**New Application: Interventional Cardiology**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

Describe the collaborative relationship between the subspecialty program director and the cardiovascular disease program director. [PR 1.2.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 1.6.a.] | [ ]  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 1.8.a..] | [ ]  YES [ ]  NO |
| ensure that the program has adequate access to computers, visual, and other educational aids? [PR 1.8.a..] | [ ]  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 1.8.b.] | [ ]  YES [ ]  NO |
| provide access to an electronic health record (EHR)? [PR 1.8.c.] | [ ]  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 1.8.d.] (Limit response to 300 words) |
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Indicate if the following will be present at the primary clinical site.

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| Cardiac catheterization laboratories, each equipped with cardiac fluoroscopic equipment, digital imaging, recording devices, a full complement of interventional devices, and resuscitative equipment [PR 1.8.e.1.] | [ ]  YES [ ]  NO |
| Cardiac radionuclide laboratories [PR 1.8.e.2.] | [ ]  YES [ ]  NO |
| Cardiac surgery intensive care unit [PR 1.8.e.3.] | [ ]  YES [ ]  NO |
| Cardiac intensive care unit [PR 1.8.e.4.] | [ ]  YES [ ]  NO |

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| Explain any “NO” responses. (Limit response to 250 words)  |
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| Is there an active cardiac surgery program present at the primary clinical site or at a participating site? [PR 1.8.f.] | [ ]  YES [ ]  NO |

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| Explain a “NO” response. (Limit response to 300 words)  |
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| How many interventional procedures will be performed per year at the primary cardiac catheterization laboratory? [PR 1.8.e.1.a.] | # |
| How many interventional procedures will be performed per year at the secondary cardiac catheterization laboratory? [PR 1.8.e.1.a.] | # |

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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 1.8.g.] (Limit response to 300 words) |
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Will fellows have access to faculty members with expertise in the following? [PR 2.6.a.]

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| Congenital heart disease in adults | [ ]  YES [ ]  NO |
| Hematology | [ ]  YES [ ]  NO |
| Pharmacology | [ ]  YES [ ]  NO |
| Radiation safety | [ ]  YES [ ]  NO |
| Research | [ ]  YES [ ]  NO |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in the prevention, evaluation, and management of both inpatients and outpatients with the following? [PR 4.4.a.1.-4.4.a.4.]

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| Acute ischemic syndromes | [ ]  YES [ ]  NO |
| Bleeding disorders or complications associated with percutaneous intervention or drugs | [ ]  YES [ ]  NO |
| Chronic ischemic heart disease | [ ]  YES [ ]  NO |
| Valvular and structural heart disease | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the following? [PR 4.4.b-4.4.g. and 4.4.h.-4.4.j.]

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| Care of patients before and after interventional procedures | [ ]  YES [ ]  NO |
| Care of patients in the cardiac care unit, emergency department, or other intensive care settings | [ ]  YES [ ]  NO |
| Outpatient follow-up of patients treated with drugs, interventions, devices, or surgery | [ ]  YES [ ]  NO |
| Use and limitations of intra-aortic balloon counterpulsation (IABP) and other hemodynamic and circulatory support devices (as available) | [ ]  YES [ ]  NO |
| Use of thrombolytic and antithrombolytic, antiplatelet, and antithrombin agents | [ ]  YES [ ]  NO |
| Use of vasoactive agents for epicardial and microvascular spasm | [ ]  YES [ ]  NO |
| Management of mechanical complications of percutaneous intervention | [ ]  YES [ ]  NO |
| Management of patients with vascular access complications, including management of closure device complications and pseudoaneurysm | [ ]  YES [ ]  NO |
| Management of patients with major and minor bleeding complications, including retroperitoneal bleeding | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the ability to:

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| perform diagnostic and therapeutic procedures relevant to their specific career paths? [PR 4.5.a.] | [ ]  YES [ ]  NO |
| treat their patients’ conditions with practices that are patient centered, safe, scientifically based, effective, timely, and cost effective? [PR 4.5.b] | [ ]  YES [ ]  NO |
| participate in pre-procedural planning, including the indications for the procedure, and the selection of the appropriate procedure or instruments? [PR 4.5.c.]  | [ ]  YES [ ]  NO |
| perform the critical technical manipulations of the procedure? [PR 4.5.d.] | [ ]  YES [ ]  NO |
| provide post-procedure care? [PR 4.5.e.] | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the performance of the following? [PR 4.5.f. 4.5.k.]

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| Coronary angiograms; including: | [ ]  YES [ ]  NO |
|  application and use of balloon angioplasty, stents, and other commonly used interventional devices | [ ]  YES [ ]  NO |
|  femoral and brachial/radial cannulation of normal and abnormally located coronary ostia | [ ]  YES [ ]  NO |
| Comprehensive invasive physiology measurement, (e.g., intracoronary pressure measurement and monitoring, and coronary flow reserve) | [ ]  YES [ ]  NO |
| Hemodynamic measurements | [ ]  YES [ ]  NO |
| Intravascular ultrasound | [ ]  YES [ ]  NO |
| Ventriculography and aortography | [ ]  YES [ ]  NO |

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| How many coronary interventions will each fellow perform during the program? [PR 4.5.g.2.a.] | # |

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| Will fellows be supervised by a qualified faculty member until they attain proficiency in performing required procedures? [PR 4.11.f.] | [ ]  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 4.11.g.] | [ ]  YES [ ]  NO |

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

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**Medical Knowledge**

Will fellows demonstrate sufficient knowledge in the following areas? [PR 4.6.a.1.- 4.6.a.15.]

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| The assessment of plaque composition and response to intervention | [ ]  YES [ ]  NO |
| The clinical importance of complete versus incomplete revascularization in a wide variety of clinical and anatomic situations | [ ]  YES [ ]  NO |
| Clinical utility and limitations of the treatment of valvular and structural heart disease | [ ]  YES [ ]  NO |
| Detailed coronary anatomy | [ ]  YES [ ]  NO |
| Pathophysiology of restenosis | [ ]  YES [ ]  NO |
| Physiology of coronary flow and detection of flow-limiting conditions | [ ]  YES [ ]  NO |
| Radiation physics, biology, and safety related to the use of x-ray imaging equipment | [ ]  YES [ ]  NO |
| The role of emergency coronary bypass surgery in the management of complications of percutaneous intervention | [ ]  YES [ ]  NO |
| The role and limitations of established and emerging therapies for treatment of restenosis | [ ]  YES [ ]  NO |
| The role of platelets and the clotting cascade in response to vascular injury | [ ]  YES [ ]  NO |
| The role of randomized clinical trials and registry experiences in clinical decision making | [ ]  YES [ ]  NO |
| Strengths and limitations of both noninvasive and invasive coronary evaluation during the recovery phase after acute myocardial infarction | [ ]  YES [ ]  NO |
| Short- and long-term strengths and limitations of differing percutaneous approaches for a wide variety of anatomic situations related to cardiovascular disease | [ ]  YES [ ]  NO |
| Strengths and weaknesses of mechanical versus lytic approaches for patients with acute myocardial infarction | [ ]  YES [ ]  NO |
| The use of pharmacologic agents appropriate in the post-intervention management of patients | [ ]  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 4.7.] (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 4.8.] (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 4.9.] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

Describe the fellows’ follow-up/outpatient experience. Address all relevant information, including the duration, number of sessions per week, average number of patients seen, and include the percentage of patients contacted by telephone for follow-up. [PR 4.11.b.-4.11.b.2.] (Limit response to 400 words)

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| What percentage of patients will fellows see in follow-up on whom they perform interventions? [PR 4.11.b.3.] | # % |

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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 4.11.c.] | [ ]  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 4.11.d.] |
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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 4.11.d.1.] (Limit response to 300 words)

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| Will the faculty participate in required conferences? [PR 2.7.d.] | [ ]  YES [ ]  NO |

Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR 4.11.e.] (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 5.1.f.] |
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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 5.1.b.1.] | [ ]  YES [ ]  NO |

**Faculty Evaluation**

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| Will these evaluations be written and confidential? [PR 5.4.b.] | [ ]  YES [ ]  NO |
| Will the results of these evaluations be communicated on a regular basis, at least annually, to faculty members? [PR 5.4.c.] | [ ]  YES [ ]  NO |