



AMERICAN OSTEOPATHIC ASSOCIATION

**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 an 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;