**New Application: Cardiovascular Disease**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

|  |
| --- |
| Describe the reporting relationship between the subspecialty program director and the core internal medicine residency director. [PR.I.B.1.c)] |
| Click here to enter text. |

**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.b)] | 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.b).(1)] | YES  NO |

Provide the following information for all participating sites.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| **Medical Records** | | | | | | |
| Will clinical records that document both inpatient and ambulatory be readily available at all times?[PR I.D.1.e)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Will fellows have access to an electronic health record? [PR I.D.1.e)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| **Facilities – Will the following facilities/laboratories/resources be available?** | | | | | | |
| Access to training using simulation [PR IV.C.4.] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Active cardiac surgery program [I.D.1.d).(2)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Ambulatory ECG recordings [PR IV.B.1.b).(2).(b).(i)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Cardiac catheterization laboratories, including cardiac hemodynamics and a full range of interventional cardiology [PR I.D.1.c).(1)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Cardiac intensive care unit [PR I.D.1.d).(1)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Cardiac radiology laboratories, including MRI and CT [PR I.D.1.c).(2)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Cardiac radionuclide laboratories [PR I.D.1.c).(3)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Cardiac surgery intensive care unit [PR I.D.1.d).(1)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Echocardiography laboratories (including Doppler flow and transesophageal studies) [PR I.D.1.c).(4)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Electrocardiography [PR IV.B.1.b).(2).(b).(ii)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Electrophysiology laboratories [PR I.D.1.c).(6)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Exercise testing laboratories[PR I.D.1.c).(5)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Noninvasive vascular laboratories [PR I.D.1.c).(7)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Services for placement of pacemakers, implantable cardioverter/defibrillator, and follow-up [PR IV.B.1.b).(2).(a).(vi)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |

**personnel**

**Program Director**

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

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedurals**

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| Will the program provide experience for fellows to demonstrate competence in the prevention, evaluation and management of both inpatients and outpatients with the following: [PR IV.B.1.b).(1).(b)-(b).(xviii)]   |  |  | | --- | --- | | Acute myocardial infarction and other acute ischemic syndromes | YES  NO | | Arrhythmias | YES  NO | | Cardiomyopathy | YES  NO | | Cardiovascular evaluation of patients undergoing noncardiac surgery | YES  NO | | Congestive heart failure | YES  NO | | Coronary heart disease - Acute and Chronic | YES  NO | | Heart disease in pregnancy | YES  NO | | Hypertension | YES  NO | | Infections and inflammatory heart disease | YES  NO | | Lipid disorders and metabolic syndrome | YES  NO | | Need for end-of-life (palliative) care | YES  NO | | Pericardial disease | YES  NO | | Peripheral vascular disease | YES  NO | | Pulmonary hypertension | YES  NO | | Thromboembolic disorders | YES  NO | | Valvular heart disease | YES  NO |   For the procedures listed, indicate whether instruction will be provided for fellows, and if proficiency will be documented in a log book or equivalent method. [PR IV.B.1.b).(2).(a)-(b).(iv)]   |  |  | | --- | --- | | Echocardiography, including transesophageal cardiac studies instruction provided? | YES  NO | | Echocardiography, including transesophageal cardiac studies proficiency documented? | YES  NO | | Elective cardioversion instruction provided? | YES  NO | | Elective cardioversion proficiency documented? | YES  NO | | Exercise stress testing instruction provided? | YES  NO | | Exercise stress testing proficiency documented? | YES  NO | | Insertion and management of temporary pacemakers, including transvenous and transcutaneous instruction provided? | YES  NO | | Insertion and management of temporary pacemakers, including transvenous and transcutaneous proficiency documented? | YES  NO | | Programming and follow-up surveillance of permanent pacemakers and ICDs instruction provided? | YES  NO | | Programming and follow-up surveillance of permanent pacemakers and ICDs proficiency documented? | YES  NO | | Right and left heart catheterization including coronary arteriography instruction provided? | YES  NO | | Right and left heart catheterization including coronary arteriography proficiency documented? | YES  NO | | How many echocardiography studies will each fellow interpret during the program? | # | | How many echocardiography studies will each fellow perform during the program? | # | | How many electrocardiograms will each fellow interpret during the program? | # | | How many exercise stress tests will each fellow perform during the program? | # | | How many right and left heart catheterizations including coronary arteriography will each fellow participate in during the training program? | # |  |  |  | | --- | --- | | Indicate whether the fellowship program will provide for fellows to develop competency in the interpretation of the procedural/technical skills listed. | | | Chest X-Rays [PR IV.B.1.b).(2).(b).(iii).(a)] | YES  NO | | Radionuclide studies of myocardial function and perfusion [PR IV.B.1.b).(2).(b).(iv)] | YES  NO |   Indicate whether the fellowship program will provide formal instruction and clinical experience in performing the following procedural/technical skills listed.   |  |  | | --- | --- | | Intra-aortic balloon counterpulsation [PR IV.C.6.c).(2)] | YES  NO | | Intracardiac electrophysiologic studies [PR IV.C.6.c).(3)] | YES  NO | | Percutaneous transluminal coronary angioplasty [PR IV.C.6.c).(5)] | YES  NO | | Pericardiocentesis [PR IV.C.6.c).(6)] | YES  NO | | Programming and follow-up surveillance of ICDs [PR IV.B.1.b).(2).(a).(vii)] | YES  NO |  |  |  | | --- | --- | | Will fellows be supervised by a qualified faculty member until they attain proficiency in performing required procedures? [PR IV.C.6.a)] | YES  NO |   **Medical Knowledge**  Will the program provide formal instruction for the fellows to acquire knowledge of the following content areas for the items listed below:   |  |  | | --- | --- | | Cardiovascular anatomy [PR IV.B.1.c).(3).(a).(i)] | YES  NO | | Cardiovascular metabolism [PR IV.B.1.c).(3).(a).(ii)] | YES  NO | | Cardiovascular pathology [PR IV.B.1.c).(3).(a).(iii)] | YES  NO | | Cardiovascular pharmacology, including drug metabolism, adverse effects, indications, the effects on aging, relative costs of therapy, and the effects of non-cardiovascular drugs on cardiovascular function. [PR IV.B.1.c).(3).(a).(iv)] | YES  NO | | Cardiovascular physiology [PR IV.B.1.c).(3).(a).(v)] | YES  NO | | Genetic causes of cardiovascular disease [PR IV.B.1.c).(3).(a).(vi)] | YES  NO | | Molecular biology of the cardiovascular system [PR IV.B.1.c).(3).(a).(vii)] | YES  NO |   Will the program provide formal instruction in the primary and secondary prevention of cardiovascular disease?   |  |  | | --- | --- | | Biostatistics [PR IV.B.1.c).(3).(b).(i)] | YES  NO | | Clinical Epidemiology [PR IV.B.1.c).(3).(b).(ii)] | YES  NO | | Cardiac rehabilitation [PR IV.B.1.c).(3).(b).(iii)] | YES  NO | | Current and emerging risk factors [PR IV.B.1.c).(3).(b).(iv)] | YES  NO |   Will the program provide formal instruction in the evaluation and management of:   |  |  | | --- | --- | | Adult congenital heart disease [PR IV.B.1.c).(3).(c).(i)] | YES  NO | | Cardiac trauma [PR IV.B.1.c).(3).(c).(ii)] | YES  NO | | Geriatric cardiology [PR IV.B.1.c).(3).(c).(v)] | YES  NO | |

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

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

**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**

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| --- | --- |
| How many months of clinical experience, including inpatient and special experiences will the fellowship program provide for each fellow? [PR IV.C.3.a)] | # |
| How many months of experience will the fellowship program provide for each fellow in the cardiac catheterization laboratory? [PR IV.C.3.b)] | # |
| How many months of experience will the fellowship program provide each fellow in echocardiography and Doppler? [PR IV.C.3.c).(1)] | # |
| How many hours per week will the fellow participate in daily nuclear cardiology interpretation during the rotation? [PR IV.C.3.c).(2)] | # |
| How many months experience will the fellowship program provide for each fellow in nuclear cardiology? [PR IV.C.3.c).(2)] | # |
| How many months experience will the fellowship program provide for each fellow in ECG interpretation, exercise stress testing, and ambulatory ECG recording? [PR IV.C.3.c).(3)] | # |
| Will the fellowship program provide each fellow with experience in cardiac evaluations that include cardiac tomography, positron emission tomography, cardiac MRI, and peripheral vascular imaging? [PR IV.C.3.c).(4)] | YES  NO |
| How many months experience will the fellowship program provide for each fellow in cardiovascular magnetic resonance and other techniques (e.g., electron beam or fast helical computed tomography)? [PR IV.C.3.c).(4)] | # |
| How many months of experience will the fellow devote to electrophysiology? [PR IV.C.3.d)] | # |
| How many months of non-laboratory clinical practice activities (e.g., consultations, cardiac care units, postoperative care of cardiac surgery patients, congenital heart disease, heart failure/cardiac transplantation, preventive cardiology and vascular medicine) will the fellowship program provide for each fellow? [PR IV.C.3.e)] | # |

**Continuity Clinic Experiences**

Provide information for the fellows' continuity experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, 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. [PR IV.C.5.]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| % Female: | # % | # % | # % | # % | # % | # % |

**OTHER AMBULATORY EXPERIENCE**

Provide information for the fellows' other ambulatory experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, 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. [PR IV.C.5.]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| % Female: | # % | # % | # % | # % | # % | # % |

**Conferences**

Will fellows routinely participate in the following conferences: [PR IV.C.7.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 |

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

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| 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.7.a)] |
| Click here to enter text. |

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| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR IV.C.8.a)] |
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| Describe the program's teaching rounds; including the frequency and duration spent per week. [PR IV.C.8.b)] |
| Click here to enter text. |

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| Will fellows receive instruction in practice management relevant to the specialty? [PR. IV.C.9.] | YES  NO |

**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.

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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 invasive procedures? [PR V.A.1.a).(1)] | YES  NO |

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| Describe the method for assessment of procedural competence. .[PR V.A.1.a).(2)] |
| Click here to enter text. |

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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 V.A.1.c).(1)] | YES  NO |

**Faculty Evaluation**

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| --- | --- |
| Will these 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 |

**The Learning and Working Environment**

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| --- |
| Describe how faculty and residents will be educated about fatigue and its negative effects. [CPR 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 |
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