Specific Basic Standards for Osteopathic Fellowship Training in Interventional Cardiology

American Osteopathic Association

and

American College of Osteopathic Internists

BOT Rev. 2/2011
These specific basic standards are part of the Common Basic Standards for Fellowship Training in Internal Medicine Subspecialties, which govern and define training in all medical subspecialties. These requirements are in addition to all requirements in the Common Basic Standards.

IV – INSTITUTIONAL REQUIREMENTS

4.1 The base institution or an affiliate must have an interventional cardiology laboratory suite with the following capabilities:
   a. Balloon angioplasty
   b. Intracoronary stent deployment
   c. Rotational atherectomy
   d. Cutting balloon atherectomy
   e. Clot extraction methodology
   f. Trans-septal perforation
   g. Pericardiocentesis and catheter placement
   h. Arterial closure devices.

4.2 The base institution or an affiliate must have equipment for performance of intracoronary vascular ultrasound.

4.3 The base institution or an affiliate must have equipment for intra-aortic balloon counterpulsation.

4.4 The base institution or an affiliate must have cardiac surgical services.

4.5 The base institution or an affiliate must have a fellowship in cardiology.

V – PROGRAM REQUIREMENTS AND CONTENT

A. Program Duration

5.1 The training program shall be 12 months in duration after completion of a three-year general cardiology fellowship.

5.2 Eleven of the 12 months must be spent in the interventional cardiology laboratory.

B. Medical Knowledge

5.3 The fellow must have learning activities in diagnosis of cardiovascular disease states amenable to catheter-based intervention. Indications for such interventions must be discussed with respect to alternatives such as medical therapy or surgery.

5.4 The fellow must have learning activities in indications for urgent catheterization in the management of patients with acute coronary syndromes.

5.5 The fellow must have learning activities in indications for the proper technical placement of intra-aortic balloon counterpulsation devices.

5.6 The fellow must have learning activities in indications for and proper technique for placement of emergency temporary pacemakers.

5.7 The fellow must have learning activities in proper patient screening, evaluation and preparation for interventional procedures.
5.8 The fellow must have learning activities in selection and use of vascular access devices, guiding catheters, guide wires, and balloon catheters.

5.9 The fellow must have learning activities in the knowledge of 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, radiocontrast agents.

5.10 The fellow must have learning activities in management of coronary interventional complications including, but not limited to: coronary dissection, coronary perforation, acute vessel closure, slow- and no-reflow phenomenon, distal coronary embolization, side branch occlusion, and local hemorrhage.

5.11 The fellow must have learning activities in the knowledge of vascular biology including plaque formation, vascular injury and vasoreactivity.

5.12 The fellow must have learning activities in the knowledge of the coagulation cascade.

5.13 The fellow must have learning activities in the knowledge of the process of native vessel and in-stent restenosis, the treatment options for each.

5.14 The fellow must have learning activities in understanding of basic radiology safety principles and practice.

5.15 The fellow must have learning activities in the knowledge and skills in operating the radiographic equipment and the catheter table.

C. Patient Care

5.16 The fellow must actively participate in the diagnosis and treatment of cardiac disorders requiring interventional management.

5.17 The fellow must be given the opportunity to function in the role of a consultant in interventional cardiology.

D. Procedural Training Requirements

5.18 The fellow must participate in no fewer than four hundred interventional procedures during the fellowship.

5.19 The fellow must be given the opportunity to function as the primary operator under supervision in the required interventional procedures.
   a. The fellow must serve as primary operator on no fewer than 250 cases;
   b. Only one fellow may be assigned as primary operator per case;
   c. The primary operator shall be actively involved in decision making regarding equipment selection, problem solving, post-procedural assessment and complication management;