

APPENDIX C – ROTATIONAL CURRICULUM

Inpatient Interventional Cardiology Curriculum Interventional Cardiology Fellowship Program Riverside Medical Center

Description: The Interventional Cardiology Fellowship is a one year program designed to train the fellow as a comprehensive interventionist. The training is almost exclusively procedure based and thus is driven primarily by cardiac catheterization related activities. The fellow spends all 12 months in the cath lab learning how to do procedures. There is no dedicated inpatient rotation. However the fellow does participate actively in the care of hospitalized patients both before and after they undergo their interventional procedure. Thus, even though there is no separate month allocated to an inpatient rotation the program does have specific goals for training of the fellows in continuous care of the patients as it relates to interventional cardiology.

Interventional Cardiology Attending Responsibilities: The interventional cardiology attendings must allow the fellow to have hands on experience in the cath lab. The attendings should consider the skill, experience, and procedure to determine whether they are comfortable with the fellow performing the procedure. Emphasis is placed on learning as secondary/assistant operator and then primary operator, and ultimately as an independent operator, all under direct attending supervision. The attendings should discuss the indications for the study or procedure and, as deemed appropriate, suggest outside reading. The attending should also review the notes to ensure that the fellow correctly writes a catheterization report. Instructions, tips, discussion of the hemodynamics, discussion of the anatomy take place during and after the case.

Interventional Cardiology Fellow Responsibilities: The interventional cardiology fellow should report to the cath lab, review the schedule for the next day, and discuss with the attendings the cases in which he will participate. Frequently there are concurrent cases being performed. The attendings will inform the fellow if one case may be of more benefit to the learning process. The fellow should strive to be involved with as many cases as possible. For in-patients, the fellow should go to the floor to ensure that the appropriate pre-operative orders are written and should understand the indications for the study and other pertinent issues with the patient (renal insufficiency, IVP dye allergy etc.). These issues can then be discussed with the attending interventional cardiologist. The fellow should write the post-operative note, dictate the final report, and write the post-operative orders. These should all be reviewed with the attending interventional cardiologist. The fellow will pull sheaths on the post intervention patients on the floor. Initially, this should be performed under the guidance of the attending, but once the attending is comfortable with the fellow's ability, the fellow can perform on his own. The fellow can also pull sheaths in the cath lab time permitting.

Patient Care

Goal: Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Reporting Milestones:

PC1 – Pre-Procedural Care and Procedural Selection

PC2 – Technical Skills for Percutaneous Intervention

PC3 – Post-Procedure Management (Inpatient and Outpatient)

Objectives: <i>Fellows are expected to:</i>	Teaching Method	Evaluation Method
1. Demonstrate competence in the practice of health promotion, disease prevention, diagnosis, care and treatment of patients of each gender, from adolescence to old age, during health and all stages of illness.	Didactic Board Review Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Module	In-Training Exam Direct Observation
2. Demonstrate competence in the prevention, evaluation, and management of both inpatients and outpatients with: <ul style="list-style-type: none"> • Acute ischemic syndromes • Bleeding disorders or complications associated with percutaneous intervention or drugs, which may include: <ul style="list-style-type: none"> • Bleeding after thrombolytic usage • Direct or indirect thrombin inhibitor usage • Glycoprotein IIb/IIIa inhibitor usage • Thienopyridine or other antiplatelet usage • Chronic ischemic heart disease • Valvular and structural heart disease 	Didactic Board Review Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation In-Training Exam Direct Observation
3. Demonstrate competence in: <ul style="list-style-type: none"> • Care of patients before and after interventional procedures • Care of patients in the cardiac care unit, emergency department, or other intensive care settings • Outpatient follow-up of patients treated with drugs, interventions, devices, or surgery • Use of antiarrhythmic drugs 	Didactic Board Review Bedside Teaching Clinical Teaching Rounds Independent Learning	In-Training Exam Direct Observation

<ul style="list-style-type: none"> • Use and limitations of intra-aortic balloon counterpulsation (IABP) and other hemodynamic support devices (as available); • Use of thrombolytic and antithrombolytic, antiplatelet, and antithrombin agents • Use of vasoactive agents for epicardial and microvascular spasm 		
<p>4. Demonstrate competence in the management of mechanical complications of percutaneous intervention, which may include:</p> <ul style="list-style-type: none"> • Cardiac tamponade, including pericardiocentesis • Cardiogenic shock • Coronary dissection • Perforation • Slow reflow • Spasm • Thrombosis 	<p>Didactic Board Review Bedside Teaching Clinical Teaching Rounds Independent Learning</p>	<p>End of Rotation Evaluation In-Training Exam Direct Observation Indirect Supervision</p>
<p>5. Demonstrate competence in the management of patients with vascular assessment complications, including management of closure device complications and pseudoaneurysm.</p>	<p>Didactic Board Review Bedside Teaching Clinical Teaching Rounds Independent Learning</p>	<p>In-Training Exam Direct Observation</p>
<p>6. Demonstrate competence in the management of patients with major and minor bleeding complications, including retroperitoneal bleeding.</p>	<p>Didactic Board Review Bedside Teaching Clinical Teaching Rounds Independent Learning</p>	<p>In-Training Exam Direct Observation Indirect Supervision</p>
<p>7. Learn proper patient screening, evaluation, and preparation for interventional procedures.</p>	<p>Bedside Teaching Independent Learning Patient Review</p>	<p>Ambulatory Clinic Evaluation Direct Observation</p>

Medical Knowledge

Goal: Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

Reporting Milestones:

.

MK1 – Anatomy and Physiology

MK2 – Pharmacology

MS3 – Devices, Techniques, and Outcomes		
Objectives: <i>Fellows are expected to:</i>	Teaching Method <i>Select all that apply</i>	Evaluation Method <i>Select all that apply</i>
1. Demonstrate knowledge of the scientific method of problem solving and evidence-based decision making	Didactic Board Review Bedside Teaching Clinical Teaching Rounds Independent Learning	In-Training Exam Direct Observation
2. Demonstrate a knowledge of indications, contraindications, limitations, complications, techniques, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline, including the appropriate indications for and use of screening tests/procedures	Didactic Board Review Bedside Teaching Clinical Teaching Rounds Independent Learning	In-Training Exam Direct Observation
3. Demonstrate knowledge of: <ul style="list-style-type: none"> • Detailed coronary anatomy • Clinical utility and limitations of the treatment of valvular and structural heart disease • Pathophysiology of restenosis • Physiology of coronary flow and detection of flow- limiting conditions • Radiation physics, biology, and safety related to the use of x-ray imaging equipment • Strengths and limitations of both noninvasive and invasive coronary evaluation during the recovery phase after acute myocardial infarction • Strengths and limitations, both short- and long-term, of differing percutaneous approaches for a wide variety of anatomic situations related to cardiovascular disease • Strengths and weaknesses of mechanical versus lytic approaches for patients with acute myocardial infarction • The clinical importance of complete versus incomplete revascularization in a wide variety of clinical and anatomic situations • The role of emergency coronary bypass surgery in the management of complications of percutaneous intervention • The role and limitations of established and emerging therapies for treatment of restenosis • The role of platelets and the clotting cascade in response to vascular injury • The role of randomized clinical trials and registry experiences in clinical decision making • The use of pharmacologic agents appropriate in the post-intervention management of patients 	Didactic Board Review Bedside Teaching Clinical Teaching Rounds Independent Learning	In-Training Exam Direct Observation
4. Learn the indications for urgent catheterization in the setting of acute coronary syndromes. The focus will be on current accepted guidelines.	Weekly Case Conferences Assigned readings Independent Learning	End of Rotation Evaluation Annual PD Evaluation In-Training Exam

5. Learn the biological effects and indications for the use of pharmacologic agents common to the practice of interventional cardiology including thrombolytics, antiplatelet agents, anti-thrombin agents, anticoagulants, vasoactive drugs, antiarrhythmics, sedatives, analgesics, and radiocontrast agents.	Assigned readings Independent Learning	In-Training Exam Direct Observation
6. Understand vascular biology including plaque formation, vascular injury, and vasoreactivity.	Weekly Case Conferences Independent Learning	Direct Observation Indirect Supervision
7. Know the coagulation cascade.	Weekly Case Conferences Independent Learning	Direct Observation Indirect Supervision
8. Know the pathophysiology of native vessel and in-stent restenosis, and the treatment options for each.	Bedside Teaching Weekly Case Conferences Assigned readings Independent Learning	Direct Observation Indirect Supervision

Practice-based Learning and Improvement

Goal: Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 – Evidenced-Based and Informed Practice

PBLI2 – Reflective Practice and Commitment to Personal Growth

Objectives:

Fellows are expected to:

	Teaching Method <i>Select all that apply</i>	Evaluation Method <i>Select all that apply</i>
1. Systematically analyze practice, using quality improvement methods, and implement changes with the goal of practice improvement.	Bedside Teaching Clinical Teaching Rounds Independent Learning	Direct Observation Indirect Supervision
2. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.	Bedside Teaching Clinical Teaching Rounds	Direct Observation Indirect Supervision
3. Learn which cardiovascular disease states are amenable to catheter-based intervention and alternative such as medical therapy or surgery. The focus will be on current accepted guidelines.	Bedside Teaching	End of Rotation Evaluation

	Weekly Case Conferences Independent Learning	360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation
4. Learn the indications for proper placement of emergency temporary transvenous pacemakers.	Independent Learning Placement	Direct Observation
5. Learn the appropriate selection and use of vascular access devices, guiding catheters, guide wires, balloon catheters, and stents.	Bedside Teaching Weekly Case Conferences Independent Learning Performance	Direct Observation
6. Learn the management of the interventional cardiology complications including but not limited to: coronary dissection, coronary perforation, acute vessel closure, slow and no-reflow, distal coronary embolization, side branch occlusion, and local hemorrhage.	Bedside Teaching Weekly Case Conferences Assigned readings Independent Learning Direct Management of Complications	In-Training Exam Direct Observation Indirect Supervision
7. Will understand the principles of radiation safety and practice.	Radiation Safety Lecture Bedside Teaching Independent Learning	Direct Observation
8. Know how to operate the radiographic equipment and the catheter table.	Bedside Teaching Hands on Use	Direct Observation Indirect Supervision
9. Actively participate it in the diagnosis and treatment of cardiac disorders requiring interventional management.	Bedside Teaching Planning the procedure	End of Rotation Evaluation Annual PD Evaluation Direct Observation Indirect Supervision
10. Participate in at least 400 interventional procedures during the 12 month fellowship. <ul style="list-style-type: none"> The interventional fellow will serve as the primary operator on at least 250 interventional cases. Only one fellow will be assigned as the primary operator per case. The primary operator will be actively involved in the decision making regarding the equipment selection, problem solving, post-procedural assessment, and complication management. 	Procedure Performance	End of Rotation Evaluation Annual PD Evaluation Direct Observation Indirect Supervision

Interpersonal and Communication Skills

Goal: Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Reporting Milestones:

ICS1 – Patient- and Family-Centered Communication

ICS2 – Interprofessional Team Communication

ICS3 – Communication within Health System

Objectives:

Fellows are expected to:

Objectives: <i>Fellows are expected to:</i>	Teaching Method <i>Select all that apply</i>	Evaluation Method <i>Select all that apply</i>
1. Demonstrate competence in providing consultation and obtaining informed consent.	Bedside Teaching Clinical Teaching Rounds Role Modeling	Ambulatory Clinic Evaluation Direct Observation

Professionalism

Goal: Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior and Ethical Principles

PROF2 – Accountability/Conscientiousness

PFOR3 – Self-Awareness and Well-Being

Objectives:

Fellows are expected to:

Objectives: <i>Fellows are expected to:</i>	Teaching Method <i>Select all that apply</i>	Evaluation Method <i>Select all that apply</i>
1. Demonstrate high standards of ethical behavior, including maintaining appropriate professional boundaries and relationships with other physicians and other health care team members, and avoiding conflicts of interest	Bedside Teaching Clinical Teaching Rounds Role Modeling	Ambulatory Clinic Evaluation Direct Observation Indirect Supervision
2. Function in the role of a consultant in interventional cardiology.	Seeing patients considered for the catheterization laboratory Bedside Teaching	Direct Observation Indirect Supervision

	Planning the procedure	
--	------------------------	--

System-Based Practice

Goal: Fellows must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care System

Objectives: <i>Fellows are expected to:</i>	Teaching Method <i>Select all that apply</i>	Evaluation Method <i>Select all that apply</i>
1. Work effectively in various health care delivery setting and systems relevant to their clinical specialty.	Bedside Teaching Clinical Teaching Rounds Role Modeling	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation
2. Coordinate patient care within the health care system relevant to their clinical specialty.	Bedside Teaching Clinical Teaching Rounds Role Modeling	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population- based care as appropriate.	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation
4. Advocate for quality patient care and optimal patient care systems.	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation
5. Work in interprofessional teams to enhance patient safety and improve patient care quality.	Bedside Teaching Clinical Teaching Rounds Role Modeling	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation

6. Participate in identifying system errors and implementing potential systems solutions.	Bedside Teaching Clinical Teaching Rounds	Ambulatory Clinic Evaluation Direct Observation
---	--	--

Outpatient Interventional Cardiology Curriculum Interventional Cardiology Fellowship Program Riverside Medical Center

Description: The overall goal of the Interventional Cardiology outpatient rotation is to allow the fellow, under the supervision of an attending physician, to develop a bank of patients which they will care for over the course of the program. The expectation is that the fellow will gain experience and expertise in caring for patients in a non-hospitalized setting. This will allow the fellow the ability to embrace the evolution of a new patient complaint and follow through the work up and care of the underlying condition de novo. The anticipation is that there will be development of a strong physician to patient relationship. This will help to strengthen the fellows understanding of the physical, psychological and social impact the condition plays on the patient’s ability to function on a daily basis. The fellows responsibilities will include initial evaluation of the patient and subsequent follow up in the office. They will refill prescriptions, order appropriate labs and radiographic testing and will communicate the results to the patient with collaborative discussion and agreement of the attending physician. There is also an expectation that they will be involved in interventional cardiology procedures performed on their patients.

Patient Care

Goal: *Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.*

Reporting Milestones:

- PC1 – Pre-Procedural Care and Procedural Selection
- PC2 – Technical Skills for Percutaneous Intervention
- PC3 – Post-Procedure Management (Inpatient and Outpatient)

Objectives <i>Fellows are expected to:</i>	Teaching Method	Evaluation Method
1. Demonstrate competence in prevention, evaluation and management of the following: <ul style="list-style-type: none"> • acute ischemic syndromes 	Bedside Teaching Clinical Teaching Rounds	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation

<ul style="list-style-type: none"> bleeding disorders or complications associated with percutaneous intervention or drugs chronic ischemic heart disease valvular and structural heart disease care of patients before and after interventional work up follow up of patients treated with drugs, interventions, devices or surgery 		
2. Perform appropriate cardiology patient work-up.	Bedside Teaching	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation
3. Organize and prioritize patients' cardiovascular medical problems and differential diagnoses.	Bedside Teaching Role Modeling	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation
4. Gather and critically appraise references for therapy in peer-reviewed and other resources.	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation
5. Make informed recommendations about preventative, diagnostic and therapeutic options with guidance of the attending.	Bedside Teaching Independent Learning	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation
6. Perform advanced work up of patients with basic and complex cardiovascular disorders.	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation
7. Use evidence based medicine in the management of all assets of basics and complex cardiovascular disorders.	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation
8. Independently make informed recommendations about preventative, diagnostic and therapeutic options.	Bedside Teaching Independent Learning	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation
9. Demonstrate competence in the practice of health promotion, disease prevention, diagnosis, care and treatment of patients of each gender, from adolescence to old age, during health and all stages of illness.	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation

Medical Knowledge

Goal: *Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients with cardiovascular diseases.*

Reporting Milestones:

MK1 – Anatomy and Physiology

MK2 – Pharmacology MS3 – Devices, Techniques, and Outcomes		
Objectives <i>Fellows are expected to:</i>	Teaching Method	Evaluation Method
9. Demonstrate knowledge of: <ul style="list-style-type: none"> • Detailed coronary anatomy • Clinical utility and limitations of the treatment of valvular and structural heart disease • Pathophysiology of restenosis • Physiology of coronary flow and detection of flow- limiting conditions • Radiation physics, biology, and safety related to the use of x-ray imaging equipment • Strengths and limitations of both noninvasive and invasive coronary evaluation during the recovery phase after acute myocardial infarction • Strengths and limitations, both short- and long-term, of differing percutaneous approaches for a wide variety of anatomic situations related to cardiovascular disease • Strengths and weaknesses of mechanical versus lytic approaches for patients with acute myocardial infarction • The clinical importance of complete versus incomplete revascularization in a wide variety of clinical and anatomic situations • The role of emergency coronary bypass surgery in the management of complications of percutaneous intervention • The role and limitations of established and emerging therapies for treatment of restenosis • The role of platelets and the clotting cascade in response to vascular injury • The role of randomized clinical trials and registry experiences in clinical decision making • The use of pharmacologic agents appropriate in the post-intervention management of patients 	Bedside Teaching Clinical Teaching Rounds Independent Learning	Ambulatory Clinic Evaluation Direct Observation
10. Demonstrate fundamental knowledge as it pertains to formulating a cardiovascular diagnosis and treatment plan.	Board Review Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation Ambulatory Clinic Evaluation In-Training Exam
11. Access and critically evaluate medical information and scientific information relevant to patient care.	Bedside Teaching Clinical Teaching Rounds Independent Learning	Ambulatory Clinic Evaluation In-Training Exam Direct Observation
12. Demonstrate comprehension of pathophysiological basis of cardiovascular conditions and rationale for therapy including mechanism of action of treatment modalities.	Board Review Bedside Teaching Clinical Teaching Rounds Independent Learning	Ambulatory Clinic Evaluation In-Training Exam Direct Observation
13. Access and critically evaluate medical information and scientific evidence regarding all vascular diseases.	Board Review Clinical Teaching Rounds Independent Learning	Ambulatory Clinic Evaluation In-Training Exam Direct Observation

14. Demonstrate knowledge of the scientific method of problem solving and evidence-based decision making	Board Review Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation Ambulatory Clinic Evaluation In-Training Exam Direct Observation
15. Demonstrate a knowledge of indications, contraindications, limitations, complications, techniques, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline, including the appropriate indications for and use of screening tests/procedures	Board Review Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation Ambulatory Clinic Evaluation In-Training Exam Direct Observation

Practice based Learning and Improvement Interpersonal and Communication Skills

<p>Goal: Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.</p> <p>Reporting Milestones:</p> <p>PBLI1 – Evidenced-Based and Informed Practice PBL2 – Patient and Family-Centered Communication PBL12 – Reflective Practice and Commitment to Personal Growth KCS2 – Interprofessional Team Communication KCS3 – Communication within Health System</p> <p><i>Fellows are expected to:</i></p>		
Objectives:	Teaching Method	Evaluation Method
1. Identify strengths, deficiencies, and limits in one's knowledge and expertise	Bedside Teaching Independent Learning	Ambulatory Clinic Evaluation Direct Observation
2. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.	Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning	Ambulatory Clinic Evaluation Direct Observation
3. Communicate effectively with physicians, other health professionals, and health related agencies.	Bedside Teaching Clinical Teaching Rounds Independent Learning	Ambulatory Clinic Evaluation Direct Observation
4. Systematically analyze practice, using quality improvement methods, and implement	Bedside Teaching	Ambulatory Clinic Evaluation
3. Work effectively as a member or leader of a health care team or other professional group.	Bedside Teaching Clinical Teaching Rounds Clinical Teaching Rounds	Ambulatory Clinic Evaluation Direct Observation
5. Incorporate formative evaluation feedback into daily practice	Independent Learning	Indirect Supervision Ambulatory Clinic Evaluation
4. Act in a consultative role to other physicians and health professionals.	Bedside Teaching Clinical Teaching Rounds Clinical Teaching Rounds	Ambulatory Clinic Evaluation Direct Observation
6. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.	Bedside Teaching	Ambulatory Clinic Evaluation
5. Maintain comprehensive, timely, and legible medical records if applicable.	Bedside Teaching Clinical Teaching Rounds Clinical Teaching Rounds	Ambulatory Clinic Evaluation Direct Observation
7. Participate in the education of patients, families, students, fellows and other health professionals	Bedside Teaching Independent Learning	Direct Observation
8. Obtain procedure-specific informed consent by competently educating patients about rationale, technique, and complications of procedures.	Bedside Teaching Clinical Teaching Rounds	Ambulatory Clinic Evaluation Direct Observation

Professionalism

Goal: Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Reporting Milestones:

PROF1 – Professional Behavior and Ethical Principles

PROF2 – Accountability/Conscientiousness

PFOR3 – Self-Awareness and Well-Being

Objectives: <i>Fellows are expected to:</i>	Teaching Method	Evaluation Method
1. Demonstrate compassion, integrity, and respect for others	Bedside Teaching Clinical Teaching Rounds	Ambulatory Clinic Evaluation Direct Observation
2. Demonstrate responsiveness to patient needs that supersedes self-interest	Bedside Teaching Clinical Teaching Rounds Role Modeling	Ambulatory Clinic Evaluation Direct Observation
3. Demonstrate respect for patient privacy and autonomy.	Bedside Teaching Clinical Teaching Rounds Role Modeling	Ambulatory Clinic Evaluation Direct Observation
4. Demonstrate accountability to patients, society and the profession.	Bedside Teaching Clinical Teaching Rounds Independent Learning	Ambulatory Clinic Evaluation Direct Observation
5. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.	Bedside Teaching Clinical Teaching Rounds Independent Learning	Ambulatory Clinic Evaluation Direct Observation
6. Demonstrate high standards of ethical behavior, including maintaining appropriate professional boundaries and relationships with other physicians and other health care team members, and avoiding conflicts of interest.	Bedside Teaching Clinical Teaching Rounds Role Modeling	Ambulatory Clinic Evaluation Direct Observation

System-Based Practice

Goal: Fellows must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Reporting Milestones:

SBP1 – Patient Safety and Quality Improvement

SBP2 – System Navigation for Patient-Centered Care

SBP3 – Physician Role in Health Care System

Objectives: <i>Fellows are expected to:</i>	Teaching Method	Evaluation Method
1. Work effectively in various health care delivery setting and systems relevant to their clinical specialty.	Bedside Teaching Role Modeling Independent Learning	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation
2. Coordinate patient care within the health care system relevant to their clinical specialty.	Bedside Teaching Clinical Teaching Rounds Independent Learning	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population- based care as appropriate.	Bedside Teaching Clinical Teaching Rounds	Ambulatory Clinic Evaluation Direct Observation
4. Advocate for quality patient care and optimal patient care systems.	Bedside Teaching Clinical Teaching Rounds Role Modeling	Ambulatory Clinic Evaluation Direct Observation
5. Work in interprofessional teams to enhance patient safety and improve patient care quality.	Bedside Teaching Clinical Teaching Rounds Role Modeling	End of Rotation Evaluation Ambulatory Clinic Evaluation Direct Observation
6. Participate in identifying system errors and implementing potential systems solutions.	Clinical Teaching Rounds Independent Learning	Ambulatory Clinic Evaluation Direct Observation Indirect Supervision

Procedures

Goal: Fellows must be able to competently perform all medical diagnostic, and surgical procedures considered essential for the area of practice. Fellows must meet the ACGME required procedure numbers and demonstrate competence in the performance of the following procedures:

Objectives: <i>Fellows are expected to:</i>	Teaching Method <i>Select all that apply</i>	Evaluation Method <i>Select all that apply</i>
<ol style="list-style-type: none"> 1. Coronary arteriograms 2. Coronary interventions; including: <ul style="list-style-type: none"> • Application and usage of balloon angioplasty, stents, and other commonly used interventional devices • Peripheral Procedures and Interventions • Femoral and brachial/radial cannulation of normal and abnormally located coronary ostia • Each fellow must perform a minimum of 250 • Doppler flow, intracoronary pressure measurement and monitoring, and coronary flow reserve 3. Hemodynamic measurements 4. Intravascular ultrasound 5. Ventriculography and aortography 	Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning	End of Rotation Evaluation 360 Degree Evaluation In-Training Exam Direct Observation Indirect Supervision