(2)]

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**The Learning and Working Environment**

Describe how faculty and fellows will be educated about fatigue and its negative effects. [PR VI.D]

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**Faculty Scholarly Activity [PR IV.D.2.]**

As evidence of a scholarly environment, the Review Committee expects the program to provide evidence of scholarly activity by documenting that at least 50% of its required minimum number of core faculty (CF) annually engage in a variety of scholarly activity. Please **list one example** of scholarly activity for your program’s core faculty during the past academic year.

*Identify academic year:*

|  |  |  |
| --- | --- | --- |
| Name of Core Faculty | Type of Activity | Citation/Description of Product |
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