

The Cardiovascular Disease and Clinical Cardiac Electrophysiology Competency-Based Alternative Training Pathway



The Future of Cardiovascular Disease Fellowship Work Group

Members	ACC Perspective and Liaison Role
Jim Arrighi, MD, FACC	Chair, Competency Management Committee Member, Lifelong Learning Oversight Committee
Lisa Mendes, MD, FACC	Co-Chair, Competency Management Committee ABIM/ACC Competency-Based Pilot Leadership Team (pilot site)
Katie Berlach, MD, FACC	Member, Lifelong Learning Oversight Committee ABIM/ACC Competency-Based Pilot Leadership Team
Julie Damp, MD, FACC	Immediate Past Chair, CV Training Section Member, Lifelong Learning Oversight Committee ABIM/ACC Competency-Based Pilot Leadership Team (pilot site)
CA Sivaram, MD, FACC	Chair, ABIM/ACC Competency-Based Pilot Leadership Team (pilot site) Member, Lifelong Learning Oversight Committee
Eric Williams, MD, MACC	Immediate Past Chair, Competency Management Committee ABIM/ACC Competency-Based Pilot Leadership Team (pilot site)
Gaby Weissman, MD, FACC	Chair, Program Directors and Graduate Medical Educators Section
Ada Stefanescu Schmidt, MD	Immediate Past Chair, Fellows in Training Section Member, Lifelong Learning Oversight Committee



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The Case for Change: Why Now?

- Evolution in competency-based medical education (CBME)
- Educational innovation in undergraduate medical education (UME) and graduate medical education (GME)
- Vulnerability of GME funding especially within subspecialties
- Inflexibility of training paradigm (e.g., work-life integration)
- Potential impact on diversity and popularity of specialty



The Case for Change:

Alignment with Other Initiatives in GME

- Transplant Hepatology (TH) Project
 - 2 yrs general GI + 1 yr TH = GI and TH certification
- ACC IM-CV Pilot Project
 - Introduce CVD rotations during third year of IM
- ACGME IM-2035 initiative
 - Delineation between residency and fellowship blurs
 - Flexibility to allow increased subspecialty experience in residency
 - Ability to train in “non-clinical” areas (policy, administration, law)



Goals

- Enhance transitions
- Early career focus
- Decrease cost of training
- Decrease length of training
- Improve diversity in workforce



A Model of CBME w/ Enhanced Flexibility in Fellowship Year 3

Current Model



CBME Model
Proposal

A



A or B based on CBME assessments during Gen Card

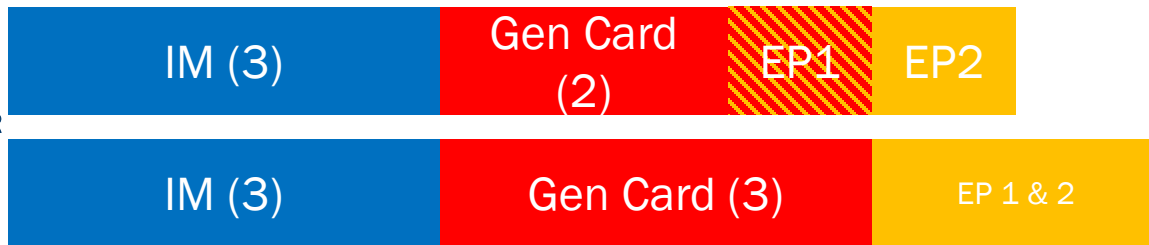
B



Examples of How This Might Look

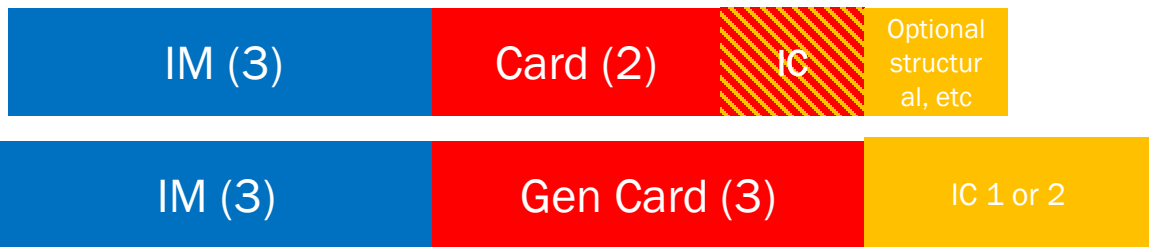
EP Training

OR



Interventional Cardiology

OR



CCU, MMI, Geriatrics



Distant Future?



ACGME Advancing Innovation in Residency Education (AIRE)

Goals:

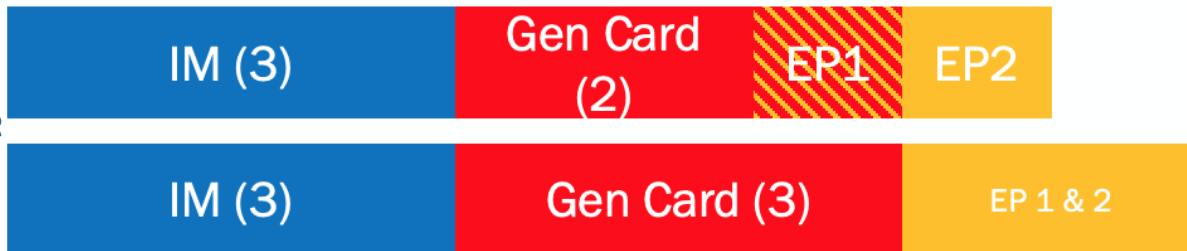
- Explore novel approaches and training in GME
- Attain educational and clinical outcomes through innovative structures and processes in resident and fellow education.



AIRE Proposal: CVD and CCEP Competency Based Alternative Clinical Pathway

EP Training

OR



Program Eligibility

- Institutions with both CVD and CCEP training programs and a status of continued accreditation with the ACGME. Trainees at institutions without a CCEP training program are currently not eligible for this training track.
- Each participating institution provides a faculty lead.
- Proposal approved by home institution's CVD and CCEP program directors.
- Proposal approved by the home institution's Designated Institutional Official (DIO) following approval of the Graduate Medical Education Committee (GMEC).
- Application completion and approval by ACC/HRS Pathway Oversight Work Group.



Selection of Trainees

- General CVD fellow declares interest in this program at end of Year 1 CVD training.
- CVD milestones assessments should demonstrate a favorable trajectory of progress at end of Year 1 and/or mid-year of Year 2.
- Candidates in the 2+2 pathway may be selected through the NRMP or out of the match depending on the accepting CCEP institution's preference.
- Continued suitability of a fellow for this training model should be reassessed in the spring of Year 2 of CVD fellowship.



Rotation Descriptions

- **Years 1-2**

COCATS Level I rotations, select Level II supporting rotations may be possible in some programs.

- **Years 3-4**

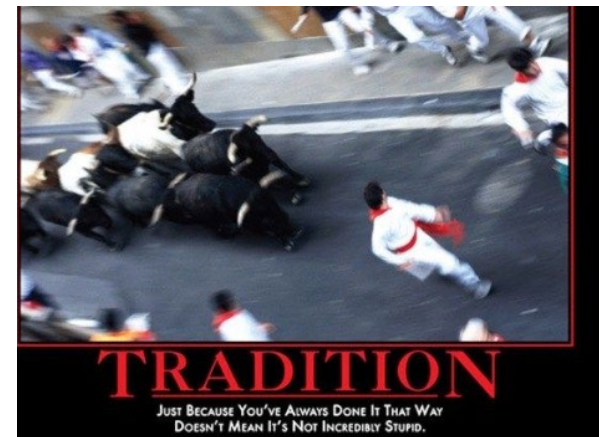
CCEP programs are encouraged to incorporate rotations/experiences that are specific to the trainee's career goals and count towards general cardiology and CCEP (e.g. research, ACHD, imaging).



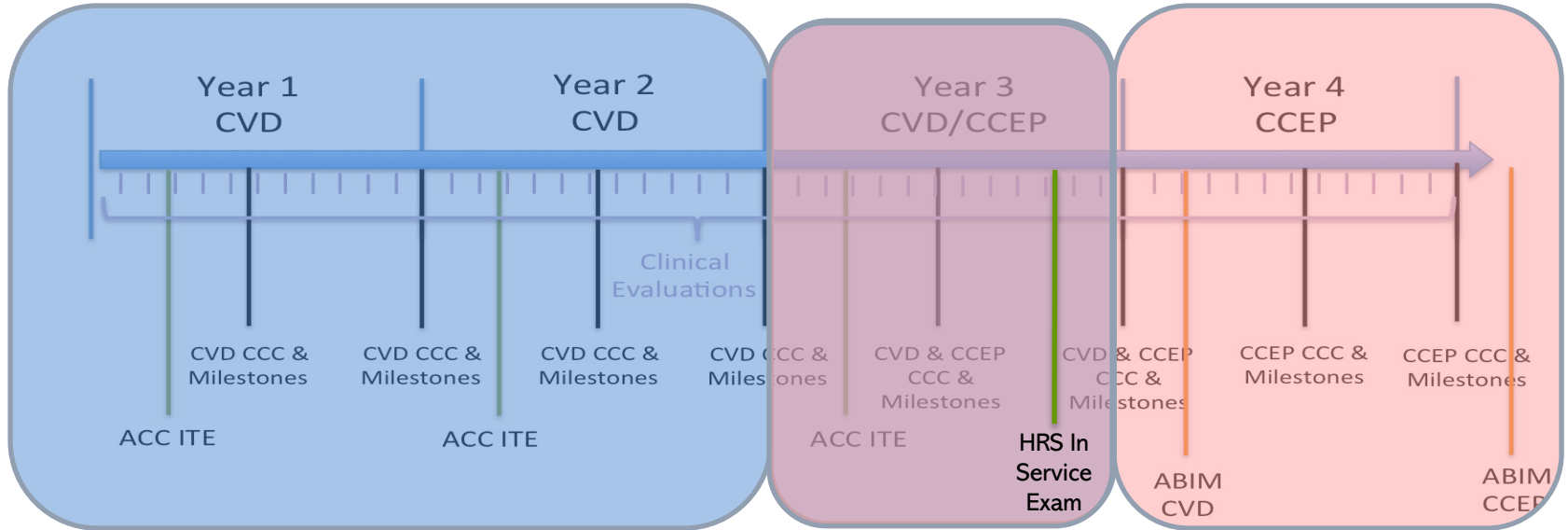
Table 1. Example of Rotations for 2+2 Model.

Rotation	Year 1 CVD	Year 2 CVD	Year 3 CCEP	Year 4 CCEP
Consultations	2			
Cardiac Intensive Care Unit	1	1		
Transthoracic Echocardiography	2			
Stress Echocardiography		1		
Transesophageal Echocardiography		1	1*	
Heart Failure	1			
Cardiac Catheterization	2	2		
Nuclear Cardiology	1	1		
Research	1	1	2*	2*
Adult Congenital Heart Disease		1		
Cardiac Computed Tomography/Cardiac Magnetic Resonance Imaging		1		
Cardiovascular Disease Prevention/ Vascular Medicine		1		
Clinical Cardiac Electrophysiology	2	2	8	8
Electives			1*	2*
Clinic	Half day clinic once a week all four years with the third and fourth years solely in CCEP clinic			

*Rotations could count towards both CVD and CCEP fellowship.



Assessment Timeline



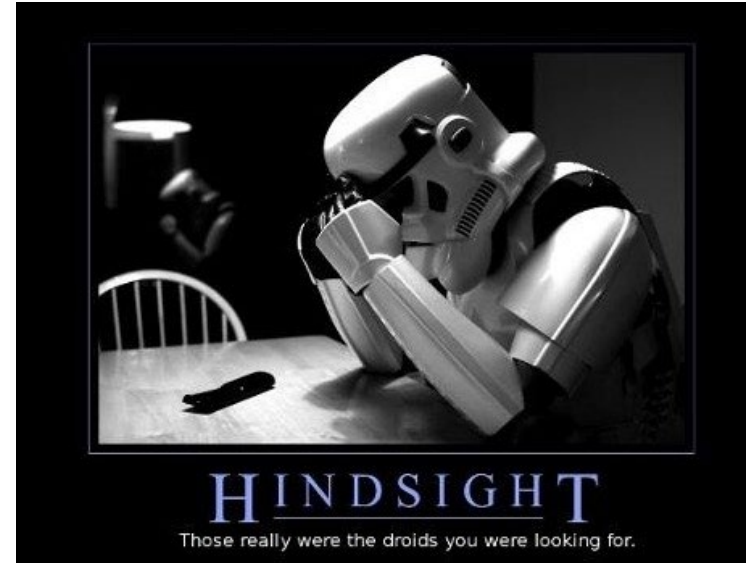


ACGME



Assessment & Monitoring: Learning from each other

- Regular meetings of participating CVD and CCEP as a group to share successes and challenges



ACC/HRS CVD to EP Alternative Training Pathway

Work Group Members

- Lisa Mendes, MD, FACC
- Gaby Weissman, MD, FACC
- Usha Tedrow, MD, MSc, FHRS
- Jose Joglar, MD, FACC, FHRS
- Jim Cheung, MD, FACC, FHRS
- Judith Mackall, MD, FHRS
- Julie Damp, MD, FACC
- Ada Stefanescu Schmidt, MD, FACC
- Rhea Pimentel, MD, FACC, FHRS



Application Due Date

- Identified program lead will submit online application by April 11, 2022.





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