**New Application: Interventional Cardiology**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

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

|  |
| --- |
| Click here to enter text. |

**Resources**

|  |  |
| --- | --- |
| Will there be adequate facilities (e.g., exam rooms, meeting/conference room, and work area) for patient care and for the educational components of the program? [PR I.D.1.a)] | YES  NO |
| Will clinical records that document both inpatient and ambulatory be readily available at all times? [PR I.D.1.b).(1)] | YES  NO |
| Will fellows have access to an electronic health record? [PR I.D.1.e)] | YES  NO |

| **Will the following facilities/laboratories/resources be available?** |  |
| --- | --- |
| Cardiac catheterization laboratory equipped with cardiac fluoroscopic equipment, digital imaging, recording devices, a full complement of interventional devices, and resuscitative equipment [PR I.D.1.c).(1)] | YES  NO |
| Cardiac radionuclide laboratories [PR I.D.1.c).(2)] | YES  NO |
| Active cardiac surgery program [PR I.D.1.d).(1)] | YES  NO |
| Cardiac surgery intensive care unit [PR I.D.1.d).(2)] | YES  NO |
| Cardiac intensive care unit [PR I.D.1.d).(3)] | YES  NO |
| Access to faculty with expertise in radiation safety [PR II.B.1.a)] | YES  NO |
| Access to faculty with expertise in hematology [PR II.B.1.a)] | YES  NO |
| Access to faculty with expertise in pharmacology [PR II.B.1.a)] | YES  NO |
| Access to faculty with expertise in congenital heart disease in adults [PR II.B.1.a)] | YES  NO |
| Access to faculty with expertise in research [PR II.B.1.a)] | YES  NO |
| Access to training using simulation [PR IV.C.4.] | YES  NO |

|  |  |
| --- | --- |
| How many interventional procedures will be performed per year at the primary cardiac catheterization laboratory? [PR I.D.1.c).(1).(a)] | # |
| How many interventional procedures will be performed per year at the secondary cardiac catheterization laboratory? [PR I.D.1.c).(1).(a)] | # |

**Personnel**

**Program Director**

|  |  |
| --- | --- |
| What is the percentage of Program Director support? [PR II.A.2.a)] | % |

**Program Coordinator**

|  |  |
| --- | --- |
| Will there be a dedicated program coordinator to provide adequate administrative support to the program? [PR II.C.1.] | YES  NO |

**Follow-Up/Outpatient Experiences**

Provide information for the fellows’ follow-up/outpatient experience and patient distribution for the year of training. List each experience indicating the name of the experiences, site number, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients. Add rows as necessary.

| **Name of Experience** | **Site #** | **Duration** | **Sessions Per Week** | **Average # of Patients Seen Per Session** | **On-site concurrent faculty supervision present?** | **% Female Patients** |
| --- | --- | --- | --- | --- | --- | --- |
| Click here to enter text. | # | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | # | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | # | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | # | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | # | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | # | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | # | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | # | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | # | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Other Ambulatory Experience**

Provide information for the fellows’ other ambulatory experiences and patient distribution for the year of training. List each experience indicating the name of the experiences (e.g., Follow-Up Clinic, Other), site number, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients. Add rows as necessary.

| **Name of Experience** | **Site #** | **Duration** | **Sessions Per Week** | **Average # of Patients Seen Per Session** | **On-site concurrent faculty supervision present?** | **% Female Patients** |
| --- | --- | --- | --- | --- | --- | --- |
| Click here to enter text. | # | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | # | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | # | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | # | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | # | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Provide the following information about the curriculum:

Will fellows demonstrate competence in the prevention, evaluation and management of both inpatients and outpatients with the following disorders?

|  |  |
| --- | --- |
| Acute ischemic syndromes [PR IV.B.1.b).(1).(b).(i)] | YES  NO |
| Bleeding disorders or complications associated with percutaneous intervention or drugs [PR IV.B.1.b).(1).(b).(ii)] | YES  NO |
| Bleeding after thrombolytic usage [PR IV.B.1.b).(1).(b).(ii).(a)] | YES  NO |
| Direct or indirect thrombin inhibitor usage [PR IV.B.1.b).(1).(b).(ii).(b)] | YES  NO |
| Glycoprotein IIb/IIIa inhibitor usage [PR IV.B.1.b).(1).(b).(ii).(c)] | YES  NO |
| Thienopyridine or other antiplatelet usage [PR IV.B.1.b).(1).(b).(ii).(d)] | YES  NO |
| Chronic ischemic heart disease [PR IV.B.1.b).(1).(b).(iii)] | YES  NO |
| Valvular and structural heart disease [PR IV.B.1.b).(1).(b).(iv)] | YES  NO |
| Care of patients before and after interventional procedures [PR IV.B.1.b).(1).(c).(i)] | YES  NO |
| Care of patients in the cardiac care unit, emergency department, or other intensive care settings [PR IV.B.1.b).(1).(c).(ii)] | YES  NO |
| Outpatient follow-up of patients treated with drugs, interventions, devices, or surgery [PR IV.B.1.b).(1).(c).(iii)] | YES  NO |
| Use of antiarrhythmic drugs [PR IV.B.1.b).(1).(c).(iv)] | YES  NO |
| Use and limitations of intra-aortic balloon counterpulsation (IABP) and other hemodynamic support devices (as available) [PR IV.B.1.b).(1).(c).(v)] | YES  NO |
| Use of thrombolytic and antithrombolytic, antiplatelet, and antithrombin agents [PR IV.B.1.b).(1).(c).(vi)] | YES  NO |
| Use of vasoactive agents for epicardial and microvascular spasm [PR IV.B.1.b).(1).(c).(vii)] |  |

1. For the procedures listed, indicate whether instruction will be provided for fellows and if proficiency will be documented in a logbook or equivalent method.

|  |  |
| --- | --- |
| Cardiac tamponade including pericardiocentesis instruction provided [PR IV.B.1.b).(1).(d).(i)] | YES  NO |
| Cardiac tamponade including pericardiocentesis proficiency documented [PR IV.B.1.b).(1).(d).(i)] | YES  NO |
| Cardiogenic shock instruction provided [PR IV.B.1.b).(1).(d).(ii)] | YES  NO |
| Cardiogenic shock proficiency documented [PR IV.B.1.b).(1).(d).(ii)] | YES  NO |
| Coronary dissection instruction provided [PR IV.B.1.b).(1).(d).(iii)] | YES  NO |
| Coronary dissection proficiency documented [PR IV.B.1.b).(1).(d).(iii)] | YES  NO |
| Perforation instruction provided [PR IV.B.1.b).(1).(d).(iv)] | YES  NO |
| Perforation proficiency documented [PR IV.B.1.b).(1).(d).(iv)] | YES  NO |
| Slow reflow instruction provided [PR IV.B.1.b).(1).(d).(v)] | YES  NO |
| Slow reflow proficiency documented [PR IV.B.1.b).(1).(d).(v)] | YES  NO |
| Spasm instruction provided [PR IV.B.1.b).(1).(d).(vi)] | YES  NO |
| Spasm proficiency documented [PR IV.B.1.b).(1).(d).(vi)] | YES  NO |
| Thrombosis instruction provided [PR IV.B.1.b).(1).(d).(vii)] | YES  NO |
| Thrombosis proficiency documented [PR IV.B.1.b).(1).(d).(vii)] | YES  NO |
| Coronary arteriograms instruction provided [PR IV.B.1.b).(2).(a).(i)] | YES  NO |
| Coronary arteriograms proficiency documented [PR IV.B.1.b).(2).(a).(i)] | YES  NO |
| Coronary interventions instruction provided [PR IV.B.1.b).(2).(a).(ii)] | YES  NO |
| Coronary interventions proficiency documented [PR IV.B.1.b).(2).(a).(ii)] | YES  NO |
| Application and usage of balloon angioplasty, stents, and other commonly used interventional devices instruction provided [PR IV.B.1.b).(2).(a).(ii).(a)] | YES  NO |
| Application and usage of balloon angioplasty, stents, and other commonly used interventional devices proficiency documented [PR IV.B.1.b).(2).(a).(ii).(a)] | YES  NO |
| Femoral and brachial/radial cannulation of normal and abnormally located coronary ostia instruction provided [PR IV.B.1.b).(2).(a).(ii).(b)] | YES  NO |
| Femoral and brachial/radial cannulation of normal and abnormally located coronary ostia proficiency documented [PR IV.B.1.b).(2).(a).(ii).(b)] | YES  NO |
| Doppler flow, intracoronary pressure measurement and monitoring, and coronary flow reserve instruction provided [PR IV.B.1.b).(2).(a).(iii)] | YES  NO |
| Doppler flow, intracoronary pressure measurement and monitoring, and coronary flow reserve proficiency documented [PR IV.B.1.b).(2).(a).(iii)] | YES  NO |
| Hemodynamic measurements instruction provided [PR IV.B.1.b).(2).(a).(iv)] | YES  NO |
| Hemodynamic measurements proficiency documented [PR IV.B.1.b).(2).(a).(iv)] | YES  NO |
| Intravascular ultrasound instruction provided [PR IV.B.1.b).(2).(a).(v)] | YES  NO |
| Intravascular ultrasound proficiency documented [PR IV.B.1.b).(2).(a).(v)] | YES  NO |
| Ventriculography and aortography instruction provided [PR IV.B.1.b).(2).(a).(vi)] | YES  NO |
| Ventriculography and aortography proficiency documented [PR IV.B.1.b).(2).(a).(vi)] | YES  NO |
| Management of mechanical complications of percutaneous intervention instruction provided [PR IV.B.1.b).(1).(d)] | YES  NO |
| Management of mechanical complications of percutaneous intervention proficiency documented [PR IV.B.1.b).(1).(d)] | YES  NO |
| Management of vascular assessment complications, including management of closure device complications and pseudoaneurysm instruction provided [PR IV.B.1.b).(1).(e)] | YES  NO |
| Management of vascular assessment complications, including management of closure device complications and pseudoaneurysm proficiency documented [PR IV.B.1.b).(1).(e)] | YES  NO |
| Management of major and minor bleeding complications instruction provided [PR IV.B.1.b).(1).(f)] | YES  NO |
| Management of major and minor bleeding complications proficiency documented [PR IV.B.1.b).(1).(f)] | YES  NO |

**Medical Knowledge**

| **Will fellows demonstrate knowledge of the following content areas below?** |  |
| --- | --- |
| Detailed coronary anatomy [PR IV.B.1.c).(3).(a)] | YES  NO |
| Clinical utility and limitations of the treatment of valvular and structural heart disease [PR IV.B.1.c).(3).(b)] | YES  NO |
| Pathophysiology of restenosis [PR IV.B.1.c).(3).(c)] | YES  NO |
| Physiology of coronary flow and detection of flow-limiting conditions [PR IV.B.1.c).(3).(d)] | YES  NO |
| Radiation physics, biology, and safety related to the use of x-ray imaging equipment [PR IV.B.1.c).(3).(e)] | YES  NO |
| Strengths and limitations of both noninvasive and invasive coronary evaluation during the recovery phase after acute myocardial infarction [PR IV.B.1.c).(3).(f)] | YES  NO |
| Strengths and limitations, both short- and long-term of differing percutaneous approaches for a wide variety of anatomic situations related to cardiovascular disease [PR IV.B.1.c).(3).(g)] | YES  NO |
| Strengths and weaknesses of mechanical versus lytic approaches for patients with acute myocardial infarction [PR IV.B.1.c).(3).(h)] | YES  NO |
| The assessment of plaque composition and response to intervention [PR IV.B.1.c).(3).(i)] | YES  NO |
| The clinical importance of complete versus incomplete revascularization in a wide variety of clinical and anatomic situations [PR IV.B.1.c).(3).(j)] | YES  NO |
| The role of emergency coronary bypass surgery in the management of complications of percutaneous intervention [PR IV.B.1.c).(3).(k)] | YES  NO |
| The role and limitations of established and emerging therapy for treatment of restenosis [PR IV.B.1.c).(3).(l)] | ☐ YES ☐ NO |
| The role of platelets and the clotting cascade in response to vascular injury [PR IV.B.1.c).(3).(m)] | YES  NO |
| The role of randomized clinical trials and registry experiences in clinical decision making [PR IV.B.1.c).(3).(n)] | YES  NO |
| The use of pharmacologic agents appropriate in the postintervention management of patients [PR IV.B.1.c).(3).(o)] | 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)

|  |
| --- |
| Click here to enter text. |

**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)

|  |
| --- |
| Click here to enter text. |

**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)

|  |
| --- |
| Click here to enter text. |

**Curriculum Organization and Fellow Experiences**

Will fellows routinely participate in the following conferences: [PR IV.C.5.b)]

|  |  |
| --- | --- |
| 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.5.a)]

|  |
| --- |
| Click here to enter text. |

Briefly describe the Core Curriculum Conference Series in your program. [PR IV.C.5.]

|  |
| --- |
| Click here to enter text. |

**Evaluation**

Provide information on your methods for evaluating fellows, teaching attendings and other faculty members, your recording methods, access rules, and follow-up actions taken to remediate problems.

|  |  |
| --- | --- |
| 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 IV.C.8.a)] | 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**

|  |  |
| --- | --- |
| Will the evaluations of faculty 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 |

**The Learning and Working Environment**

|  |
| --- |
| Describe how faculty and residents will be educated about fatigue and its negative effects. [PR VI.D] |
| Click here to enter text. |

**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 |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |