**New Application: Clinical Cardiac Electrophysiology**

**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 I.B.1.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 I.B.5.] | [ ]  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 I.D.1.a).(1)] | [ ]  YES [ ]  NO |
| ensure that the program has adequate access to computers, visual, and other educational aids? [PR I.D.1.a).(1)] | [ ]  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 I.D.1.a).(2)] | [ ]  YES [ ]  NO |
| provide access to an electronic health record (EHR)? [PR I.D.1.a).(3)] | [ ]  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 I.D.1.a).(4)] (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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| Electrophysiologic laboratory [PR I.D.1.a).(5)] | [ ]  YES [ ]  NO |
| Cardiac fluoroscopic equipment [PR I.D.1.a).(5)] | [ ]  YES [ ]  NO |
| Mapping and recording devices [PR I.D.1.a).(5)] | [ ]  YES [ ]  NO |
| Programmable stimulator [PR I.D.1.a).(5)] | [ ]  YES [ ]  NO |
| Resuscitation equipment [PR I.D.1.a).(5)] | [ ]  YES [ ]  NO |
| Cardiac radionuclide laboratories [PR I.D.1.a).(6)] | [ ]  YES [ ]  NO |
| Cardiac intensive care unit [PR I.D.1.a).(9)] | [ ]  YES [ ]  NO |
| Cardiac surgery intensive care unit [PR I.D.1.a).(10)] | [ ]  YES [ ]  NO |

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 I.D.1.c)] | [ ]  YES [ ]  NO |

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| Explain a “NO” response. (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 I.D.1.b)] (Limit response to 300 words) |
| Click here to enter text. |

**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 IV.B.1.b).(1).(a).(i)-(xv)]

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| Atrial fibrillation and flutter, including anticoagulation, pharmacologic and procedural rate and rhythm control therapies, and risk factor modification for prevention | [ ]  YES [ ]  NO |
| Sudden cardiac arrest, including increased risk for sudden cardiac arrest  | [ ]  YES [ ]  NO |
| Arrhythmias resulting from pharmacologic interactions  | [ ]  YES [ ]  NO |
| Bradycardia and heart block  | [ ]  YES [ ]  NO |
| Cardiovascular implanted electronic device follow-up, including lead management  | [ ]  YES [ ]  NO |
| Disorders of cardiac rhythm  | [ ]  YES [ ]  NO |
| Implanted device management of heart failure  | [ ]  YES [ ]  NO |
| Inherited/genetic arrhythmia disorders  | [ ]  YES [ ]  NO |
| Metabolic derangements resulting in arrhythmia  | [ ]  YES [ ]  NO |
| Need for acute or chronic anticoagulations  | [ ]  YES [ ]  NO |
| Premature ventricular contractions, ventricular tachycardia and ventricular fibrillation  | [ ]  YES [ ]  NO |
| Prolonged QT syndrome, and other inherited arrhythmia disorders  | [ ]  YES [ ]  NO |
| Sudden cardiac death  | [ ]  YES [ ]  NO |
| Supraventricular tachycardia, including Wolff-Parkinson-White (WPW) syndrome  | [ ]  YES [ ]  NO |
| Syncope and palpitations  | [ ]  YES [ ]  NO |

Will fellows demonstrate competence in the following? [PR IV.B.1.b).(1).(b).(i)-(vi)]

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| The care of cardiac patients in the cardiac care unit, emergency department, or other intensive care settings  | [ ]  YES [ ]  NO |
| The care of patients before and after an electrophysiologic procedure, including procedural complications  | [ ]  YES [ ]  NO |
| The care of patients with post-operative arrhythmias | [ ]  YES [ ]  NO |
| The care and monitoring of patients with implantable cardioverter defibrillators (ICDs) and biventricular ICDs  | [ ]  YES [ ]  NO |
| The care and monitoring of patients with temporary and permanent pacemakers of all types, including biventricular pacemakers  | [ ]  YES [ ]  NO |
| The care and monitoring of patients with other implanted devices for arrhythmic conditions  | [ ]  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 IV.B.1.b).(2).(a).(i)] | [ ]  YES [ ]  NO |
| treat their patients’ conditions with practices that are patient centered, safe, scientifically based, effective, timely, and cost effective? [PR IV.B.1.b).(2).(a).(ii)] | [ ]  YES [ ]  NO |
| participate in pre-procedural planning, including the indications for the procedure, and the selection of the appropriate procedure or instruments? [PR IV.B.1.b).(2).(a).(iii)]  | [ ]  YES [ ]  NO |
| perform the critical technical manipulations of the procedure? [PR IV.B.1.b).(2).(a).(iv)] | [ ]  YES [ ]  NO |
| provide post-procedure care? [PR IV.B.1.b).(2).(a).(v)] | [ ]  YES [ ]  NO |
| use non-invasive testing relevant to arrhythmia diagnoses and treatment? [IV.B.1.b).(2).(b)] | [ ]  YES [ ]  NO |

Indicate whether fellows will demonstrate competence in the performance or interpretation of the listed procedures. Provide numbers of procedures where required. [PR IV.B.1.b).(2).(c).(i) - IV.B.1.b).(2).(d).(iv)]

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| Diagnostic electrophysiology studies | [ ]  YES [ ]  NO |
|  How many diagnostic electrophysiology studies will each fellow perform during the program? | # |
| Catheter ablative procedures | [ ]  YES [ ]  NO |
|  How many supraventricular ablative procedures (exclusive of procedures for atrial fibrillation or flutter will each fellow perform during the program? | # |
|  How many atrial flutter ablations will each fellow perform during the program? | # |
|  How many atrial fibrillation procedures will each fellow perform during the program? | # |
|  How many ventricular tachycardia ablations in patients with structural heart disease will each fellow perform during the program? | # |
| Procedures related to ICEDs | [ ]  YES [ ]  NO |
|  How many implantations of cardiac electrical devices will each fellow perform during the program? | # |
|  How many device replacements or revisions will each fellow interpret during the program? | # |
|  How many ICED evaluations will each fellow interpret during the program? | # |
| Interpretation of advanced electrocardiographic methods of risk stratification | [ ]  YES [ ]  NO |
| Interpretation of continuous and event electrocardiogram (ECG) recording | [ ]  YES [ ]  NO |
| Interpretation of intracardiac electrogram recordings, activation maps, and advanced electrophysiologic procedural techniques, such as fluoroless mapping and vascular ultrasound | [ ]  YES [ ]  NO |
| Interpretation of remote device transmissions | [ ]  YES [ ]  NO |

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| Will fellows be supervised by a qualified faculty member until they attain proficiency in performing required procedures? [PR IV.C.7.] | [ ]  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 IV.C.8.] | [ ]  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 IV.B.1.c).(1).(a) - IV.B.1.c).(1).(k)]

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| Arrhythmia control | [ ]  YES [ ]  NO |
| Basic cardiac electrophysiology, including mechanisms of arrhythmias, normal and abnormal electrophysiologic responses, autonomic influences, effects of ischemia, drugs, and other interventions | [ ]  YES [ ]  NO |
| Biophysics of ablation, pacing, and defibrillation | [ ]  YES [ ]  NO |
| Cellular physiology | [ ]  YES [ ]  NO |
| Device management | [ ]  YES [ ]  NO |
| Epidemiology of arrhythmias | [ ]  YES [ ]  NO |
| The genetic basis of pathological arrhythmias | [ ]  YES [ ]  NO |
| Non-invasive and invasive diagnostic evaluation for arrhythmia | [ ]  YES [ ]  NO |
| Pharmacology, antiarrhythmic medications, and anticoagulation | [ ]  YES [ ]  NO |
| Radiation physics, biology, and safety related to the use of x-ray imaging equipment | [ ]  YES [ ]  NO |
| The role of randomized clinical trials and registry experiences in clinical decision making | [ ]  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)

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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 IV.B.1.e)] (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 IV.B.1.f)] (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. [PR IV.C.4. – IV.C.4.a)] (Limit response to 400 words)

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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 IV.C.5.] | [ ]  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 IV.C.6.a)] |
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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 IV.C.6.a).(1)] (Limit response to 300 words)

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| Will the faculty participate in required conferences? [PR II.B.2.e)] | [ ]  YES [ ]  NO |

Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR IV.C.6.c)] (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 V.A.1.a).(1)] |
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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 |