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ACC 2015 CORE CARDIOVASCULAR TRAINING STATEMENT (COCATS-4)

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MARCH 14 – 16, 2015
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COCATS-4: Key Advances and Innovations

- Defines the core competencies expected of clinical cardiologists
- Outcomes–based, with defined evaluation tools
- Tabular format allows each topic (Task Force) area to be used and updated individually
- Includes new Task Force reports (CCC; MMI)



COCATS-4: Key Advances and Innovations

- Variety of formats for research and scholarly activity
- Opportunities for up to 6 months career-focused electives for most trainees
- More clearly defines competency levels I,II,III
- Recognizes the key role of level II echo for most trainees, with opportunity for level II training in 1 additional imaging modality, based on career focus.



COCATS-4: Key Advances and Innovations

- Emphasizes ambulatory, preventive, and longitudinal care, including inter-professional team-based care, coordination & transitions of care, chronic disease management, and accommodating comorbidities.
- Addresses appropriate resource utilization, professionalism, communication and special populations



COCATS-4: Key Advances and Innovations

- Aligns curricular competencies with the ACC in-training exam
- Aligns with Life-long Learning competencies
- Tools to facilitate utilization of COCATS-4 to address ACGME reporting milestones are under development



COCATS-4: Development and Review

Structure of each Task Force

- Chair: Recognized educational leader in the specific topic area
- General cardiology training program director not sub-specialized in the topic
- Director of a training program in the specific field
- Early career cardiologist practicing in the specific field
- Physicians experienced in ACGME/ABMS competency-based education
- Representatives of ACC and major sub-specialty societies
- Physicians practicing in academic and community-based practice settings

COCATS-4: Level I Training Curriculum



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General Definitions

Level I Training

The basic training required of all trainees during the standard 3-year cardiovascular fellowship.



General Definitions

Level II Training

Additional training in 1 or more areas that enables some physicians to perform or interpret specific tests or procedures or render more specialized care in a particular field, recognized when there is an accepted instrument or benchmark, such as a qualifying examination, to measure and document competence.



General Definitions

Level III Training

Additional training and experience generally obtained after the 3-year fellowship to acquire specialized competencies in performing, interpreting, and training others to perform specific procedures or render specialized care at a high level of skill. The additional requirements will be addressed in subsequent, separately published Advanced Training Statements.



COCATS-4

Structure of the Competency Tables

Patient Care and Procedural Skills	12	24	36	Add
13. Skill to integrate the information provided in cardiac electrophysiology consultation, and reports of procedures and device interrogation, into the overall clinical assessment of the patient and plan of management.		I		
14. Skill to perform pacemaker and implantable cardioverter-defibrillator interrogation, programming, and surveillance.			II	
15. Skill to perform single- and dual-chamber permanent pacemaker implantation and manage complications including device infections and chronic lead failure.			II	
16. Skill to perform implantation of implantable loop recorders, interpret results to guide patient management, and manage complications.			II	
17. Skill to perform implantable cardioverter-defibrillator and biventricular device implantation and manage complications.				III
Evaluation Tools: chart-stimulated recall, patient safety or quality improvement conference presentation, direct observation, global evaluation, logbook, simulation				



COCATS-4: Development and Review

Multistage review and endorsement process

- ACC Competency Management Committee, Cardiology Training & Workforce Committee, Councils
- Leadership of the American Heart Association and major cardiovascular subspecialty societies
- Representatives of ABIM and ACGME
- 55 invited external peer-reviewers
- Open public comment period
- ACC Board of Trustees & Board of Governors



COCATS-4: Implementation

- Training programs vary widely in the sequence of educational experiences.
- Fellows vary in the pace at which they achieve competency.
- Time estimates are merely examples and may not apply to all programs or trainees.
- Variability is expected and acceptable, as long as programs provide mechanisms to assess acquisition of key competencies.
- Educational transitions take time to implement.

