**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.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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| 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.e.] (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 1.8.e.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 1.8.e.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 4.4.a.1.-4.4.a.24.]

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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 4.5.a.-4.5.e.]

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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 4.5.f.-4.5.i.]

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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 4.5.j.-4.5.n.]

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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 4.11.j.] | [ ]  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.k.] | [ ]  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 [4.6.a.-4.6.a.10.]

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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 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**

**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 4.11.b.-4.11.b.1.] (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 4.11.e.] | # |

Describe how the program will provide fellows clinical experience in caring for patients in the context of a multidisciplinary disease management program. [PR 4.11.c.]

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Describe how the program will provide fellows clinical experience in caring for patients in end-of-life care. [PR 4.11.d.]

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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 4.11.f.]

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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.g.] | [ ]  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.h.] |
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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.h.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.i.] (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 |