**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 |