

TRAINING STATEMENT

Task Force 1: Pediatric Cardiology Fellowship Training in General Cardiology



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1. INTRODUCTION

1.1. Document Development Process

The Society of Pediatric Cardiology Training Program Directors (SPCTPD) board assembled a Steering Committee that nominated 2 chairs, 1 SPCTPD Steering Committee member, and 5 additional experts from a wide range of program sizes, geographic regions, and subspecialty focuses. Representatives from the American College of Cardiology (ACC), American Academy of Pediatrics (AAP), and American Heart Association (AHA) participated. The Steering Committee member was added to provide perspective to each Task Force as a “nonexpert” in that field. Relationships with industry and other entities were not deemed relevant to the creation of a general cardiology training statement; however, employment and affiliation information for authors and peer reviewers are provided in [Appendixes 1](#) and [2](#), respectively,

along with disclosure reporting categories. Comprehensive disclosure information for all authors, including relationships with industry and other entities, is available as an [online supplement](#) to this document.

The writing committee developed the document, approved it for review by individuals selected by the participating organizations ([Appendix 2](#)), and addressed the comments. The final document was approved by the SPCTPD, AAP, and AHA in February 2015 and approved by the ACC in March 2015. This document is considered current until the SPCTPD revises or withdraws it.

1.2. Background and Scope

The goals of pediatric cardiology training include the acquisition of cognitive and procedural expertise needed to provide high-quality care to the fetus, infant, and child with congenital and acquired cardiovascular disease and the adult with congenital heart disease, along with the acquisition of the academic skills to make meaningful scholarly contributions to the specialty and to develop the capacity for career-long self-education beyond the years of formal training ([1](#)). The 2005 training guidelines emphasized the “time” (i.e., the number of months or procedures) devoted to a particular “topic.” Since then, competency-based training has become the general framework for medical education and is utilized in this report.

Our revised training recommendations describe the program resources and environment that are required for training pediatric cardiology fellows, together with a competency-based system promulgated by the Accreditation Council of Graduate Medical Education (ACGME), to implement specific goals and objectives

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for training pediatric cardiology fellows. This system categorizes competencies into 6 core competency domains: Medical Knowledge, Patient Care and Procedural Skills, Systems-Based Practice, Practice-Based Learning and Improvement, Professionalism, and Interpersonal and Communication Skills, along with identification of suggested evaluation tools for each domain. Competencies unique to general pediatric cardiology training, along with suggested evaluation tools, are listed in [Section 3](#) (see the “2015 SPCTPD/ACC/AAP/AHA Training Guidelines for Pediatric Cardiology Fellowship Programs [Revision of the 2005 Training Guidelines for Pediatric Cardiology Fellowship Programs]: Introduction” for additional competencies and evaluation tools that apply to all Task Force reports).

The training of pediatric cardiology fellows builds on the clinical and academic skills acquired during residency training. Pediatric cardiology fellows should have a broad exposure to the spectrum of inpatient, outpatient, and consultative activities as outlined in the following text, including cardiovascular manifestations of other organ system disorders and preventive cardiology.

1.3. Levels of Expertise—Core and Advanced

In the 2015 SPCTPD/ACC/AAP/AHA Training Guidelines for Pediatric Cardiology Fellowship Programs, both *core training* and *advanced training* are identified for fellows across each specialty area. *Core training* is the basic training required of all fellows to become competent consulting pediatric cardiologists and can be accomplished during the standard 3-year pediatric cardiology fellowship training. *Advanced training* guidelines are recommended for fellows who wish to become proficient in a particular field within pediatric cardiology and/or perform or interpret specific diagnostic tests and procedures or render specialized care for specific patients and conditions. Training in general pediatric cardiology represents the foundational training upon which all sub-specialized, advanced, and procedure-oriented training is based. Accordingly, all training delineated in this report is core to fellowship training, required for all trainees, and intended to ensure that fellows acquire the knowledge and skills necessary to become a competent consulting pediatric cardiologist.

2. PROGRAM RESOURCES AND ENVIRONMENT

2.1. General Environment

The fundamental goal of clinical pediatric cardiology training is to allow trainees to acquire the diagnostic skills (competencies) necessary to provide optimal inpatient, outpatient, and consultative care to the fetus, infant, and child with cardiovascular disease and young adult with

congenital heart disease. This requires the assimilation of data from multiple sources and high-level critical thinking and decision making that is derived from direct patient care. The fundamental skills of history taking and physical examination form the basis for correctly initiating the diagnostic and management options appropriate for the individual patient. These skills must be stressed at all points of patient contact. Teaching faculty should observe fellows performing the key elements of history and physical examination to rate the fellow's progress in acquiring these skills. Similarly, fellows should have the opportunity to observe faculty in this activity. Outpatient clinics, inpatient units, and consultation services all provide excellent opportunities for such training and interaction.

Participation in an outpatient cardiology continuity clinic should occur throughout the entire period of training to develop an understanding of the progression of cardiac disease and its cumulative medical and social impact on patients and families. In addition to general pediatric cardiology, the outpatient experience should include patients with heart transplantation, pulmonary hypertension, rhythm disorders, and pacemakers. Fellows should receive at least 4 months of general inpatient cardiology training, although 6 months of experience is encouraged. Both inpatient and outpatient experiences should include exposure to the management of the young adult with congenital heart disease.

2.2. Core Curriculum

During the course of inpatient and outpatient activities, the pediatric cardiology fellow will acquire understanding and familiarity with the content of the core knowledge base. The tabulation in this document, although comprehensive, should not be viewed as an encyclopedic summary of all that is required; rather, it serves as an outline of the medical knowledge and skills needed to become entrusted with the care of pediatric cardiology patients. The fellowship program should offer courses, seminars, workshops, and/or laboratory experiences to provide appropriate background in basic and fundamental disciplines related to the heart and cardiovascular system. A lecture series encompassing a core curriculum in clinical and basic science topics should be provided and should include a multidisciplinary core curriculum in scholarly activities as mandated by the American Board of Pediatrics. Pediatric cardiology fellows should contribute formal presentations of selected topics in the core curriculum to strengthen their knowledge base and develop formal presentation skills. Fellows should have the opportunity to examine pathology specimens of normal and abnormal hearts under the supervision and guidance of a pediatric cardiologist or pathologist with specific background and training in congenital heart disease.

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