



AMERICAN  
COLLEGE *of*  
CARDIOLOGY

## **ACC 2015 Core Cardiovascular Training Statement (COCATS 4) Competency Tables**

*Revision Date: March 13, 2015*

**Task Force 1, Table 1. Core Competency Components and Curricular Milestones for Training in Ambulatory, Consultative, and Longitudinal Cardiovascular Care**

Competency ID	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-AMB-MK1</b>	Know the major cardiovascular risk stratification tools and the principles of primary and secondary cardiovascular disease prevention.	I			
<b>M-AMB-MK2</b>	Know the roles of genetics and family history and the environmental and lifestyle factors in the development and clinical course of cardiovascular disease.		I		
<b>M-AMB-MK3</b>	Know the effects of age on cardiovascular function, response to medications, and in the risks of diagnostic and therapeutic procedures.		I		
<b>M-AMB-MK4</b>	Know the differential diagnosis of chest pain and the distinguishing features of the various etiologies.	I			
<b>M-AMB-MK5</b>	Know the cardinal findings and differential diagnosis of palpitations, lightheadedness, and syncope, and the distinguishing features of the various etiologies.	I			
<b>M-AMB-MK6</b>	Know the cardinal findings and differential diagnosis of dyspnea.	I			
<b>M-AMB-MK7</b>	Know the differential diagnosis of peripheral edema and the distinguishing clinical features of the various etiologies.	I			
<b>M-AMB-MK8</b>	Know the roles of kidney, hepatic, pulmonary, hematologic, rheumatologic, and endocrine disorders in the development, manifestations, and responses to treatment in patients with cardiovascular disease.		I		
<b>M-AMB-MK9</b>	Know the clinical pharmacology of cardiovascular medications, and drug-drug interactions of cardiac and noncardiac medications, including in special populations and in patients with relevant comorbidities.		I		
<b>M-AMB-MK10</b>	Know the roles of lifestyle, activity level, body mass, nutrition, alcohol and/or drug use in cardiovascular risk and disease.	I			
<b>M-AMB-MK11</b>	Know the potential cardiovascular toxicity and side effects of major classes of drugs used for the management of patients with common medical conditions, including antimicrobial agents, immune system modulators, chemotherapeutic agents, and antiParkinsonian drugs.			I	
<b>M-AMB-MK12</b>	Know the roles of stress, anxiety, and depression in patients with suspected cardiovascular disease.	I			
<b>M-AMB-MK13</b>	Know the guideline recommendations for blood pressure, blood glucose, and lipid management in diverse patient populations with and without cardiovascular disease.		I		
<b>M-AMB-MK14</b>	Know the appropriate use indications for cardiovascular screening studies, including carotid and abdominal ultrasound (or other imaging) modalities.		I		
<b>M-AMB-MK15</b>	Know the differential diagnosis and distinguishing characteristics of heart murmurs and bruits.		I		
<b>M-AMB-MK16</b>	Know the characteristic clinical manifestations, differential diagnosis, and appropriate testing for peripheral vascular disease.		I		
<b>M-AMB-MK17</b>	Know the mechanisms and cardinal symptoms and findings of stroke, transient cerebral ischemia, and dementia.		I		
<b>M-AMB-MK18</b>	Know the principles, modalities, and appropriate indications for palliative care.	I			
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, in-training exam				
	Patient Care and Procedural Skills	12	24	36	Add
<b>M-AMB-PC1</b>	Skill to effectively and efficiently perform an initial outpatient cardiovascular consultation, and establish a differential diagnosis.	I			
<b>M-AMB-PC2</b>	Skill to appropriately utilize diagnostic testing – both for initial diagnosis and for follow-up care.		I		
<b>M-AMB-PC3</b>	Skill to integrate clinical and testing results to establish diagnosis, assess cardiovascular risk, and formulate treatment and follow-up plans.		I		
<b>M-AMB-PC4</b>	Skill to appropriately obtain and integrate consultations from other healthcare professionals in a timely manner.		I		

<b>M-AMB-PC5</b>	Skill to recognize acute cardiovascular disorders or high-risk states that require immediate treatment and/or hospitalization, and prioritize management steps in patients with complex or multi-component illness.		I		
<b>M-AMB-PC6</b>	Skill to establish an effective medical regimen and monitor for side-effects, intolerance or noncompliance, and patient safety.		I		
<b>M-AMB-PC7</b>	Skill to assess the cardiovascular risks associated with recreational and/or competitive sports for individual patients and to counsel patients about levels of physical activity appropriate to their cardiovascular health in the context of disease prevention; rehabilitation; and promotion of longevity, functional capacity, and quality of life.		I		
<b>M-AMB-PC8</b>	Skill to effectively carry out chronic disease management in patients with chronic ischemic heart disease, hypertension, heart failure, and peripheral vascular disease.		I		
<b>M-AMB-PC9</b>	Skill to coordinate ambulatory and longitudinal follow-up care.			I	
<b>M-AMB-PC10</b>	Skill to effectively facilitate transition of care from hospital to ambulatory or intermediate care settings.		I		
<b>M-AMB-PC11</b>	Skill to perform preoperative assessments for noncardiac procedures in patients with cardiovascular disease.	I			
<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation					
<b>Systems-Based Practice</b>		<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-AMB-SBP1</b>	Effectively lead or participate in team-based care in patients with or at risk of developing cardiovascular disease.		I		
<b>M-AMB-SBP2</b>	Effectively facilitate transition of care.	I			
<b>M-AMB-SBP3</b>	Effectively utilize electronic medical record systems, including clinical protocols and treatment/evaluation prompts.	I			
<b>M-AMB-SBP4</b>	Effectively and appropriately use remote communication tools in the care of patients.	I			
<b>M-AMB-SBP5</b>	Appropriately utilize and work with cardiac rehabilitation and intermediate care facilities.		I		
<b>M-AMB-SBP6</b>	Recognize and address social, cultural, and financial barriers to patient compliance.	I			
<b>Evaluation Tools:</b> direct observation, multisource evaluation					
<b>Practice-Based Learning and Improvement</b>		<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-AMB-PBL1</b>	Utilize point-of-care electronic resources to provide up-to-date clinical information and guideline-driven evaluation and treatment.	I			
<b>M-AMB-PBL2</b>	Identify gaps and carry out personalized education activities to address them.		I		
<b>M-AMB-PBL3</b>	Integrate validated performance and patient satisfaction measures into clinical practice to foster continuous quality improvement.		I		
<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, reflection and self-assessment					
<b>Professionalism</b>		<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-AMB-PROF1</b>	Practice patient-centered care with shared decision-making and appreciation of patients' values and preferences.	I			
<b>M-AMB-PROF2</b>	Incorporate appropriate use criteria and risk-benefit considerations in treatment decisions.		I		
<b>M-AMB-PROF3</b>	Practice in a manner that fosters patient benefit above self-interest and avoids conflict of interest.	I			
<b>M-AMB-PROF4</b>	Interact respectfully with patients, families, and all members of the healthcare team, including ancillary and support staff.	I			
<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, multisource evaluation					
<b>Interpersonal and Communication Skills</b>		<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-AMB-ICS1</b>	Communicate effectively with patients and families across a broad spectrum of ethnic, social, cultural, socioeconomic, and religious backgrounds.	I			
<b>M-AMB-ICS2</b>	Exhibit sensitivity and empathy in dealing with life-threatening and end-of-life issues.	I			
<b>M-AMB-ICS3</b>	Communicate effectively and in a timely manner with primary care and		I		

	other referring or collaborating members of the healthcare team.				
	<b><i>Evaluation Tools:</i></b> direct observation, multisource evaluation				

Add = additional months beyond the 3-year cardiovascular fellowship.

**Task Force 1, Table 2. Core Competency Components and Curricular Milestones for Training in Stable Ischemic Heart Disease**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-ISCHEM-MK1</b>	Know the epidemiology, pathophysiology, and natural history of atherosclerotic vascular disease and the characteristic features of stable and unstable coronary artery plaque.	I			
<b>M-ISCHEM-MK2</b>	Know the determinants of coronary blood flow and myocardial oxygen consumption.	I			
<b>M-ISCHEM-MK3</b>	Know the differential diagnosis of chest pain syndromes and the characteristic clinical features of typical angina, atypical angina, and noncardiac chest pain.	I			
<b>M-ISCHEM-MK4</b>	Know the clinical features and natural history of angina pectoris in special populations: women, the elderly, and patients with diabetes.	I			
<b>M-ISCHEM-MK5</b>	Know the causes of angina pectoris not related to atherosclerotic coronary disease (including valvular heart disease, hypertrophic cardiomyopathy, cocaine, congenital coronary anomalies, vasculitis, and coronary artery spasm).	I			
<b>M-ISCHEM-MK6</b>	Know the medical conditions that can provoke or exacerbate angina pectoris.	I			
<b>M-ISCHEM-MK7</b>	Know the differential diagnosis and prognosis of myocardial ischemia in patients with nonobstructive coronary disease.	I			
<b>M-ISCHEM-MK8</b>	Know the characteristic electrocardiographic features of ischemia.	I			
<b>M-ISCHEM-MK9</b>	Know the indications, contraindications, and limitations of noninvasive testing in the context of the pre-test likelihood and predictive value for diagnosis of coronary artery disease.	I			
<b>M-ISCHEM-MK10</b>	Know the role of noninvasive testing in risk-assessment, including the clinical, functional capacity, ECG, and hemodynamic stress test findings indicative of advanced coronary disease or high-risk state.		I		
<b>M-ISCHEM-MK11</b>	Know the lifestyle, activity, and exercise guidelines and risk factor treatment targets in patients with stable ischemic heart disease.	I			
<b>M-ISCHEM-MK12</b>	Know the indications, contraindications, and the clinical pharmacology of medications used to improve symptoms and/or prognosis in patients with stable ischemic heart disease.	I			
<b>M-ISCHEM-MK13</b>	Know the role of left ventricular systolic function in clinical decision-making and in estimation of prognosis in patients with ischemia.	I			
<b>M-ISCHEM-MK14</b>	Know the indications, limitations, and risk of coronary angiography in patients with known or suspected ischemia.	I			
<b>M-ISCHEM-MK15</b>	Know the anatomic and physiologic catheterization findings indicating significant coronary artery obstruction and the coronary angiographic features indicative of a high-risk state.	I			
<b>M-ISCHEM-MK16</b>	Know the indications, risks, and benefits of percutaneous or surgical revascularization versus medical therapy in patients with stable ischemic heart disease.		I		
<b>M-ISCHEM-MK17</b>	Know the treatment options for refractory symptomatic stable ischemic heart disease.		I		
<b>M-ISCHEM-MK18</b>	Know the indications for noninvasive or invasive evaluation following revascularization procedures.	I			
<b>Evaluation Tools:</b> direct observation, in-training exam					
	Patient Care and Procedural Skills	12	24	36	Add
<b>M-ISCHEM-PC1</b>	Skill to obtain and utilize history, physical examination, and ECG findings in patients with chest pain syndromes to establish a clinical probability of the presence of symptomatic coronary artery disease.	I			
<b>M-ISCHEM-PC2</b>	Skill to distinguish stable versus unstable coronary syndromes.	I			
<b>M-ISCHEM-PC3</b>	Skill to select evidence-based and cost-effective noninvasive testing for diagnosis and/or risk assessment in patients with chest pain syndromes.	I			
<b>M-ISCHEM-PC4</b>	Skill to interpret and apply results of noninvasive testing in the management of patients with stable ischemic heart disease.		I		
<b>M-ISCHEM-PC5</b>	Skill to perform and interpret exercise electrocardiographic testing.		I		

<b>M-ISCHEM-PC6</b>	Skill to establish an effective anti-ischemic medical regimen for patients with ischemia.	I			
<b>M-ISCHEM-PC7</b>	Skill to identify appropriate candidates for coronary angiography and percutaneous or surgical revascularization.		I		
<b>M-ISCHEM-PC8</b>	Skill to interpret and integrate diagnostic cardiac catheterization findings into patient management.		I		
<b>M-ISCHEM-PC9</b>	Skill to implement lifestyle, physical activity guidelines, and pharmacologic interventions to safely control and achieve target levels of risk factors.	I			
<b>M-ISCHEM-PC10</b>	Skill to perform preoperative risk assessment in cardiovascular patients undergoing noncardiac surgery.	I			
<b>M-ISCHEM-PC11</b>	Skill to perform diagnostic cardiac catheterization.			II	
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, logbook				
	<b>Systems-Based Practice</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ISCHEM-SBP1</b>	Incorporate risk-benefit analysis and cost considerations in treatment decisions.		I		
<b>M-ISCHEM-SBP2</b>	Utilize a multidisciplinary coordinated approach for patient management, including transfer of care and employment-related issues.		I		
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, multisource evaluation				
	<b>Practice-Based Learning and Improvement</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ISCHEM-PBL1</b>	Utilize decision and support tools for accessing guidelines and pharmacologic information at the point of care.	I			
<b>M-ISCHEM-PBL2</b>	Identify competency gaps and engage in opportunities to achieve focused education and performance improvement.		I		
	<b>Evaluation Tools:</b> conference presentation, direct observation, in-training exam				
	<b>Professionalism</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ISCHEM-PROF1</b>	Exhibit sensitivity to patient preference and end-of-life issues.		I		
<b>M-ISCHEM-PROF2</b>	Identify and manage conflicts of interest.		I		
<b>M-ISCHEM-PROF3</b>	Practice within the scope of personal expertise or technical skills.		I		
	<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, multisource evaluation, reflection and self-assessment				
	<b>Interpersonal and Communication Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ISCHEM-ICS1</b>	Communicate with and educate patients and families across a broad range of cultural, ethnic, and socioeconomic backgrounds.		I		
<b>M-ISCHEM-ICS2</b>	Engage in shared decision-making with patients about their condition and the options for diagnosis and treatment.		I		
	<b>Evaluation Tools:</b> direct observation, multisource evaluation				

Add = additional months beyond the 3-year cardiovascular fellowship.

**Task Force 1, Table 3. Core Competency Components and Curricular Milestones for Training in Acute Coronary Syndromes**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-ACS-MK1</b>	Know the epidemiology, causes, pathophysiology, and natural history of ACS, including the roles of plaque rupture or erosion and platelet activation and thrombosis.	I			
<b>M-ACS-MK2</b>	Know the disorders that can simulate or mask acute coronary syndromes.	I			
<b>M-ACS-MK3</b>	Know the risk-assessment tools in acute coronary syndromes.	I			
<b>M-ACS-MK4</b>	Know the indications and clinical pharmacology of antiplatelet, anticoagulant, and other pharmacologic therapies.	I			
<b>M-ACS-MK5</b>	Know the post-acute coronary syndromes risk assessment, rehabilitation, and secondary prevention measures.	I			
	<b>ST Elevation Myocardial Infarction:</b>				
<b>M-ACS-MK6</b>	Know the characteristic symptoms, physical findings, electrocardiographic patterns, and biomarker findings.	I			
<b>M-ACS-MK7</b>	Know the effects and time course of ischemic injury on ventricular function and remodeling.	I			
<b>M-ACS-MK8</b>	Know the characteristic hemodynamic complications (including hypotension, low cardiac output, heart failure, and shock).		I		
<b>M-ACS-MK9</b>	Know the characteristic arrhythmia and conduction complications.		I		
<b>M-ACS-MK10</b>	Know the characteristic mechanical complications (including papillary muscle rupture and myocardial rupture).		I		
<b>M-ACS-MK11</b>	Know the characteristic findings and complications of right ventricular infarction.		I		
<b>M-ACS-MK12</b>	Know indications, contraindications, and risks of reperfusion therapies and the clinical, electrocardiographic, and angiographic signs of reperfusion.	I			
<b>M-ACS-MK13</b>	Know the relative benefits and risks of fibrinolysis and primary percutaneous coronary intervention as an initial reperfusion strategy.	I			
<b>M-ACS-MK14</b>	Know the indications for transfer, angiography, and revascularization in patients who did not receive primary percutaneous coronary intervention (including those who received fibrinolysis or did not receive initial reperfusion therapy).		I		
	<b>Non-ST-Elevation Acute Coronary Syndromes:</b>				
<b>M-ACS-MK15</b>	Know the differential diagnosis and the characteristic clinical, electrocardiographic, and biomarker features for diagnosis and risk stratification.		I		
<b>M-ACS-MK16</b>	Know the relative risks and benefits of an initial invasive versus an ischemia-guided strategy for angiography and revascularization.		I		
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, in-training exam				
	Patient Care and Procedural Skills	12	24	36	Add
<b>M-ACS-PC1</b>	Skill to evaluate and diagnose patients with ST-elevation myocardial infarction and initiate appropriate reperfusion therapy within guideline time limits.	I			
<b>M-ACS-PC2</b>	Skill to employ appropriate antiplatelet, anticoagulant, and other pharmacologic therapies.	I			
<b>M-ACS-PC3</b>	Skill to recognize and treat hemodynamic disturbances (including hypotension, low cardiac output, heart failure, acute pulmonary edema, and shock) and diagnose the cause.		I		
<b>M-ACS-PC4</b>	Skill to recognize and treat arrhythmias and conduction disturbances.		I		
<b>M-ACS-PC5</b>	Skill to recognize and treat mechanical complications (including papillary muscle rupture and myocardial rupture).		I		
<b>M-ACS-PC6</b>	Skill to recognize and treat patients with right ventricular infarction.		I		
<b>M-ACS-PC7</b>	Skill to assess ventricular function and utilize in treatment strategy decisions.		I		
<b>M-ACS-PC8</b>	Skill to interpret invasive hemodynamic data and angiographic findings and apply to treatment strategies.		I		
<b>M-ACS-PC9</b>	Skill to perform and interpret coronary angiography.			II	

<b>M-ACS-PC10</b>	Skill to insert intra-arterial and pulmonary artery catheters and interpret the findings.		I		
<b>M-ACS-PC11</b>	Skill to assess overall risk, identify candidates for invasive evaluation and treatment, and establish optimal medical regimen in non–ST-elevation acute coronary syndromes.		I		
<b>M-ACS-PC12</b>	Skill to identify patients who would benefit from mechanical circulatory support.		I		
<b>M-ACS-PC13</b>	Skill to achieve risk-factor target levels for secondary prevention.	I			
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, simulation				
	<b>Systems-Based Practice</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ACS-SBP1</b>	Work with emergency medical systems, emergency departments, and hospital teams to establish effective first medical contact strategies for cardiovascular emergencies.		I		
<b>M-ACS-SBP2</b>	Identify and address financial, cultural, and social barriers to diagnostic and treatment recommendations.	I			
<b>M-ACS-SBP3</b>	Utilize a multidisciplinary coordinated approach for patient management, including transfer of care and employment-related issues.		I		
<b>M-ACS-SBP4</b>	Practice in a manner that fosters the balance of appropriate utilization of finite resources with the net clinical benefit for the individual patient.		I		
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, multisource evaluation, record review				
	<b>Practice-Based Learning and Improvement</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ACS-PBL1</b>	Identify gaps in performance and knowledge and perform appropriate personal learning activities.		I		
<b>M-ACS-PBL2</b>	Utilize decision support tools for accessing guidelines and pharmacologic information at the point of care.	I			
	<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, reflection and self-assessment				
	<b>Professionalism</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ACS-PROF1</b>	Exhibit sensitivity to patient preference and end-of-life issues.	I			
<b>M-ACS-PROF2</b>	Demonstrate sensitivity and responsiveness to diverse patient populations.	I			
<b>M-ACS-PROF3</b>	Demonstrate a commitment to carry out professional responsibilities, appropriately refer patients, and respond to patient needs in a way that supersedes self-interest.	I			
<b>M-ACS-PROF4</b>	Interact respectfully with patients, families, and all members of the healthcare team, including ancillary and support staff.	I			
	<b>Evaluation Tools:</b> direct observation, multisource evaluation				
	<b>Interpersonal and Communication Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ACS-ICS1</b>	Effectively communicate with acutely ill patients across a broad range of cultural, ethnic, and socioeconomic backgrounds.	I			
<b>M-ACS-ICS2</b>	Communicate with all healthcare providers involved in patient care.	I			
	<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, multisource evaluation				

Add = additional months beyond the 3-year cardiovascular fellowship.



**Task Force 1, Table 4. Core Competency Components and Curricular Milestones for Training in Valvular Heart Disease**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-VALV-MK1</b>	Know the characteristic features and natural history of congenital bicuspid aortic valve disease.	I			
<b>M-VALV-MK2</b>	Know the etiology, natural history, pathophysiology, and differential diagnosis of acquired aortic, mitral, pulmonic, and tricuspid valve diseases.		I		
<b>M-VALV-MK3</b>	Know the characteristic features and natural history of rheumatic valvular heart disease.	I			
<b>M-VALV-MK4</b>	Know the cardinal symptoms and physical findings of aortic and of mitral stenosis and their role in management decisions.	I			
<b>M-VALV-MK5</b>	Know the cardinal symptoms and physical findings of chronic aortic and chronic mitral regurgitation and their roles in management decisions.		I		
<b>M-VALV-MK6</b>	Know the causes and distinguishing characteristics of acute versus chronic mitral and aortic regurgitation.		I		
<b>M-VALV-MK7</b>	Know the natural history, clinical features, and complications of mitral valve prolapse.	I			
<b>M-VALV-MK8</b>	Know the appropriate indications for, and characteristic findings of, echocardiographic testing for diagnosis and assessment of severity during initial evaluation and upon follow-up.		I		
<b>M-VALV-MK9</b>	Know the role of stress testing in assessment of valvular heart disease.			I	
<b>M-VALV-MK10</b>	Know the indications for MRI and CT in the assessment of valvular heart disease.		I		
<b>M-VALV-MK11</b>	Know the indications for, and characteristic findings with, cardiac catheterization in patients with valvular heart disease.		I		
<b>M-VALV-MK12</b>	Know the indications for, and clinical pharmacology of, drugs used for the treatment of native and prosthetic valvular heart disease, including anticoagulation and antibiotic prophylaxis.	I			
<b>M-VALV-MK13</b>	Know the effects of arrhythmias on the clinical manifestations, risks of complications, and management of valvular heart disease.		I		
<b>M-VALV-MK14</b>	Know the indications and expected outcomes for surgical therapy in valvular heart disease, including valve selection and repair versus replacement.		I		
<b>M-VALV-MK15</b>	Know the indications and expected outcomes for transcatheter therapy in valvular heart disease.		I		
<b>M-VALV-MK16</b>	Know the etiology, natural history, physical findings, differential diagnosis, complications, and treatment of native valve and prosthetic valve endocarditis.		I		
<b>M-VALV-MK17</b>	Know the effects of pregnancy on the clinical manifestations and management of patients with valvular heart disease (native and prosthetic).		I		
<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, in-training exam					
	Patient Care and Procedural Skills	12	24	36	Add
<b>M-VALV-PC1</b>	Skill to identify cardinal physical findings and ECG abnormalities in patients with valvular heart disease.		I		
<b>M-VALV-PC2</b>	Skill to distinguish innocent from pathologic heart murmurs.		I		
<b>M-VALV-PC3</b>	Skill to manage patients with valvular heart disease and coronary artery disease.		I		
<b>M-VALV-PC4</b>	Skill to select appropriate testing and integrate results with clinical findings in the evaluation and management of patients with valvular heart disease.		I		
<b>M-VALV-PC5</b>	Skill to distinguish aortic stenosis from hypertrophic obstructive cardiomyopathy and other causes of LVOT obstruction.	I			
<b>M-VALV-PC6</b>	Skill to recognize bicuspid aortic valve disease and its associated abnormalities.	I			
<b>M-VALV-PC7</b>	Skill to recognize impact of ventricular dysfunction on clinical decision-making in valvular heart disease.	I			

<b>M-VALV-PC8</b>	Skill to recognize the cause and impact of pulmonary hypertension in management of valvular heart disease.		I		
<b>M-VALV-PC9</b>	Skill to determine candidacy and optimal timing of cardiac surgical or transcatheter treatments in patients with valvular heart disease.		I		
<b>M-VALV-PC10</b>	Skill to perform and interpret transesophageal echocardiography in patients with valvular heart disease.			II	
<b>M-VALV-PC11</b>	Skill to perform and interpret diagnostic catheterization in patients with valvular heart disease.			II	
	<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, logbook, simulation				
	<b>Systems-Based Practice</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-VALV-SBP1</b>	Participate in interdisciplinary decision-making with regard to surgery and transcatheter therapy.		I		
<b>M-VALV-SBP2</b>	Practice in a manner that fosters the balance of appropriate utilization of finite resources with the net clinical benefit for the individual patient.		I		
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, multisource evaluation				
	<b>Practice-Based Learning and Improvement</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-VALV-PBL1</b>	Identify competency gaps and engage in opportunities to achieve focused education and performance improvement.		I		
<b>M-VALV-PBL2</b>	Utilize decision support tools for accessing guidelines and pharmacologic information at the point of care.		I		
	<b>Evaluation Tools:</b> in-training exam, reflection and self-assessment				
	<b>Professionalism</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-VALV-PROF1</b>	Exhibit sensitivity to patient preference and end-of-life issues.		I		
<b>M-VALV-PROF2</b>	Practice within the scope of personal expertise or technical skills.		I		
	<b>Evaluation Tools:</b> in-training exam, reflection and self-assessment				
	<b>Interpersonal and Communication Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-VALV-ICS1</b>	Engage in shared decision-making with patients about their condition and the options for diagnosis and treatment.		I		
	<b>Evaluation Tools:</b> direct observation, multisource evaluation				

Add = additional months beyond the 3-year cardiovascular fellowship.

**Task Force 1, Table 5. Core Competency Components and Curricular Milestones for Training in Pericardial Disease**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-PERI-MK1</b>	Know the pathophysiology, differential diagnosis, and natural history of acute and relapsing pericarditis.	I			
<b>M-PERI-MK2</b>	Know the pathophysiology, differential diagnosis, and natural history of pericardial effusion and pericardial tamponade.	I			
<b>M-PERI-MK3</b>	Know the pathophysiology, differential diagnosis, and natural history of constrictive pericarditis.		I		
<b>M-PERI-MK4</b>	Know the cardinal physical findings of acute pericarditis, pericardial tamponade, and constrictive pericarditis.		I		
<b>M-PERI-MK5</b>	Know the indications for pericardiocentesis.	I			
<b>M-PERI-MK6</b>	Know the indications for, and clinical pharmacology of, drugs used for the treatment of acute and relapsing pericarditis.	I			
<b>M-PERI-MK7</b>	Know the effects of pericardial disease on other organ systems.		I		
<b>M-PERI-MK8</b>	Know pericardial anatomy and structural abnormalities (pericardial cyst and congenital absence of the pericardium).		I		
<b>M-PERI-MK9</b>	Know the indications for, and characteristic findings in, imaging studies of pericardial diseases.		I		
<b>M-PERI-MK10</b>	Know the indications for surgical referral in pericardial diseases and the expected outcomes.		I		
<b>Evaluation Tools:</b> chart-stimulated recall, global evaluation, in-training exam					
	Patient Care and Procedural Skills	12	24	36	Add
<b>M-PERI-PC1</b>	Skill to clinically evaluate, diagnose, and manage patients with acute pericarditis and with chronic relapsing pericarditis.		I		
<b>M-PERI-PC2</b>	Skill to identify cardinal physical findings and evaluate and manage patients with pericardial effusion, including tamponade.		I		
<b>M-PERI-PC3</b>	Skill to identify cardinal physical findings and evaluate and manage patients with constrictive pericarditis.		I		
<b>M-PERI-PC4</b>	Skill to appropriately select and incorporate data from laboratory testing and noninvasive imaging in the evaluation and management of patients with pericardial disease.		I		
<b>M-PERI-PC5</b>	Skill to perform pericardiocentesis.			II	
<b>M-PERI-PC6</b>	Skill to distinguish constrictive pericarditis from restrictive cardiac disease.		I		
<b>M-PERI-PC7</b>	Skill to identify patients who should be referred for cardiac catheterization in the evaluation of pericardial disease.		I		
<b>M-PERI-PC8</b>	Skill to identify patients with constrictive pericarditis who are candidates for referral for consideration of cardiac surgery.		I		
<b>Evaluation Tools:</b> direct observation, global evaluation, logbook, simulation					
	Systems-Based Practice	12	24	36	Add
<b>M-PERI-SBP1</b>	Utilize a multidisciplinary coordinated approach for patient management, including transfer of care and employment-related issues.		I		
<b>M-PERI-SBP2</b>	Incorporate risk-benefit analysis and cost considerations in diagnostic and treatment decisions.		I		
<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, multisource evaluation					
	Practice-Based Learning and Improvement	12	24	36	Add
<b>M-PERI-PBL1</b>	Identify competency gaps and engage in opportunities to achieve focused education and performance improvement.		I		
<b>Evaluation Tools:</b> chart-stimulated recall, in-training exam, reflection and self-assessment					
	Professionalism	12	24	36	Add
<b>M-PERI-PROF1</b>	Exhibit sensitivity to patient preference and end-of-life issues.		I		
<b>M-PERI-PROF2</b>	Practice within the scope of personal expertise or technical skills.		I		
<b>Evaluation Tools:</b> direct observation, global evaluation, multisource evaluation					
	Interpersonal and Communication Skills	12	24	36	Add
<b>M-PERI-ICS1</b>	Communicate with and educate patients and families across a broad range of cultural, ethnic, and socioeconomic backgrounds.		I		

<b>M-PERI-ICS2</b>	Engage in shared decision-making with patients about their condition and the options for diagnosis and treatment.		I		
	<b><i>Evaluation Tools:</i></b> direct observation, global evaluation, multisource evaluation				

Add = additional months beyond the 3-year cardiovascular fellowship.

**Task Force 2, Table 1. Core Competency Components and Curricular Milestones for Training in Cardiovascular Disease Prevention**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-PREV-MK1</b>	Know the structure of the normal artery and the basic vascular biology of atherosclerotic vascular disease.	I			
<b>M-PREV-MK2</b>	Know the principles of genetics as applied to cardiovascular disease and pharmacogenomics as applied to cardiovascular therapy.		I		
<b>M-PREV-MK3</b>	Know the impact of family history on disease risk and utility of family screening in cardiovascular disease prevention.	I			
<b>M-PREV-MK4</b>	Know the clinical epidemiology of cardiovascular disease, including incidence/prevalence, sex and ethnic differences, and the influence of traditional risk factors and demographics on outcomes.	I			
<b>M-PREV-MK5</b>	Know the principles for implementation both of individual and population-based cardiovascular disease prevention.	I			
<b>M-PREV-MK6</b>	Know the major tools to assess both lifetime and 10-year risks of a first cardiovascular event and influence primary prevention measures.	I			
<b>M-PREV-MK7</b>	Know the evidence for incremental benefit over a traditional risk-based approach, as well as the advantages, disadvantages, and limitations of screening methods to assess subclinical atherosclerosis (including biomarkers, coronary calcification, carotid intima-media thickness, and ankle-brachial index).		I		
<b>M-PREV-MK8</b>	Know the effects of diabetes mellitus, obesity, hypertension, lipid disorders, physical inactivity, and tobacco use on the development and progression of atherosclerosis, and their treatment strategies.	I			
<b>M-PREV-MK9</b>	Know the physiology and assessment of diabetes mellitus and principles of its management and comanagement in patients with cardiovascular disease.	I			
<b>M-PREV-MK10</b>	Know the physiology, assessment, and management of lipid disorders, including in special populations.	I			
<b>M-PREV-MK11</b>	Know the physiology, presentation, evaluation and management of hypertensive disorders, including refractory hypertension.	I			
<b>M-PREV-MK12</b>	Know the principles of nutrition and obesity assessment and management, including the roles of pharmacotherapy and bariatric surgery.	I			
<b>M-PREV-MK13</b>	Know the roles and management principles for behavioral and psychosocial contributions to cardiovascular disease.	I			
<b>M-PREV-MK14</b>	Know the principles and roles of exercise physiology, physical activity counseling, and cardiac rehabilitation.	I			
<b>M-PREV-MK15</b>	Know the tools and principles for managing and counseling regarding tobacco cessation.	I			
<b>M-PREV-MK16</b>	Know the effects of systemic diseases and their treatments (including renal, hepatic, inflammatory, and autoimmune-related disorders) on cardiovascular risk factors and their management.	I			
<b>M-PREV-MK17</b>	Know adverse effects of obstructive and central sleep apnea on the incidence and control of hypertension, atrial fibrillation and other arrhythmias, congestive heart failure, and atherosclerosis.	I			
<b>M-PREV-MK18</b>	Know the indications for noninvasive screening for carotid artery disease, abdominal aortic aneurysm, and peripheral vascular disease.	I			
<b>M-PREV-MK19</b>	Know the impact of reproductive stages, pregnancy, and of hormonal treatment for reproductive disorders on cardiovascular risk.	I			
<b>M-PREV-MK20</b>	Know the principles of antithrombotic therapy in cardiovascular disease.	I			
<b>M-PREV-MK21</b>	Know the pharmacology, indications, contraindications, and interactions of medications commonly used in cardiovascular disease prevention and therapy (e.g., antithrombotic agents, antihypertensive agents, lipid-lowering agents, agents used in diabetes management, and agents used in cessation of tobacco).	I			
<b>Evaluation Tools:</b> chart-stimulated review, direct observation, in-training exam					
<b>Patient Care and Procedural Skills</b>		<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>

<b>M-PREV-PC1</b>	Skill to perform global risk assessment and appropriately utilize diagnostic testing – both in patients at risk for and those with prior cardiovascular events or diagnoses.	I			
<b>M-PREV-PC2</b>	Skill to evaluate a patient's family history and appropriately recommend family screening.	I			
<b>M-PREV-PC3</b>	Skill to identify patients who may have common systemic disorders that affect cardiovascular disease diagnosis and treatment such as sleep apnea and thyroid disorders.	I			
<b>M-PREV-PC4</b>	Skill to implement and prescribe lifestyle approaches for the prevention and treatment of hypertension, dyslipidemia, tobacco use, obesity, and diabetes mellitus.	I			
<b>M-PREV-PC5</b>	Skill to assess physical activity patterns and exercise capacity and provide physical activity counseling and exercise prescription, as well as counseling on whether to return to sports.	I			
<b>M-PREV-PC6</b>	Skill to identify patients who will benefit from low-density lipoprotein apheresis.		I		
<b>M-PREV-PC7</b>	Skill to identify patients for whom antiplatelet therapy is indicated.	I			
<b>M-PREV-PC8</b>	Skill to identify and address factors that contribute to nonadherence to treatment regimen.	I			
<b>M-PREV-PC9</b>	Skill to utilize individualized risk-benefit assessment in the management of patients and adapt prevention strategies to patients with specific comorbidities (e.g., diabetes mellitus, chronic kidney disease, arthritis).	I			
<b>M-PREV-PC10</b>	Skill to appropriately integrate new medical information into patient care.	I			
	<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, registry and/or hospital program quality data				
	<b>Systems-Based Practice</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-PREV-SBP1</b>	Practice in a manner that best balances appropriate utilization of finite resources with the net clinical benefit for the individual patient.	I			
<b>M-PREV-SBP2</b>	Utilize an interdisciplinary team approach for disease management.	I			
<b>M-PREV-SBP3</b>	Coordinate patient care among healthcare providers, including transfer of care.	I			
<b>M-PREV-SBP4</b>	Identify and address financial, cultural, and social barriers to treatment implementation and adherence.	I			
<b>M-PREV-SBP5</b>	Appropriately utilize specialty care for patients with advanced or complex diabetes mellitus, complex lipid disorders, refractory hypertension, obesity, depression, or sleep apnea.	I			
<b>M-PREV-SBP6</b>	Appropriately utilize disease management tools and protocols as an aid in the management of patients with high risk-factor burden and established chronic diseases.	I			
	<b>Evaluation Tools:</b> direct observation, multisource evaluation				
	<b>Practice-Based Learning and Improvement</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-PREV-PBL1</b>	Identify knowledge and performance gaps and engage in opportunities to achieve focused education and performance improvement.		I		
<b>M-PREV-PBL2</b>	Utilize point-of-service resources to enhance adherence to guidelines and protocols and obtain new information from clinical trials and professional societies.		I		
	<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, registry and/or hospital program quality data, reflection and self-assessment				
	<b>Professionalism</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-PREV-PROF1</b>	Know and promote adherence to guidelines and appropriate use criteria.		I		
<b>M-PREV-PROF2</b>	Demonstrate respect for individuals with lifestyle disorders such as obesity and tobacco use.	I			
<b>M-PREV-PROF3</b>	Practice prevention in your personal lifestyle and promote a culture of healthy lifestyle choices and physical activity in your work environment	I			

	and community.				
	<b>Evaluation Tools:</b> conference presentation, direct observation, multisource evaluation				
	<b>Interpersonal and Communication Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-PREV-ICS1</b>	Communicate with and educate patients and families across a broad range of cultural, ethnic, and socioeconomic backgrounds regarding appropriate risk factor modification.		I		
<b>M-PREV-ICS2</b>	Communicate in ways that patients and families can understand the evidence on which recommendations are based.		I		
<b>M-PREV-ICS3</b>	Evaluate a patient's health literacy and appropriately adapt counseling strategies and tools.	I			
<b>M-PREV-ICS4</b>	Communicate effectively with patients, families, and referring physicians.	I			
	<b>Evaluation Tools:</b> direct observation, multisource evaluation				

Add = additional months beyond the 3-year cardiovascular fellowship.

**Task Force 3, Table 1. Core Competency Components and Curricular Milestones for Training in ECG/Ambulatory ECG**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-TEST-ECG-MK1</b>	Know the basic principles of electrocardiography and the operation/use of the instruments to acquire, display, and store electrocardiograms. (See Appendix 3.)	I			
<b>M-TEST-ECG-MK2</b>	Know the underlying cellular and ionic mechanisms in the genesis of surface electrocardiograms and the effects of the autonomic nervous system. (See Appendix 3.)		I		
<b>M-TEST-ECG-MK3</b>	Know the normal values for electrical axis and electrocardiographic intervals, durations, and voltage.	I			
<b>M-TEST-ECG-MK4</b>	Know the anatomy of the specialized conducting tissue and the spread of excitation in conduction system and myocardium.	I			
<b>M-TEST-ECG-MK5</b>	Know reentry, automaticity, and triggered activity mechanisms for cardiac arrhythmias.		I		
<b>M-TEST-ECG-MK6</b>	Know the types and mechanisms of aberrancy.		I		
<b>M-TEST-ECG-MK7</b>	Know capture and fusion complexes and the electrocardiographic pattern criteria for distinguishing supraventricular arrhythmias with aberrancy, accessory pathway conduction, pacing, and artifact from ventricular arrhythmias.			I	
<b>M-TEST-ECG-MK8</b>	Know the concepts of concealed conduction and exit block and their manifestation on the electrocardiogram.			I	
<b>M-TEST-ECG-MK9</b>	Know the characteristic electrocardiographic patterns of key clinical diagnoses. (See Appendix 4.)			I	
<b>M-TEST-ECG-MK10</b>	Awareness of ECG changes that are commonly seen in highly trained athletes and the challenges in distinguishing normal from abnormal findings.		I		
<b>M-TEST-ECG-MK11</b>	Know the indications for, and limitations of, continuous (Holter) and intermittent (event) ambulatory electrocardiographic recording.	I			
	<b>Evaluation Tools:</b> direct observation, ECG and rhythm interpretation during simulation training (e.g., mock codes), global evaluation, in-training exam				
	Patient Care and Procedural Skills	12	24	36	Add
<b>M-TEST-ECG-PC1</b>	Technical skills to perform and record high quality standard 12-lead electrocardiographic tracings.	I			
<b>M-TEST-ECG-PC2</b>	Skill to identify normal electrocardiographic patterns, normal variants, and artifacts (including incorrect lead placement).		I		
<b>M-TEST-ECG-PC3</b>	Skill to identify electrocardiographic signs of atrial abnormalities and right and left ventricular hypertrophy or enlargement.		I		
<b>M-TEST-ECG-PC4</b>	Skill to identify types and significance of intraventricular conduction delay or block (including functional or aberrant conduction abnormalities).			I	
<b>M-TEST-ECG-PC5</b>	Skill to identify types of atrioventricular dissociation.			I	
<b>M-TEST-ECG-PC6</b>	Skill to identify first-degree, second-degree (types I, II, 2:1, and high degree), and third-degree atrioventricular blocks.			I	
<b>M-TEST-ECG-PC7</b>	Skill to identify the electrocardiographic patterns and localization of cardiac ischemia and infarction.		I		
<b>M-TEST-ECG-PC8</b>	Skill to identify the electrocardiographic changes of electrolyte and metabolic abnormalities and drug effects.			I	
<b>M-TEST-ECG-PC9</b>	Skill to identify non-specific QRS and ST-T wave changes.		I		
<b>M-TEST-ECG-PC10</b>	Skill to identify atrial, atrioventricular, nodal, and ventricular arrhythmias.			I	
<b>M-TEST-ECG-PC11</b>	Skill to identify each of the specific patterns and rhythms in Appendix 4.			I	
<b>M-TEST-ECG-PC12</b>	Skill to integrate electrocardiographic findings into clinical and risk assessments and the management of patients.		I		
<b>M-TEST-ECG-PC13</b>	Skill to select and interpret ambulatory electrocardiographic recording studies.			I	
<b>M-TEST-ECG-PC14</b>	Skill to identify normal and abnormal pacemaker rhythms/functions, and when to seek consultation from an electrophysiologist for advanced			I	



	interpretation.				
	<b>Evaluation Tools:</b> direct observation, ECG exam, in-training exam				
	<b>Systems-Based Practice</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-TEST-ECG-SBP1</b>	Skill to retrieve and utilize ECG tracings in electronic data systems.	I			
	<b>Evaluation Tools:</b> conference presentation, direct observation				
	<b>Practice-Based Learning and Improvement</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-TEST-ECG-PBL1</b>	Identify knowledge and performance gaps and engage in opportunities to achieve focused education and performance improvement.			I	
	<b>Evaluation Tools:</b> conference presentation, ECG exam				
	<b>Professionalism</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-TEST-ECG-PROF1</b>	Practice within the scope of expertise and technical skills.	I			
<b>M-TEST-ECG-PROF2</b>	Know and adhere to evidence-based and appropriate use criteria for ECG testing.			I	
	<b>Evaluation Tools:</b> conference presentation, direct observation, multisource evaluation, reflection and self-assessment				
	<b>Interpersonal and Communication Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-TEST-ECG-ICS1</b>	Communicate testing results to physicians and patients in an effective and timely manner.			I	
	<b>Evaluation Tool:</b> multisource evaluation				

Add = additional months beyond the 3-year cardiovascular fellowship.

**Task Force 3, Table 2. Core Competency Components and Curricular Milestones for Training in Exercise ECG Testing**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-TEST-STRESS-MK1</b>	Know the indications, risks, limitations, and contraindications for exercise stress testing both for diagnosis and risk stratification in patients with suspected or known coronary heart disease.		I		
<b>M-TEST-STRESS-MK2</b>	Know the principles and details of exercise testing, including the standard requirements of a safe testing laboratory, and technical requirements of proper lead placement and skin preparation.		I		
<b>M-TEST-STRESS-MK3</b>	Know the application of Bayes' theorem to interpret exercise test results.		I		
<b>M-TEST-STRESS-MK4</b>	Know the common exercise test protocols and targets.		I		
<b>M-TEST-STRESS-MK5</b>	Know the concept of metabolic equivalent (MET) and estimation of exercise intensity in different modes of exercise.		I		
<b>M-TEST-STRESS-MK6</b>	Know the electrocardiographic criteria for a positive test.		I		
<b>M-TEST-STRESS-MK7</b>	Know the normal and abnormal heart rhythm and blood pressure responses to graded exercise and in recovery.		I		
<b>M-TEST-STRESS-MK8</b>	Know the electrocardiographic, exercise capacity, and/or hemodynamic findings indicating a strongly positive test or adverse prognosis.		I		
<b>M-TEST-STRESS-MK9</b>	Know the changes in the electrocardiogram that may result from exercise, hyperventilation, ischemia, hypertrophy, conduction disorders, electrolytes, and drugs.			I	
<b>M-TEST-STRESS-MK10</b>	Know the criteria and indications for stopping a test before reaching the target heart rate.		I		
<b>M-TEST-STRESS-MK11</b>	Know the significance of exercise-associated arrhythmias.			I	
<b>M-TEST-STRESS-MK12</b>	Know the use of exercise testing in special groups (women, asymptomatic subjects, post-myocardial infarction, or recent acute coronary syndrome patients).			I	
<b>M-TEST-STRESS-MK13</b>	Know the use, precautions, and contraindications of exercise testing in patients with valvular and myocardial diseases.			I	
<b>M-TEST-STRESS-MK14</b>	Know the effects of baseline electrocardiographic abnormalities and medications on exercise testing.		I		
<b>M-TEST-STRESS-MK15</b>	Know clinical and baseline electrocardiographic findings that warrant the addition of imaging to the exercise electrocardiogram.		I		
<b>M-TEST-STRESS-MK16</b>	Know the indications for the selection of pharmacologic rather than exercise testing.		I		
<b>M-TEST-STRESS-MK17</b>	Know the indications for, and the sensitivity and specificity of, adding echocardiographic or nuclear perfusion imaging to stress ECG testing.			I	
<b>M-TEST-STRESS-MK18</b>	Known the indications for myocardial perfusion imaging and the appropriate selection of exercise versus pharmacologic stress testing.		I		
<b>M-TEST-STRESS-MK19</b>	Know the role of stress testing in assessment of valvular heart disease.			I	
<b>M-TEST-STRESS-MK20</b>	Know the role of exercise ECG testing in the evaluation of arrhythmias.			I	
<b>M-TEST-STRESS-MK21</b>	Know the role of exercise ECG testing in the evaluation of genetic cardiovascular conditions (e.g., long QT syndrome), including hypertrophic cardiomyopathy.			I	
<b>M-TEST-STRESS-MK22</b>	Know the role of cardiopulmonary exercise testing in the evaluation of dyspnea.		I		
<b>M-TEST-STRESS-MK23</b>	Know the role of exercise testing in physical activity and exercise prescription in patients with cardiovascular disease.		I		
<b>M-TEST-STRESS-MK24</b>	Know the role of exercise testing with measurement of ankle-brachial indices in the evaluation of patients with known or suspected peripheral arterial disease.			I	

	<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, in-training exam				
	<b>Patient Care and Procedural Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-TEST-STRESS-PC1</b>	Skill to select clinically-appropriate exercise test type and protocol for diverse patient types and clinical settings.			I	
<b>M-TEST-STRESS-PC2</b>	Skill to safely perform appropriate heart-rate limited and maximal or near-maximal treadmill exercise tests.		I		
<b>M-TEST-STRESS-PC3</b>	Skill to identify and effectively treat complications during and following stress testing.			I	
<b>M-TEST-STRESS-PC4</b>	Skill to utilize exercise symptoms and capacity, ECG findings, and hemodynamic response in the risk assessment and management of patients.			I	
<b>M-TEST-STRESS-PC5</b>	Skill to interpret limb segmental blood pressure measurements, pulse volume recordings, and treadmill vascular exercise tests.			I	
<b>M-TEST-STRESS-PC6</b>	Skill to utilize data from the exercise test in deriving an exercise prescription for patients with cardiovascular disease.			I	
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, logbook				
	<b>Systems-Based Practice</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-TEST-STRESS-SBP1</b>	Effectively lead and coordinate the exercise test inter-professional team (including nurses and technicians) to ensure safe and efficient care.			I	
<b>M-TEST-STRESS-SBP2</b>	Incorporate risk/benefit analysis and cost considerations in test selection.			I	
	<b>Evaluation Tools:</b> conference presentation, direct observation, multisource evaluation				
	<b>Practice-Based Learning and Improvement</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-TEST-STRESS-PBL1</b>	Identify knowledge and performance gaps and engage in opportunities to achieve focused education and performance improvement.			I	
<b>M-TEST-STRESS-PBL2</b>	Review practice alignment with guidelines.			I	
	<b>Evaluation Tools:</b> conference presentation, direct observation, reflection and self-assessment				
	<b>Professionalism</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-TEST-STRESS-PROF1</b>	Demonstrate sensitivity and responsiveness to diverse patient populations.			I	
<b>M-TEST-STRESS-PROF2</b>	Know and adhere to evidence-based and appropriate use criteria for utilizing stress testing.			I	
	<b>Evaluation Tools:</b> conference presentation, direct observation, multisource evaluation, reflection and self-assessment				
	<b>Interpersonal and Communication Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-TEST-STRESS-ICS1</b>	Communicate with and educate patients and families across a broad range of cultural, ethnic, and socioeconomic backgrounds.			I	
<b>M-TEST-STRESS-ICS2</b>	Communicate testing results to physicians and patients in an effective and timely manner.			I	
	<b>Evaluation Tool:</b> multisource evaluation				

Add = additional months beyond the 3-year cardiovascular fellowship.

**Task Force 5, Table 1. Core Competency Components and Curricular Milestones for Training in Echocardiography**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-IMAG-ECHO-MK1</b>	Know the physical principles of ultrasound, and the instrumentation used to obtain images.	I			
<b>M-IMAG-ECHO-MK2</b>	Know the appropriate indications, including the AUC, for: M-mode, 2-dimensional, and 3-dimensional transthoracic echocardiography; Doppler echocardiography and color flow imaging; transesophageal echocardiography; tissue Doppler and strain imaging; and contrast echocardiography.		I		
<b>M-IMAG-ECHO-MK3</b>	Know the limitations and potential artifacts of the echocardiographic examination.	I			
<b>M-IMAG-ECHO-MK4</b>	Know the standard views included in a comprehensive transthoracic echocardiography.	I			
<b>M-IMAG-ECHO-MK5</b>	Know the standard views included in a comprehensive transesophageal echocardiography.		I		
<b>M-IMAG-ECHO-MK6</b>	Know the techniques to quantify cardiac chamber sizes and evaluate left and right ventricular systolic and diastolic function and hemodynamics.			II	
<b>M-IMAG-ECHO-MK7</b>	Know the characteristic findings of cardiomyopathies.		I		
<b>M-IMAG-ECHO-MK8</b>	Know the use of echocardiographic and Doppler data to evaluate native and prosthetic valve function and diseases.			II	
<b>M-IMAG-ECHO-MK9</b>	Know the echocardiographic and Doppler findings of cardiac ischemia and infarction, and the complications of myocardial infarction.		I		
<b>M-IMAG-ECHO-MK10</b>	Know the echocardiographic findings of pericardial disease, pericardial effusion, and pericardial constriction.		II		
<b>M-IMAG-ECHO-MK11</b>	Know the characteristic findings of basic adult congenital heart disease.			II	
<b>M-IMAG-ECHO-MK12</b>	Know the findings of complex/postoperative adult congenital heart disease.			III*†	III*
<b>M-IMAG-ECHO-MK13</b>	Know the techniques to evaluate cardiac masses and suspected endocarditis.		II		
<b>M-IMAG-ECHO-MK14</b>	Know the techniques to evaluate diseases of the aorta.		II		
<b>M-IMAG-ECHO-MK15</b>	Know the techniques to assess pulmonary artery pressure and diseases of the right heart.		II		
<b>M-IMAG-ECHO-MK16</b>	Know the use and characteristic findings in the evaluation of patients with systemic diseases involving the heart.		II		
<b>M-IMAG-ECHO-MK17</b>	Know the indications for, and the echocardiographic findings in, patients with known or suspected cardioembolic events.		II		
<b>M-IMAG-ECHO-MK18</b>	Know key aspects of contrast echocardiography including interpretation, administration techniques, and safety information.			II	
<b>M-IMAG-ECHO-MK19</b>	Understand the principles and applications of 3-dimensional echocardiography.		II		
<b>M-IMAG-ECHO-MK20</b>	Recognize and treat the potential complications of stress, contrast, and transesophageal echocardiography.		II		
	<b>Evaluation Tools:</b> conference presentation, direct observation, in-training exam				
	Patient Care and Procedural Skills	12	24	36	Add
<b>M-IMAG-ECHO-PC1</b>	Skill to perform and interpret a basic transthoracic echocardiography exam.		I		
<b>M-IMAG-ECHO-PC2</b>	Skill to perform and interpret comprehensive transthoracic echocardiography exam.			II	
<b>M-IMAG-ECHO-PC3</b>	Skill to perform and interpret comprehensive transesophageal echocardiography exam.			II	
<b>M-IMAG-ECHO-PC4</b>	Skill to recognize pathophysiology, quantify severity of disease, identify associated findings, and recognize artifacts in echocardiography.			II	
<b>M-IMAG-ECHO-PC5</b>	Skill to integrate echocardiographic findings with clinical and other		I		

	testing results in the evaluation and management of patients.				
<b>M-IMAG-ECHO-PC6</b>	Skill to interpret stress echocardiography.			II	
<b>M-IMAG-ECHO-PC7</b>	Skill to incorporate stress hemodynamic information in the management of complex valve disease or hypertrophic cardiomyopathy.			II	
<b>M-IMAG-ECHO-PC8</b>	Skill to utilize echocardiographic techniques during cardiac interventions, including intraoperative transesophageal echocardiography.			III†	III
<b>M-IMAG-ECHO-PC9</b>	Skill to perform and interpret basic 3-dimensional echocardiography.			II	
<b>M-IMAG-ECHO-PC10</b>	Skill to utilize advanced 3-dimensional echocardiography during guidance of procedures and/or surgery.			III†	III
<b>M-IMAG-ECHO-PC11</b>	Skill to perform and interpret contrast echocardiography studies.			II	
	<b>Evaluation Tools:</b> direct observation, logbook, simulation				
	<b>Systems-Based Practice</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-IMAG-ECHO-SBP1</b>	Work effectively and efficiently with the echocardiography laboratory staff.	I			
<b>M-IMAG-ECHO-SBP2</b>	Incorporate risk/benefit, safety, and cost considerations in the use of ultrasound techniques.			I	
<b>M-IMAG-ECHO-SBP3</b>	Participate in echocardiographic quality monitoring and initiatives.			II	
	<b>Evaluation Tools:</b> direct observation, multisource evaluation				
	<b>Practice-Based Learning and Improvement</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-IMAG-ECHO-PBL1</b>	Identify knowledge and performance gaps and engage in opportunities to achieve focused education and performance improvement.		I		
	<b>Evaluation Tools:</b> conference presentation, direct observation				
	<b>Professionalism</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-IMAG-ECHO-PROF1</b>	Know and promote adherence to guidelines and appropriate use criteria.		I		
<b>M-IMAG-ECHO-PROF2</b>	Interact respectfully with patients, families, and all members of the healthcare team, including ancillary and support staff.	I			
	<b>Evaluation Tools:</b> conference presentation, direct observation, multisource evaluation, reflection and self-assessment				
	<b>Interpersonal and Communication Skills</b>				
<b>M-IMAG-ECHO-ICS1</b>	Communicate with and educate patients and families across a broad range of cultural, ethnic, and socioeconomic backgrounds.		II		
<b>M-IMAG-ECHO-ICS2</b>	Communicate testing results to physicians and patients in an effective and timely manner.		II		
<b>M-IMAG-ECHO-ICS3</b>	Communicate detailed information on cardiac anatomy for surgical planning or guidance of interventional procedures.			II	
	<b>Evaluation Tools:</b> direct observation, multisource evaluation				

\*Because of its unique and specialized nature, competency in the interpretation of complex and postoperative congenital heart disease echocardiography studies will usually require training beyond Level II.

†See definition of Level III training in Section 1.2.

Add = additional months beyond the 3-year cardiovascular fellowship.

**Task Force 6, Table 1. Core Competency Components and Curricular Milestones for Training in Nuclear Cardiology**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-IMAG-NC-MK1</b>	Know the principles of single-photon emission computed tomography and radionuclide ventriculography image acquisition and display, including the standard tomographic planes and views.		I		
<b>M-IMAG-NC-MK2</b>	Know the properties and use of standard perfusion tracers.			I	
<b>M-IMAG-NC-MK3</b>	Know the principles of radiation safety and how to minimize radiation exposure.			II	
<b>M-IMAG-NC-MK4</b>	Know the indications for myocardial perfusion imaging and the appropriate selection of exercise versus pharmacologic stress testing.	I			
<b>M-IMAG-NC-MK5</b>	Know the principles and use of pretest probability and sequential probability analysis to assess posttest probability.	I			
<b>M-IMAG-NC-MK6</b>	Know the mechanism of pharmacologic stress agents, methods of their administration, and safety issues in using the agents.		I		
<b>M-IMAG-NC-MK7</b>	Know the protocols for administration of standard perfusion agents and the influence of the clinical situation on choice of imaging protocol.		I		
<b>M-IMAG-NC-MK8</b>	Know the quality control issues, how to review raw data, and recognize artifacts.			II	
<b>M-IMAG-NC-MK9</b>	Know the use of nuclear cardiology in the assessment of ventricular function.		I		
<b>M-IMAG-NC-MK10</b>	Know the protocols for the use of perfusion imaging to assess myocardial viability.		I		
<b>M-IMAG-NC-MK11</b>	Know the indications for positron emission testing imaging and use of positron emission testing tracers.			II	
<b>Evaluation Tools:</b> direct observation, in-training exam					
	Patient Care and Procedural Skills	12	24	36	Add
<b>M-IMAG-NC-PC1</b>	Skill to select the appropriate imaging study.		I		
<b>M-IMAG-NC-PC2</b>	Skill to integrate perfusion imaging findings with clinical and other test results in the evaluation and management of patients.		I		
<b>M-IMAG-NC-PC3</b>	Skill to identify results that indicate a high-risk state.		I		
<b>M-IMAG-NC-PC4</b>	Skill to perform and interpret gated stress-rest perfusion study.			II	
<b>M-IMAG-NC-PC5</b>	Skill to perform and interpret a radionuclide ventriculography study.			II	
<b>M-IMAG-NC-PC6</b>	Skill to perform and interpret hybrid SPECT/CT and PET/CT imaging.				III
<b>M-IMAG-NC-PC7</b>	Skill to perform and quantify PET absolute myocardial blood flow and metabolism.				III
<b>M-IMAG-NC-PC8</b>	Skill to perform and interpret cardiac innervation, first pass, and planar studies.				III
<b>Evaluation Tools:</b> conference presentation, direct observation, logbook					
	Systems-Based Practice	12	24	36	Add
<b>M-IMAG-NC-SBP1</b>	Work effectively and efficiently with the nuclear laboratory staff.			II	
<b>M-IMAG-NC-SBP2</b>	Incorporate risk/benefit and cost considerations in the use of radionuclide imaging techniques.			I	
<b>M-IMAG-NC-SBP3</b>	Participate in laboratory quality monitoring and initiatives.			II	
<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, multisource evaluation					
	Practice-Based Learning and Improvement	12	24	36	Add
<b>M-IMAG-NC-PBL1</b>	Identify knowledge and performance gaps and engage in opportunities to achieve focused education and performance improvement.			I	
<b>Evaluation Tools:</b> conference presentation, direct observation					
	Professionalism	12	24	36	Add
<b>M-IMAG-NC-PROF1</b>	Know and promote adherence to guidelines and appropriate use criteria.		I		
<b>M-IMAG-NC-PROF2</b>	Interact respectfully with patients, families, and all members of the health care team—including ancillary and support staff.	I			
<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation					
	Interpersonal and Communication Skills	12	24	36	Add

<b>M-IMAG-NC-ICS1</b>	Communicate effectively and timely with patients, families, and referring physicians.		I	II	
<b>M-IMAG-NC-ICS2</b>	Communicate test results in a comprehensive and user-friendly manner.			II	
	<b><i>Evaluation Tools:</i></b> direct observation, multisource evaluation				

Add = additional months beyond the 3-year cardiovascular fellowship.

**Task Force 7, Table 1. Core Competency Components and Curricular Milestones for Training in Cardiovascular Computed Tomography**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-IMAG-CCT-MK1</b>	Know the principles of cardiovascular computed tomographic scanning and the scanning modes.		I		
<b>M-IMAG-CCT-MK2</b>	Know the risks and safety measures for cardiovascular computed tomographic scanning, including radiation reduction strategies.			I	
<b>M-IMAG-CCT-MK3</b>	Know the appropriate indications for cardiovascular computed tomography for screening or evaluating symptoms in patients with suspected cardiac disease.		I		
<b>M-IMAG-CCT-MK4</b>	Know the indications, potential adverse effects, prevention, and treatment of complications of iodinated contrast agent use in cardiovascular computed tomographic studies.		I		
<b>M-IMAG-CCT-MK5</b>	Know the indications and protocols for beta-adrenergic blocking drugs and nitroglycerin during cardiovascular computed tomographic studies.			II	
<b>M-IMAG-CCT-MK6</b>	Know the principles of cardiovascular computed tomographic scan collimation, temporal resolution, table speed, field of view, and window and level view settings.			II	
<b>M-IMAG-CCT-MK7</b>	Know the principles of post-processing methods for cardiovascular computed tomographic scanning.			II	
<b>M-IMAG-CCT-MK8</b>	Know the algorithms used for reconstruction, and recognize and isolate causes of artifacts.			II	
<b>M-IMAG-CCT-MK9</b>	Know the principles of quantitative coronary artery calcium scoring.			II	
<b>M-IMAG-CCT-MK10</b>	Know normal chest anatomy and common incidental extra cardiac findings.			II	
<b>M-IMAG-CCT-MK11</b>	Know the characteristic cardiovascular computed tomographic images of normal cardiac chambers and great vessels, normal coronary arteries and veins, and normal variants.			I	
<b>M-IMAG-CCT-MK12</b>	Know the characteristic cardiovascular computed tomographic findings of coronary atherosclerosis including plaque morphology and assessment of stenosis severity.			II	
<b>M-IMAG-CCT-MK13</b>	Know the characteristic cardiovascular computed tomographic findings of anomalous coronary arteries and other common congenital anomalies.			II	
<b>M-IMAG-CCT-MK14</b>	Know the characteristic cardiovascular computed tomographic findings in postoperative cardiac surgical patients including internal mammary artery and saphenous vein bypass grafts.			II	
<b>M-IMAG-CCT-MK15</b>	Know the characteristic cardiovascular computed tomographic findings of acquired and congenital valvular disease.			II	
<b>M-IMAG-CCT-MK16</b>	Know the characteristic cardiovascular computed tomographic findings of left atrial and pulmonary and coronary venous abnormalities.			II	
<b>M-IMAG-CCT-MK17</b>	Know the characteristic cardiovascular computed tomographic findings of pericardial disease.			II	
<b>M-IMAG-CCT-MK18</b>	Know the characteristic cardiovascular computed tomographic findings of cardiomyopathies and infiltrative myocardial diseases.			II	
<b>M-IMAG-CCT-MK19</b>	Know the differential diagnosis of cardiac masses identified by cardiovascular computed tomography.			II	
<b>M-IMAG-CCT-MK20</b>	Know the characteristic cardiovascular computed tomographic findings of common diseases of the aorta and great vessels.			II	
<b>M-IMAG-CCT-MK21</b>	Know the characteristic cardiovascular computed tomographic findings of pulmonary embolism and primary and acquired pulmonary vascular diseases.			II	
<b>M-IMAG-CCT-MK22</b>	Know when to request help with interpretation of difficult studies, such as patients with complex congenital heart disease.			I	
	<b>Evaluation Tools:</b> conference presentation, direct observation, in-training exam				



	<b>Patient Care and Procedural Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-IMAG-CCT-PC1</b>	Skill to appropriately utilize cardiovascular computed tomography in the evaluation and management of patients with known or suspected cardiovascular disease.			I	
<b>M-IMAG-CCT-PC2</b>	Skill to integrate cardiovascular computed tomographic findings with other clinical information in patient evaluation and management.			I	
<b>M-IMAG-CCT-PC3</b>	Skill to recognize and treat contrast-related adverse reactions.	I			
<b>M-IMAG-CCT-PC4</b>	Skill to independently perform and interpret cardiovascular computed tomography.			II	
<b>M-IMAG-CCT-PC5</b>	Skill to perform and interpret hybrid CT/SPECT and CT/PET imaging.				III
	<b>Evaluation Tools:</b> conference presentation, direct observation, logbook				
	<b>Systems-Based Practice</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-IMAG-CCT-SBP1</b>	Incorporate appropriate use criteria, risk/benefit, and cost considerations in the use of cardiovascular computed tomography and alternative imaging modalities.		I		
	<b>Evaluation Tools:</b> conference presentation, direct observation, multisource evaluation				
	<b>Practice-Based Learning and Improvement</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-IMAG-CCT-PBL1</b>	Identify knowledge and performance gaps and engage in opportunities to achieve focused education and performance improvement.			I	
<b>M-IMAG-CCT-PBL2</b>	Utilize point-of-care educational resources (e.g., guidelines, appropriate use criteria, and clinical trial results).			I	
	<b>Evaluation Tools:</b> conference presentation, direct observation, reflection and self-assessment				
	<b>Professionalism</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-IMAG-CCT-PROF1</b>	Work effectively in an interdisciplinary CCT environment.		I		
<b>M-IMAG-CCT-PROF2</b>	Reliably obtain patient informed consent, ensuring that patients understand the risks and benefits of—and alternatives to—cardiovascular computed tomographic testing.		I		
<b>M-IMAG-CCT-PROF3</b>	Know and promote adherence to clinical practice guidelines.		I		
	<b>Evaluation Tools:</b> conference presentation, direct observation, multisource evaluation				
	<b>Interpersonal and Communication Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-IMAG-CCT-ICS1</b>	Communicate testing results to physicians and patients in an effective and timely manner.		I		
	<b>Evaluation Tools:</b> direct observation, multisource evaluation				

Add = additional months beyond the 3-year cardiovascular fellowship.

**Task Force 8, Table 1. Core Competency Components and Curricular Milestones for Training in Cardiovascular Magnetic Resonance**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-IMAG-CMR-MK1</b>	Know the principles of cardiovascular magnetic resonance image acquisition.		I		
<b>M-IMAG-CMR-MK2</b>	Know the principles of safety and contraindications for cardiovascular magnetic resonance imaging.	I			
<b>M-IMAG-CMR-MK3</b>	Know the uses, potential side effects, and contraindications of using gadolinium-based contrast agents in cardiovascular magnetic resonance imaging.	I			
<b>M-IMAG-CMR-MK4</b>	Know the indications for cardiovascular magnetic resonance to assess left and right heart chamber sizes and function.		I		
<b>M-IMAG-CMR-MK5</b>	Know the cardiovascular magnetic resonance indications for assessment of myocardial viability.		I		
<b>M-IMAG-CMR-MK6</b>	Know the cardiovascular magnetic resonance indications and characteristic findings of myocardial ischemia.		I		
<b>M-IMAG-CMR-MK7</b>	Know the cardiovascular magnetic resonance indications and characteristic findings of acute myocardial infarction.		I		
<b>M-IMAG-CMR-MK8</b>	Know the cardiovascular magnetic resonance indications and characteristic findings of acute coronary syndromes and other causes of myocardial injury.		I		
<b>M-IMAG-CMR-MK9</b>	Know the cardiovascular magnetic resonance indications and differential findings in cardiomyopathies of uncertain cause.		I		
<b>M-IMAG-CMR-MK10</b>	Know the cardiovascular magnetic resonance indications to assess diseases of the pericardium.		I		
<b>M-IMAG-CMR-MK11</b>	Know the cardiovascular magnetic resonance indications to evaluate valvular heart disease.		I		
<b>M-IMAG-CMR-MK12</b>	Know the cardiovascular magnetic resonance indications and characteristic findings of myocardial masses and thrombi.			I	
<b>M-IMAG-CMR-MK13</b>	Know the cardiovascular magnetic resonance indications for left atrial and pulmonary vein mapping prior to ablation of atrial fibrillation.		I		
<b>M-IMAG-CMR-MK14</b>	Know the cardiovascular magnetic resonance indications for evaluation of adult congenital heart disease including identification of coronary artery anomalies.			I	
<b>M-IMAG-CMR-MK15</b>	Know the cardiovascular magnetic resonance indications to detect and evaluate diseases of the aorta and peripheral arteries.			I	
	<b>Evaluation Tools:</b> conference presentation, direct observation, in-training exam				
	Patient Care and Procedural Skills	12	24	36	Add
<b>M-IMAG-CMR-PC1</b>	Skill to appropriately order and integrate the results of cardiovascular magnetic resonance testing with other clinical findings in the evaluation and management of patients.			I	
<b>M-IMAG-CMR-PC2</b>	Skill to interpret cardiovascular magnetic resonance tissue characterization (late gadolinium enhancement) to distinguish the etiology of cardiomyopathy and acute myocardial injury.			I	
<b>M-IMAG-CMR-PC3</b>	Skill to interpret regional and global left and right ventricular wall motion and ejection fraction.			II	
<b>M-IMAG-CMR-PC4</b>	Skill to interpret vascular diseases of the aorta (e.g., intramural hematoma, dissection, coarctation, and aneurysm).			II	
<b>M-IMAG-CMR-PC5</b>	Skill to identify and characterize myocardial masses.			II	
<b>M-IMAG-CMR-PC6</b>	Skill to identify and characterize pericardial disease.			II	
<b>M-IMAG-CMR-PC7</b>	Skill to identify and diagnose basic congenital heart disease in adults.			II	
<b>M-IMAG-CMR-PC8</b>	Skill to identify and diagnose complex adult congenital heart disease, including quantification of intracardiac shunting, and anomalous coronary arteries.			II	
<b>M-IMAG-CMR-PC9</b>	Skill to perform and interpret cardiovascular magnetic resonance stress testing.			II	
<b>M-IMAG-CMR-PC10</b>	Skill to interpret vascular diseases of the peripheral arteries.				III

	<b>Evaluation Tools:</b> conference presentation, direct observation, logbook				
	<b>Systems-Based Practice</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-IMAG-CMR-SBP1</b>	Incorporate risk/benefit and cost considerations in the use of cardiovascular magnetic resonance testing.		I		
<b>M-IMAG-CMR-SBP2</b>	Participate in cardiovascular magnetic resonance quality monitoring and initiatives.			II	
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentations, direct observation, multisource evaluation				
	<b>Practice-Based Learning and Improvement</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-IMAG-CMR-PBL1</b>	Identify knowledge and performance gaps and engage in opportunities to achieve focused education and performance improvement.			I	
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentations, direct observation, reflection and self-assessment				
	<b>Professionalism</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-IMAG-CMR-PROF1</b>	Practice within the scope of expertise and technical skills.			I	
<b>M-IMAG-CMR-PROF2</b>	Know and promote adherence to guidelines and appropriate use criteria.		I		
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentations, direct observation, multisource evaluation				
	<b>Interpersonal and Communication Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-IMAG-CMR-ICS1</b>	Communicate testing results to physicians and patients in an effective and timely manner.		II		
	<b>Evaluation Tools:</b> direct observation, multisource evaluation				

Add = additional months beyond the 3-year cardiovascular fellowship.

**Task Force 9, Table 1. Core Competency Components and Curricular Milestones for Training in Vascular Medicine**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-VASC-MK1</b>	Know the anatomy of the peripheral arterial and venous systems.	I			
<b>M-VASC-MK2</b>	Know the causes and clinical epidemiology of atherosclerotic peripheral vascular disease, including the incidence and prevalence, sex and ethnic differences, role of genetics, and the influence of traditional risk factors and demographics on outcomes.	I			
<b>M-VASC-MK3</b>	Know the pathophysiology of peripheral artery disease, including atherosclerosis, thrombosis, embolism, entrapment, vasculitis, and vasospasm.		I		
<b>M-VASC-MK4</b>	Know the pathophysiology, causes and clinical epidemiology of aortic aneurysms.	I			
<b>M-VASC-MK5</b>	Know the pathophysiology, causes, and clinical epidemiology of acute aortic syndromes such as dissection and intramural hematoma.		I		
<b>M-VASC-MK6</b>	Know the pathophysiology, causes, and clinical epidemiology of deep vein thrombosis and pulmonary embolism.	I			
<b>M-VASC-MK7</b>	Know the pathophysiology, causes, and clinical epidemiology of cerebrovascular disease.		I		
<b>M-VASC-MK8</b>	Know the pathophysiology, causes, and clinical epidemiology of chronic venous insufficiency and varicose veins.		I		
<b>M-VASC-MK9</b>	Know the pathophysiology, causes, and clinical epidemiology of lymphedema.			II	
<b>M-VASC-MK10</b>	Know the cardinal symptoms and physical findings of peripheral atherosclerotic vascular diseases, including peripheral artery disease, renal and mesenteric artery disease, extracranial cerebrovascular disease, and abdominal aortic aneurysm.	I			
<b>M-VASC-MK11</b>	Know the cardinal symptoms and physical findings of venous diseases including venous thromboembolism, chronic venous insufficiency, and varicose veins.	I			
<b>M-VASC-MK12</b>	Know the differentiating characteristics between arterial, venous, and neurotrophic lower extremity ulcers.			II	
<b>M-VASC-MK13</b>	Know the natural history and prognosis of deep vein thrombosis and pulmonary embolism.	I			
<b>M-VASC-MK14</b>	Know the natural history and prognosis of peripheral atherosclerotic vascular diseases including peripheral artery disease, renal and mesenteric artery disease, extracranial carotid artery disease, and abdominal aortic aneurysm.		I		
<b>M-VASC-MK15</b>	Know the indications for noninvasive screening for abdominal aortic aneurysm.		I		
<b>M-VASC-MK16</b>	Know the indications for duplex ultrasound of the peripheral veins and carotid arteries and for duplex and physiological testing of the peripheral arteries.		I		
<b>M-VASC-MK17</b>	Know the indications for duplex ultrasonography of the renal and mesenteric arteries, arterial bypass grafts and stents, aortic endografts, and intracranial vessels (i.e., transcranial Doppler).			II	
<b>M-VASC-MK18</b>	Know the indications and contraindications for computed tomographic angiography and magnetic resonance angiography in patients with suspected vascular disease.		I		
<b>M-VASC-MK19</b>	Know the appropriate indications and laboratory tests to assess for inherited and acquired thrombophilia.		I		
<b>M-VASC-MK20</b>	Know the appropriate indications and laboratory tests to assess for vasculitis.		I		
<b>M-VASC-MK21</b>	Know the indications, contraindications, risks, clinical pharmacology, and interactions of drugs used to treat atherosclerotic vascular diseases.		I		
<b>M-VASC-MK22</b>	Know the indications, contraindications, risks, clinical pharmacology, and interactions of drugs used to treat thrombotic disorders.	I			

<b>M-VASC-MK23</b>	Know the indications, contraindications, risks, and expected outcomes for thrombolytic therapy for venous thromboembolism (pulmonary embolism and deep vein thrombosis).	I			
<b>M-VASC-MK24</b>	Know the indications and risks for surgical and endovascular treatments for acute aortic syndromes; and, the expected outcomes.		I		
<b>M-VASC-MK25</b>	Know the indications and risks for surgical and endovascular treatments for aortic aneurysm; and, the expected outcomes.		I		
<b>M-VASC-MK26</b>	Know the indications and risks for surgical and endovascular treatments for peripheral atherosclerotic vascular diseases, including peripheral artery disease, renal and mesenteric artery disease, and extracranial cerebrovascular disease; and the expected outcomes.		I		
	<b>Evaluation Tools:</b> chart-stimulated recall, global evaluation, in-training exam				
	<b>Patient Care and Procedural Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-VASC-PC1</b>	Skill to perform the comprehensive physical examination of the peripheral arteries, including palpation of the abdominal aorta and peripheral pulses and auscultation for bruits.	I			
<b>M-VASC-PC2</b>	Skill to perform physical examination for suspected peripheral venous disorders, including deep vein thrombosis, varicose veins, and chronic venous insufficiency.		I		
<b>M-VASC-PC3</b>	Skill to perform and interpret an ankle-brachial index measurement.		I		
<b>M-VASC-PC4</b>	Skill to perform physical examination maneuvers for arterial compression syndromes (e.g., thoracic outlet, median arcuate ligament, and popliteal artery entrapment syndromes).				III
<b>M-VASC-PC5</b>	Skill to interpret limb segmental blood pressure measurements, pulse volume recordings and Doppler waveforms, and treadmill vascular exercise tests.			II	
<b>M-VASC-PC6</b>	Skill to interpret duplex ultrasound examinations of the extracranial carotid arteries, peripheral arteries, abdominal aorta, renal and mesenteric arteries, and peripheral veins.			II	
<b>M-VASC-PC7</b>	Skill to evaluate and manage aortic aneurysms including identification of patients for whom surgical or endovascular repair is indicated.		I		
<b>M-VASC-PC8</b>	Skill to evaluate and manage acute aortic syndromes including identification of patients for whom surgical or endovascular therapy is indicated.		I		
<b>M-VASC-PC9</b>	Skill to evaluate and manage patients with deep venous thrombosis and pulmonary embolism, including identification of patients for whom thrombolytic therapy is indicated.		I		
<b>M-VASC-PC10</b>	Skill to perform preoperative risk assessment and manage patients undergoing vascular surgery.		I		
<b>M-VASC-PC11</b>	Skill to evaluate and manage lower extremity peripheral artery disease.		I		
<b>M-VASC-PC12</b>	Skill to evaluate and manage extracranial carotid artery disease.		I		
<b>M-VASC-PC13</b>	Skill to evaluate and manage patients with chronic venous insufficiency and varicose veins, including use of compression therapy and identification of patients for whom additional venous procedures are indicated (i.e., sclerotherapy, ablation, or surgery).				III
<b>M-VASC-PC14</b>	Skill to evaluate lymphedema.			II	
<b>M-VASC-PC15</b>	Skill to manage lymphedema.				III
<b>M-VASC-PC16</b>	Skill to diagnose and manage arterial access complications, including arteriovenous fistula and arterial pseudoaneurysms.				III
<b>M-VASC-PC17</b>	Skill to evaluate and manage lower extremity wounds, including indications for adjunctive imaging and biopsy, indications and techniques for debridement, and selection of appropriate dressings.				III

<b>M-VASC-PC18</b>	Skill to evaluate and manage Raynaud's phenomenon.				III
<b>M-VASC-PC19</b>	Skill to evaluate and manage other temperature related disorders, including acrocyanosis, pernio, and erythromelalgia.				III
<b>M-VASC-PC20</b>	Skill to evaluate and manage uncommon vascular disorders, including vascular compression syndromes (e.g., thoracic outlet, popliteal entrapment), fibromuscular dysplasia, arteriopathies associated with inherited disorders of connective tissue, and congenital vascular malformations.				III
<b>M-VASC-PC21</b>	Skill to evaluate and manage peripheral and visceral artery aneurysms including identification of patients for whom surgical or endovascular repair is indicated.				III
<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, global evaluation					
	<b>Systems-Based Practice</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-VASC-SBP1</b>	Practice in a manner that balances appropriate utilization of finite resources with the net clinical benefit for the individual patient.		I		
<b>M-VASC-SBP2</b>	Utilize an interdisciplinary, coordinated approach for patient management.			II	
<b>M-VASC-SBP3</b>	Utilize a coordinated approach for patient management, including coordination with rehabilitation services, physical and occupational therapy, and consideration of employment-related issues.				III
<b>M-VASC-SBP4</b>	Know the components of quality assurance in the noninvasive vascular laboratory, including certification of technical and medical personnel, laboratory accreditation, and internal quality improvement initiatives.			II	
<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, multisource evaluation					
	<b>Practice-Based Learning and Improvement</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-VASC-PBL1</b>	Identify knowledge and performance gaps and engage in opportunities to achieve focused education and performance improvement.		I		
<b>M-VASC-PBL2</b>	Utilize decision support tools for accessing guidelines and pharmacologic information at the point of care.		I		
<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, global evaluation					
	<b>Professionalism</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-VASC-PROF1</b>	Forego recommending unvalidated diagnostic testing or treatments.		I		
<b>M-VASC-PROF2</b>	Demonstrate a commitment to carry out professional responsibilities, appropriately refer patients, and respond to patient needs in a way that supersedes self-interest.			II	
<b>M-VASC-PROF3</b>	Know and promote adherence to guidelines and appropriate use criteria.			I	
<b>M-VASC-PROF4</b>	Interact respectfully with patients, families, and all members of the healthcare team, including ancillary and support staff.	I			
<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, multisource evaluation					
	<b>Interpersonal and Communication Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-VASC-ICS1</b>	Communicate with and educate patients and families across a broad range of cultural, ethnic, and socioeconomic backgrounds.	I			
<b>M-VASC-ICS2</b>	Communicate with other specialists for optimal interdisciplinary management of patients.			II	
<b>Evaluation Tools:</b> direct observation, multisource evaluation					

Add = additional months beyond the 3-year cardiovascular fellowship.

**Task Force 10, Table 1. Core Competency Components and Curricular Milestones for Training in Invasive Cardiology**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-INV/INT-MK1</b>	Know the indications/contraindications and potential complications of cardiac catheterization for assessment of coronary, valvular, myocardial, and basic adult congenital heart diseases.		I		
<b>M-INV/INT-MK2</b>	Know the principles of radiation safety.		I		
<b>M-INV/INT-MK3</b>	Know the use and complications of contrast media and the role of renal protection measures.		I		
<b>M-INV/INT-MK4</b>	Know the indications for, and clinical pharmacology of, antiplatelet and anticoagulant drugs, and vasopressor and vasodilator agents, used in the cardiac catheterization laboratory.		I		
<b>M-INV/INT-MK5</b>	Know normal cardiovascular hemodynamics and the principles and interpretation of waveforms, pressure, flow, resistance, and cardiac output measurements.		I		
<b>M-INV/INT-MK6</b>	Know the characteristic hemodynamic findings with myocardial, valvular, pericardial, and pulmonary vascular diseases.		I		
<b>M-INV/INT-MK7</b>	Know the methods to detect and estimate the magnitude of intracardiac and extracardiac shunts.		I		
<b>M-INV/INT-MK8</b>	Know coronary anatomy, its variations and congenital abnormalities, and its coronary blood flow physiology.		I		
<b>M-INV/INT-MK9</b>	Know the angiographic features of coronary artery disease and how to assess the anatomic and physiologic severity.		I		
<b>M-INV/INT-MK10</b>	Know the vascular anatomy and the indications and contraindications for, and complications of, peripheral vascular angiography.		I		
<b>M-INV/INT-MK11</b>	Know the indications and potential complications of percutaneous coronary, peripheral, valvular, and structural heart interventions.		I		
<b>M-INV/INT-MK12</b>	Know the indications and contraindications for, and complications of, endomyocardial biopsy and pericardiocentesis.		I		
<b>M-INV/INT-MK13</b>	Know the indications for, and the mechanisms of action of, mechanical circulatory support devices.		I		
<b>M-INV/INT-MK14</b>	Know the indications for, and complications of, vascular access and closure strategies and devices.		I		
	<b>Evaluation Tools:</b> conference presentation, direct observation, in-training exam, logbook, simulation				
	Patient Care and Procedural Skills	12	24	36	Add
<b>M-INV/INT-PC1</b>	Skill to perform pre-procedural evaluation, assess appropriateness, obtain informed consent, and plan procedure strategy.		I		
<b>M-INV/INT-PC2</b>	Skill to perform venous and arterial access and obtain hemostasis.		I		
<b>M-INV/INT-PC3</b>	Skill to perform right heart catheterization.		I		
<b>M-INV/INT-PC4</b>	Skill to analyze hemodynamic, ventriculographic, and angiographic data, and to integrate with clinical findings for patient management.		I		
<b>M-INV/INT-PC5</b>	Skill to manage post-procedural patients, including complications and coordination of care.		I		
<b>M-INV/INT-PC6</b>	Skill to perform endomyocardial biopsy.			II	
<b>M-INV/INT-PC7</b>	Skill to perform pericardiocentesis.			II	
<b>M-INV/INT-PC8</b>	Skill to perform diagnostic left heart catheterization, ventriculography, and coronary angiography.			II	
<b>M-INV/INT-PC9</b>	Skill to place an intra-aortic balloon pump emergently.			II	
<b>M-INV/INT-PC10</b>	Skill to perform diagnostic peripheral (excluding carotid) angiography.			II	
<b>M-INV/INT-PC11</b>	Skill to perform percutaneous coronary interventions.				III

<b>M-INV/INT-PC12</b>	Skill to perform peripheral, carotid, valvular and structural heart interventions.				III
<b>M-INV/INT-PC13</b>	Skill to insert and manage percutaneous left ventricular support devices.				III
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, logbook, simulation				
	<b>Systems-Based Practice</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-INV/INT-SBP1</b>	Coordinate care in an interdisciplinary approach for patient management, including transition of care.		I		
<b>M-INV/INT-SBP2</b>	Utilize cost-awareness and risk/benefit analysis in patient care.		I		
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, logbook				
	<b>Practice-Based Learning and Improvement</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-INV/INT-PBL1</b>	Locate, appraise, and assimilate information from scientific studies, guidelines, and registries in order to identify knowledge and performance gaps.		I		
<b>M-INV/INT-PBL2</b>	Document number and outcomes of diagnostic and therapeutic procedures.		I		
	<b>Evaluation Tools:</b> conference presentation, direct observation, logbook, reflection and self-assessment				
	<b>Professionalism</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-INV/INT-PROF1</b>	Practice within the scope of expertise and technical skills.		I		
<b>M-INV/INT-PROF2</b>	Know and promote adherence to guidelines and appropriate use criteria.		I		
<b>M-INV/INT-PROF3</b>	Interact respectfully with patients, families, and all members of the healthcare team, including ancillary and support staff.	I			
	<b>Evaluation Tools:</b> conference presentation, direct observation, multisource evaluation, reflection and self-assessment				
	<b>Interpersonal and Communication Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-INV/INT-ICS1</b>	Communicate with and educate patients and families across a broad range of socioeconomic, ethnic, and cultural backgrounds, including obtaining informed consent.		I		
<b>M-INV/INT-ICS2</b>	Communicate and work effectively with physicians and other professionals on the healthcare team regarding procedure findings, treatment plans, and follow-up care coordination.		I		
<b>M-INV/INT-ICS3</b>	Complete procedure records and communicate testing results to physicians and patients in an effective and timely manner.		I		
	<b>Evaluation Tools:</b> direct observation, multisource evaluation				

Add = additional months beyond the 3-year cardiovascular fellowship.



**Task Force 11, Table 1. Core Competency Components and Curricular Milestones for Training in Cardiac Arrhythmias and Electrophysiology**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-ARR-MK1</b>	Know the mechanism and characteristics of normal sinus rhythm and of	I			
<b>M-ARR-MK2</b>	Know the pathophysiology, differential diagnosis, clinical significance, and approach to management of reentrant tachycardia (atrioventricular nodal re-entrant tachycardia; atrioventricular reciprocating tachycardia), ectopic atrial tachycardias, and accelerated atrioventricular junctional rhythm.		I		
<b>M-ARR-MK3</b>	Know the pathophysiology, differential diagnosis, clinical significance, and approach to management of atrial fibrillation and flutter, including the assessment of stroke and bleeding risk, indications of anticoagulation, and selection of anticoagulant medications.	I			
<b>M-ARR-MK4</b>	Know the risk factors for stroke and for bleeding in patients with atrial fibrillation or atrial flutter, as well as the indications for, and use of, anticoagulant medications.	I			
<b>M-ARR-MK5</b>	Know the pathophysiology, differential diagnosis, clinical significance, and approach to management of sustained and nonsustained ventricular tachyarrhythmias.		I		
<b>M-ARR-MK6</b>	Know the pathophysiology, differential diagnosis, and approaches to risk stratification and management of sudden cardiac death and cardiac arrest, including sudden cardiac death in athletes.		I		
<b>M-ARR-MK7</b>	Know the types, mechanisms, differential diagnosis, clinical significance, and approach to management of atrioventricular dissociation and atrioventricular heart blocks (first, second, and third degree).	I			
<b>M-ARR-MK8</b>	Know the physical examination characteristics of arrhythmias (e.g., findings of atrioventricular dissociation).		I		
<b>M-ARR-MK9</b>	Know the significance of underlying structural or congenital heart disease in the likelihood and significance of cardiac arrhythmias, including sudden death risk, and their impact in clinical management decisions.		I		
<b>M-ARR-MK10</b>	Know the indications, contraindications, and clinical pharmacology of antiarrhythmic medications, including drug-drug and drug-device interactions and proarrhythmia potential including acquired long QT syndrome.		I		
<b>M-ARR-MK11</b>	Know the indications and limitations of noninvasive testing in the diagnosis and management of patients with arrhythmias: electrocardiogram, ambulatory, event, implantable loop recorder, and tilt-table testing.		I		
<b>M-ARR-MK12</b>	Know the indications for, and limitations and complications of, invasive electrophysiologic testing, as well as catheter ablation for cardiac arrhythmias.		I		
<b>M-ARR-MK13</b>	Know the indications and contraindications for permanent pacemaker placement, cardiac resynchronization therapy, and implantable cardioverter-defibrillator placement.		I		
<b>M-ARR-MK14</b>	Know the pathophysiology, differential diagnosis, natural history, and approach to management of syncope, including neurocardiogenic causes and syncope in athletes.	I			
<b>M-ARR-MK15</b>	Know the mechanisms, findings, clinical significance, and approach to management of ventricular pre-excitation.		I		
<b>M-ARR-MK16</b>	Know the pathology, clinical significance, and approach to evaluation (including the role of genetic testing) and management of inherited diseases that may cause cardiac arrhythmias due to ion channel abnormalities or structural changes in the heart (including the long QT		I		

	syndrome, Brugada syndrome, arrhythmogenic right ventricular dysplasia, hypertrophic dilated cardiomyopathy, and myotonic dystrophy).				
<b>M-ARR-MK17</b>	Know the principles and practice of radiation safety as applied to the evaluation and management of cardiac electrical disorders.	I			
<b>M-ARR-MK18</b>	Know the basic principles of programming and interrogating implanted devices (permanent pacemakers, implantable cardioverter-defibrillators, cardiac resynchronization therapies, and implantable monitors)		I		
<b>Evaluation Tools:</b> chart-stimulated recall, global evaluation, in-training exam					
	<b>Patient Care and Procedural Skill</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ARR-PC1</b>	Skill to evaluate and manage patients with palpitations.		I		
<b>M-ARR-PC2</b>	Skill to evaluate and manage patients with syncope.		I		
<b>M-ARR-PC3</b>	Skill to evaluate and manage patients with supraventricular tachyarrhythmias.		I		
<b>M-ARR-PC4</b>	Skill to evaluate and manage patients with atrial fibrillation and flutter (including rate and rhythm control and anticoagulation strategies).		I		
<b>M-ARR-PC5</b>	Skill to evaluate and manage patients with wide-QRS tachycardia.		I		
<b>M-ARR-PC6</b>	Skill to manage patients with nonsustained and sustained ventricular arrhythmias.		I		
<b>M-ARR-PC7</b>	Skill to evaluate and manage patients with bradycardia and/or heart block.		I		
<b>M-ARR-PC8</b>	Skill to perform electrical cardioversion.	I			
<b>M-ARR-PC9</b>	Skill to perform defibrillation.	I			
<b>M-ARR-PC10</b>	Skill to perform tilt-table testing.		II		
<b>M-ARR-PC11</b>	Skill to perform temporary pacemaker placement.		I		
<b>M-ARR-PC12</b>	Skill to select and manage patients requiring a permanent pacemaker, implantable cardioverter-defibrillator, or biventricular pacing.			I	
<b>M-ARR-PC13</b>	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		
<b>M-ARR-PC14</b>	Skill to perform pacemaker and implantable cardioverter-defibrillator interrogation, programming, and surveillance.			II	
<b>M-ARR-PC15</b>	Skill to perform single- and dual-chamber permanent pacemaker implantation and manage complications including device infections and chronic lead failure.			II	
<b>M-ARR-PC16</b>	Skill to perform implantation of implantable loop recorders, interpret results to guide patient management, and manage complications.			II	
<b>M-ARR-PC17</b>	Skill to perform implantable cardioverter-defibrillator and biventricular device implantation and manage complications.				III
<b>M-ARR-PC18</b>	Skill to perform and interpret invasive electrophysiologic testing and carry out ablation therapy.				III
<b>M-ARR-PC19</b>	Skill to utilize magnetic resonance imaging, computed tomography, and intracardiac echocardiography in facilitating invasive electrophysiology and ablation therapies.				III
<b>M-ARR-PC20</b>	Skill to follow-up, interrogate, and troubleshoot patients with implanted devices (permanent pacemakers, implantable cardioverter-defibrillators, cardiac resynchronization therapies), including remote interrogation.			II	
<b>M-ARR-PC21</b>	Skill to evaluate and manage patients with cardiac arrest.		I		

<b>M-ARR-PC22</b>	Skill to prescribe and interpret the results of electrocardiographic recording devices.		I		
	<b>Evaluation Tools:</b> chart-stimulated recall, patient safety or quality improvement conference presentation, direct observation, global evaluation, logbook, simulation				
	<b>Systems-Based Practice</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ARR-SBP1</b>	Utilize an interdisciplinary coordinated approach for patient management, including transfer of care and employment-related issues.		I		
<b>M-ARR-SBP2</b>	Use technology and available registries to assess appropriateness, performance, and safety of implanted devices.		I		
<b>M-ARR-SBP3</b>	Incorporate risk/benefit analysis and cost considerations in diagnostic and treatment decisions.		I		
	<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, multisource evaluation				
	<b>Practice-Based Learning and Improvement</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ARR-PBL1</b>	Identify knowledge and performance gaps and engage in opportunities to achieve focused education and performance improvement.		I		
<b>M-ARR-PBL2</b>	Utilize decision support tools for accessing guidelines and pharmacologic information at the point of care.		I		
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, logbook				
	<b>Professionalism</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ARR-PROF1</b>	Demonstrate sensitivity to patient preferences and end-of-life issues.		I		
<b>M-ARR-PROF2</b>	Practice within the scope of expertise and technical skills.		I		
<b>M-ARR-PROF3</b>	Interact respectfully with patients, families, and all members of the health care team including ancillary and support staff.	I			
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation				
	<b>Interpersonal and Communication Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ARR-ICS1</b>	Communicate with and educate patients and families across a broad range of cultural, ethnic, and socioeconomic backgrounds.		I		
<b>M-ARR-ICS2</b>	Engage in shared decision-making with patients, including options for diagnosis and treatment.		I		
	<b>Evaluation Tools:</b> direct observation, multisource evaluation				

Add = additional months beyond the 3-year cardiovascular fellowship.

Task Force 12, Table 1. Core Competency Components and Curricular Milestones for Training in Heart Failure

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
M-HF-MK1	Know the pathophysiology, differential diagnosis, stages, and natural history of heart failure.		I		
M-HF-MK2	Know the characteristic history and physical exam findings, and their limitations, in evaluation of heart failure syndromes.	I			
M-HF-MK3	Know the pathophysiology of heart failure at the molecular, cellular, organ, and organismal levels, with emphasis on the roles of neurohormonal activation and left ventricular remodeling in disease progression.		I		
M-HF-MK4	Know the indications, contraindications, and clinical pharmacology for drugs used for treatment of heart failure, including adverse effects.	I			
M-HF-MK5	Know the indications, contraindications, and clinical pharmacology for the drugs used for the treatment of heart failure of all etiologies and degrees of severity and in special populations.			II	
M-HF-MK6	Know the indications and clinical rationale for the pharmacologic management of patients implanted with mechanical circulatory support.				III
M-HF-MK7	Know the indications, contraindications, and clinical pharmacology for intravenous, vasoactive, and inotropic drugs used for cardiovascular support in advanced/refractory heart failure.		I		
M-HF-MK8	Know the appropriate pharmacologic or nonpharmacologic treatment for the prevention of heart failure in patients with either “pre” or “established” heart failure.	I			
M-HF-MK9	Know the clinical pharmacology and use of immunosuppressive medications and other interventions in heart transplant patients in the treatment of acute rejection.			II	
M-HF-MK10	Know the types of and indications for mechanical circulatory support.			II	
M-HF-MK11	Know the effects and interactions of heart failure with other organ systems (kidney, nutritional, metabolic) and in the setting of other systemic disease.		I		
M-HF-MK12	Know the management of cardiac arrhythmias in heart failure patients, as well as the indications and risks of use of implantable cardioverter-defibrillator and cardiac resynchronization therapies.		I		
M-HF-MK13	Know the indications for referral for cardiac transplantation.		I		
M-HF-MK14	Know the late stage complications of heart failure in patients with congenital heart disease.				III
M-HF-MK15	Know the management and diagnostic strategies for populations with heart failure not due to ischemic heart disease, including infiltrative and restrictive cardiomyopathies, inherited cardiomyopathies, and those associated with pregnancy and chemotherapy.			II	
M-HF-MK16	Know the management strategies for highly specialized populations with heart failure, including those associated with congenital heart disease and chronic pulmonary disease.				III
<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, in-training exam					
	Patient Care and Procedural Skills	12	24	36	Add
M-HF-PC1	Skill to evaluate and manage patients with new-onset, chronic, and acute decompensated heart failure.	I			
M-HF-PC2	Skill to evaluate and manage patients with severe heart failure despite treatment.			II	
M-HF-PC3	Skill to evaluate and manage patients with mechanical circulatory support or after heart transplant.				III
M-HF-PC4	Skill to appropriately obtain and incorporate data from the history, laboratory studies, and imaging modalities in evaluation and management of heart failure patients.	I			
M-HF-PC5	Skill to interpret imaging results in the evaluation of heart failure patients.		I		

<b>M-HF-PC6</b>	Skill to interpret imaging results found in advanced, rare, or uncommon forms of heart failure.				III
<b>M-HF-PC7</b>	Skill to use history and physical examination findings to accurately assess volume status and perfusion in patients with heart failure.			II	
<b>M-HF-PC8</b>	Skill to perform invasive hemodynamic monitoring.		I		
<b>M-HF-PC9</b>	Skill to incorporate the results of hemodynamic measurements and monitoring to make appropriate management decisions in heart failure patients of all etiologies and severity.			II	
<b>M-HF-PC10</b>	Skill to incorporate results of hemodynamic measurements and monitoring to make appropriate management decisions in complex or advanced heart failure patients of all etiologies and severity or in patients with mechanical circulatory support.				III
<b>M-HF-PC11</b>	Skill to identify appropriate candidates for palliative care and hospice.		I		
<b>M-HF-PC12</b>	Skill to recognize and manage cardiac arrhythmias, including the identification of appropriate candidates for implantable cardioverter-defibrillators, cardiac resynchronization therapy, or arrhythmia ablation.		I		
<b>M-HF-PC13</b>	Skill to select and implement appropriate arrhythmia management, including utilization of implantable cardioverter-defibrillators, cardiac resynchronization therapy, and ablation of arrhythmias in patients with heart failure of all etiologies and severity.			II	
<b>M-HF-PC14</b>	Skill to manage patients with advanced heart failure and complex arrhythmias, including patients with mechanical circulatory support, in conjunction with clinical cardiac electrophysiologists.				III
<b>M-HF-PC15</b>	Skill to recognize and manage comorbidities in heart failure patients.		I		
<b>M-HF-PC16</b>	Skill to manage heart failure patients with complex contributing comorbidities.			II	
<b>M-HF-PC17</b>	Skill to identify and manage patients who require transition from hospital to home or to a care facility while on infusion of inotropic or vasoactive agents.			II	
<b>M-HF-PC18</b>	Skill to identify and manage patients who require transition from hospital to home or to a care facility after heart transplant or permanent mechanical circulatory support.				III
<b>M-HF-PC19</b>	Skill to appropriately utilize initial screening studies to determine patient eligibility for advanced therapies of individuals cared for at non-transplant / non-ventricular assist device facilities, in collaboration with Level III-trained individuals, who work at advanced therapy sites.			II	
<b>M-HF-PC20</b>	Skill to evaluate, order all appropriate testing, and determine the appropriateness of a patient for cardiac transplant or mechanical circulatory support.				III
<b>M-HF-PC21</b>	Skill to interpret and incorporate results of cardiopulmonary exercise testing into management of heart failure patients, including physical activity and exercise recommendations.			II	
<b>M-HF-PC22</b>	Skill to recognize, manage and seek appropriate consultation for depression or undue anxiety in heart failure patients as part of their overall care.		I		
<b>Evaluation Tools:</b> chart-stimulated review, direct observation, multisource evaluation					
<b>Systems-Based Practice</b>		<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-HF-SBP1</b>	Utilize appropriate care settings and teams for various levels and stages of heart failure.		I		
<b>M-HF-SBP2</b>	Incorporate risk/benefit analysis and cost considerations in diagnostic and treatment decisions.		I		
<b>M-HF-SBP3</b>	Identify and address financial, cultural, and social barriers to diagnostic and treatment recommendations.	I			
<b>M-HF-SBP4</b>	Utilize an interdisciplinary, coordinated, team approach for patient management, including care transitions, palliative care, and employment-related issues.		I		
<b>M-HF-SBP5</b>	Effectively utilize an interdisciplinary approach to monitor the progress of ambulatory patients with heart failure to maintain stability			II	

	and avoid preventable hospitalization.				
<b>M-HF-SBP6</b>	Identify the financial, social, and emotional barriers to successful outcomes after surgery.				III
	<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, multisource evaluation				
	<b>Practice-Based Learning and Improvement</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-HF-PBL1</b>	Identify knowledge and performance gaps and engage in opportunities to achieve focused education and performance improvement.		I		
<b>M-HF-PBL2</b>	Utilize decision support tools for accessing guidelines and pharmacologic information at the point of care.			II	
	<b>Evaluation Tools:</b> conference presentation, direct observation, global evaluation, reflection and self-assessment				
	<b>Professionalism</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-HF-PROF1</b>	Show compassion and effective management of end-of-life issues, including family meetings across the spectrum of patients with heart failure.	I			
<b>M-HF-PROF2</b>	Clearly and objectively discuss the therapies available for advanced heart failure, including palliative care, transplant, or mechanical circulatory support.				III
<b>M-HF-PROF3</b>	Interact respectfully with patients, families, and all members of the healthcare team, including ancillary and support staff.	I			
	<b>Evaluation Tools:</b> conference presentation, direct observation, multisource evaluation, reflection and self-assessment				
	<b>Interpersonal and Communication Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-HF-ICS1</b>	Communicate with and educate patients and families across a broad range of cultural, ethnic, and socioeconomic backgrounds.	I			
<b>M-HF-ICS2</b>	Engage in shared decision-making with patients, including options for diagnosis and treatment.		I		
<b>M-HF-ICS3</b>	Effectively lead and communicate with the interdisciplinary team involved in heart transplant and mechanical circulatory support.				III
	<b>Evaluation Tools:</b> direct observation, multisource evaluation				

Add = additional months beyond the 3-year cardiovascular fellowship.

**Task Force 13, Table 1. Core Competency Components and Curricular Milestones for Training in Critical Care Cardiology**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-CCC-MK1</b>	Know the pathophysiology, differential diagnosis, and characteristic clinical, hemodynamic, radiographic, and laboratory findings of cardiogenic, hypovolemic, septic, and mixed circulatory shock, and of the systemic inflammatory response syndrome.		I		
<b>M-CCC-MK2</b>	Know the indications for, and characteristic findings with, bedside invasive and noninvasive hemodynamic monitoring.		I		
<b>M-CCC-MK3</b>	Know the indications, contraindications, and clinical pharmacology for vasoactive and inotropic medications used in the treatment of patients with advanced heart failure, hypotension, or shock.		I		
<b>M-CCC-MK4</b>	Know the indications, contraindications, and clinical pharmacology for anticoagulant, antiplatelet and fibrinolytic agents.		I		
<b>M-CCC-MK5</b>	Know the indications for, contraindications to, and clinical pharmacology of agents used to treat hypertensive urgencies and emergencies.		I		
<b>M-CCC-MK6</b>	Know the indications, contraindications, and clinical pharmacology for agents used to treat pulmonary hypertension, including intravenous, inhalational and oral agents.		I		
<b>M-CCC-MK7</b>	Know the indications, contraindications, and clinical pharmacology for agents used to treat supraventricular and ventricular arrhythmias.		I		
<b>M-CCC-MK8</b>	Know the indications for, contraindications to, and risks of catheter-based techniques to treat supraventricular and ventricular arrhythmias.		I		
<b>M-CCC-MK9</b>	Know the characteristic clinical, electrocardiographic, echocardiographic, and radiographic findings with pulmonary embolism, aortic dissection, pericardial tamponade, acute decompensated severe heart failure, severe valvular heart disease, and myocardial infarction.		I		
<b>M-CCC-MK10</b>	Know the indications for oxygen supplementation, endotracheal intubation, and mechanical ventilator support for patients with hypoxia and/or respiratory failure.		I		
<b>M-CCC-MK11</b>	Know the differential diagnosis and characteristic laboratory findings of oliguria and acute kidney injury.		I		
<b>M-CCC-MK12</b>	Know the characteristic physical examination, echocardiographic, angiographic, and hemodynamic findings of mechanical complications of myocardial infarction (e.g., ventricular septal defect, mitral regurgitation, and right ventricular infarction).		I		
<b>M-CCC-MK13</b>	Know the types of, and indications for, mechanical circulatory support, including intra-aortic balloon counterpulsation, ventricular assist (both percutaneous and surgical) devices, and extracorporeal membrane oxygenation.		I		
<b>M-CCC-MK14</b>	Know the principles of treatment of hypotension in special populations, including patients with cardiogenic shock, hypertrophic obstructive cardiomyopathy, right ventricular infarction, massive pulmonary embolism, pericardial tamponade, and distributive shock.		I		
<b>M-CCC-MK15</b>	Know the indications for emergency surgery in patients with aortic dissection.		I		
<b>M-CCC-MK16</b>	Know the indications for emergent/urgent surgery and transcatheter valve replacement/repair in patients with severe valvular heart disease.		I		
<b>M-CCC-MK17</b>	Know the differential diagnosis of heart failure or shock in cardiac transplant patients.		I		
<b>M-CCC-MK18</b>	Know the elements of risk scoring systems for the assessment of prognosis in acute coronary syndrome, advanced heart failure, and pulmonary hypertension, including demographics and findings from the clinical examination, electrocardiogram, biomarker testing, angiography, echocardiography, and invasive hemodynamic assessment.		I		

<b>M-CCC-MK19</b>	Know the indications for use of hypothermia protocols and the principles of post-resuscitation bundled care.		I		
<b>M-CCC-MK20</b>	Know the elements of scoring systems for assessment of the risk of major bleeding in patients treated with antithrombotic medications.		I		
	<b>Evaluation Tools:</b> conference presentation, direct observation, in-training exam, simulation				
	<b>Patient Care and Procedural Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-CCC-PC1</b>	Skill to manage patients with acute myocardial infarction and any associated rhythm, conduction, or mechanical complications.		I		
<b>M-CCC-PC2</b>	Skill to evaluate and manage acutely unstable cardiac patients by integrating the findings from clinical, electrocardiographic, telemetry, imaging, and hemodynamic assessment – and to develop a plan for bedside intervention.		I		
<b>M-CCC-PC3</b>	Skill to place arterial, central venous, and pulmonary artery catheters and temporary transvenous pacemakers in sequence with cardiac catheterization laboratory rotations.		I		
<b>M-CCC-PC4</b>	Skill to recognize when renal replacement therapy is indicated, and to manage in conjunction with nephrology consultants.		I		
<b>M-CCC-PC5</b>	Skill to utilize appropriately therapeutic hypothermia protocols in survivors of cardiac arrest in conjunction with neurologic consultants.		I		
<b>M-CCC-PC6</b>	Skill to evaluate and manage patients with hemodynamic instability following cardiac surgery.		I		
<b>M-CCC-PC7</b>	Skill to evaluate and manage patients with hemodynamic instability following transcatheter valve therapy.		I		
<b>M-CCC-PC8</b>	Skill to evaluate and manage supraventricular and ventricular arrhythmias and conduction disturbances in unstable patients in collaboration with electrophysiology specialists.		I		
<b>M-CCC-PC9</b>	Skill to use vasopressor and inotropic therapy appropriately in various types of shock.		I		
<b>M-CCC-PC10</b>	Skill to incorporate mechanical circulatory support in the management of critically ill patients.		I		
<b>M-CCC-PC11</b>	Skill to place intra-aortic balloon pump emergently.				III*
<b>M-CCC-PC12</b>	Skill to identify and manage pericardial tamponade, including emergency pericardiocentesis.		I		
<b>M-CCC-PC13</b>	Skill to participate in the perioperative care of heart transplant and ventricular assist device patients, in collaboration with heart failure experts, interventional cardiologists, and surgical consultants.		I		
<b>M-CCC-PC14</b>	Skill to monitor blood pressure and hemodynamic state in patients with continuous flow left ventricular assist devices, in collaboration with heart failure specialists, interventional cardiologists, and/or surgeons.		I		
<b>M-CCC-PC15</b>	Skill to manage hypertensive urgencies and emergencies.		I		
<b>M-CCC-PC16</b>	Skill to manage special populations of critically ill cardiovascular patients including those with aortic dissection, massive or submassive pulmonary embolism, acute severe valvular regurgitation, and advanced pulmonary hypertension with right ventricular dysfunction.		I		
<b>M-CCC-PC17</b>	Skill to manage patients with acute bleeding, including bleeding from vascular access or spontaneous bleeding.		I		
<b>M-CCC-PC18</b>	Skill to perform noninvasive ventilation and CO <sub>2</sub> monitoring.		I		
<b>M-CCC-PC19</b>	Skill to incorporate oxygen supplementation and mechanical ventilation in patient management.		I		
<b>M-CCC-PC20</b>	Skill to perform endotracheal intubation.				III
<b>M-CCC-PC21</b>	Skill to utilize risk assessment scoring systems when appropriate in patient management and counseling.		I		
<b>M-CCC-PC22</b>	Skill to identify when further medical care is futile and to counsel families on end-of-life care.		I		



<b>M-CCC-PC23</b>	Skill to coordinate safe and effective transitions of care in collaboration with other members of the care team.		I		
<b>Evaluation Tools:</b> conference presentation, direct observation, logbook, simulation					
	<b>Systems-Based Practice</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-CCC-SBP1</b>	Work effectively with all members of the critical care unit team including heart failure/transplant specialists, electrophysiologists, interventionalists, surgeons, pulmonary critical care physicians, nephrologists, neurologists, nurses, physician's assistants, pharmacists, social workers, and other team members as required.		I		
<b>M-CCC-SBP2</b>	Function effectively as team leader for the critical care unit team.				III
<b>M-CCC-SBP3</b>	Participate in hospital quality and safety initiatives in the critical care units.		I		
<b>M-CCC-SBP4</b>	Design quality and safety initiatives.				III
<b>M-CCC-SBP5</b>	Utilize interdisciplinary input and expertise in comanagement of critically ill patients, including transitions of care.		I		
<b>Evaluation Tools:</b> conference presentation, direct observation, multisource evaluation					
	<b>Practice-Based Learning and Improvement</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-CCC-PBL1</b>	Identify knowledge and performance gaps and engage in opportunities to achieve focused education and performance improvement.		I		
<b>M-CCC-PBL2</b>	Utilize point-of-service resources to enhance adherence to guidelines and protocols and obtain new information from trials and professional societies.		I		
<b>M-CCC-PBL3</b>	Incorporate appropriate use criteria, risk/benefit analysis, and cost considerations in the use of testing and treatment.		I		
<b>Evaluation Tools:</b> conference presentation, direct observation					
	<b>Professionalism</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-CCC-PROF1</b>	Work effectively in an interdisciplinary critical coronary care unit environment.		I		
<b>M-CCC-PROF2</b>	Demonstrate sensitivity to patient preferences and values and end-of-life issues.		I		
<b>M-CCC-PROF3</b>	Practice within the scope of expertise and technical skills.		I		
<b>M-CCC-PROF4</b>	Interact respectfully with patients, families, and all members of the healthcare team, including ancillary and support staff.		I		
<b>Evaluation Tools:</b> conference presentation, direct observation, multisource evaluation					
	<b>Interpersonal and Communication Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-CCC-ICS1</b>	Communicate with and educate patients and families across a broad range of cultural, ethnic, and socioeconomic backgrounds.		I		
<b>M-CCC-ICS2</b>	Communicate and work effectively with physicians and other professionals on the healthcare team in the management of critically ill patients and their transition to other care environments.		I		
<b>M-CCC-ICS3</b>	Communicate with families with regard to end-of-life decisions with respect to programming of pacemakers and implantable cardioverter-defibrillators.		I		
<b>Evaluation Tools:</b> direct observation, multisource evaluation					

\*Fellows seeking to gain the skill to insert intra-aortic balloon pumps emergently may do so as part of Level II training in cardiac catheterization (see COCATS Task Force 10 report).

Add = additional months beyond the 3-year cardiovascular fellowship.

**Task Force 14, Table 1. Core Competency Components and Curricular Milestones for Training in Adults With Simple Congenital Heart Disease [Atrial septal defects, ventricular septal defects, patent ductus arteriosus, pulmonary stenosis, bicuspid aortic valve, coarctation]**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-ACHD(S)-MK1</b>	Know the anatomy, pathophysiology, associated lesions, and natural histories of atrial septal defects (primum, secundum, and sinus venosus) and ventricular septal defects.		I		
<b>M-ACHD(S)-MK2</b>	Know the anatomy, pathophysiology, associated lesions, and natural histories of bicuspid aortic valve, pulmonic stenosis, coarctation of the aorta, and patent ductus arteriosus.		I		
<b>M-ACHD(S)-MK3</b>	Know the risk of development and pathophysiology of pulmonary arterial hypertension in adult patients with congenital heart disease, including issues related to noncardiac surgery, pregnancy, contraception, and exercise.		I		
<b>M-ACHD(S)-MK4</b>	Know the potential reproductive and genetic implications of basic adult congenital heart disease, both for patients and for potential offspring.			I	
<b>M-ACHD(S)-MK5</b>	Know the indications for patient referral to an adult congenital heart disease center.	I			
<b>M-ACHD(S)-MK6</b>	Know the cardinal symptoms, physical examination, electrocardiogram, and chest X-ray findings of patients with simple adult congenital heart disease.		I		
<b>M-ACHD(S)-MK7</b>	Know the indications for noninvasive and invasive testing for the evaluation of simple adult congenital heart disease.		I		
<b>M-ACHD(S)-MK8</b>	Know the indications and contraindications for surgical and percutaneous interventions in adult congenital heart disease.			I	
<b>M-ACHD(S)-MK9</b>	Know the indications for endocarditis prophylaxis based on current guidelines.	I			
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, in-training exam				
	Patient Care and Procedural Skill	12	24	36	Add
<b>M-ACHD(S)-PC1</b>	Skill to accurately perform a comprehensive history and physical examination in the patient with simple adult congenital heart disease.		I		
<b>M-ACHD(S)-PC2</b>	Skill to appropriately order and integrate the results of imaging with other clinical findings in the evaluation and management of simple adult congenital heart disease patients.		I		
<b>M-ACHD(S)-PC3</b>	Skill to evaluate and manage patients with simple adult congenital heart disease who have undergone reparative intervention.		I		
<b>M-ACHD(S)-PC4</b>	Skill to evaluate and manage the potential cardiovascular complications of pregnant women with simple adult congenital heart disease.			I	
<b>M-ACHD(S)-PC5</b>	Skill to detect the findings of pulmonary arterial hypertension.		I		
<b>M-ACHD(S)-PC6</b>	Skill to appropriately advise patients with simple congenital heart disease regarding exercise, sports participation, and return to play, including the use of testing to evaluate for safety.		I		
<b>M-ACHD(S)-PC7</b>	Skill to evaluate and manage patients with simple congenital heart disease including appropriate timing for surgical interventions.		I		
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation				
	Systems-Based Practice	12	24	36	Add
<b>M-ACHD(S)-SBP1</b>	Collaborate and coordinate patient care with an adult congenital heart disease center to provide optimal healthcare for appropriate patients with adult congenital heart disease.		I		
<b>M-ACHD(S)-SBP2</b>	Demonstrate the ability to provide primary cardiac longitudinal care for patients with simple adult congenital heart disease in association with an adult congenital heart disease center.			I	
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, multisource				

	evaluation				
	<b>Practice-Based Learning and Improvement</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ACHD(S)-PBL1</b>	Locate, appraise, and assimilate evidence from scientific resources, such as adult congenital heart disease clinical practice guidelines.		I		
<b>M-ACHD(S)-PBL2</b>	Identify knowledge and performance gaps and engage in opportunities to achieve focused education and performance improvement.			I	
	<i><b>Evaluation Tools:</b> chart-stimulated recall, direct observation, reflection and self-assessment</i>				
	<b>Professionalism</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ACHD(S)-PROF1</b>	Demonstrate sensitivity and responsiveness to diverse patient populations.	I			
<b>M-ACHD(S)-PROF2</b>	Respond to patient needs in a way that supersedes self-interest, including referral of basic adult congenital heart disease patients when appropriate.	I			
	<i><b>Evaluation Tools:</b> direct observation, multisource evaluation</i>				
	<b>Interpersonal and Communication Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ACHD(S)-ICS1</b>	Effectively educate patients and families across the range of socioeconomic and cultural backgrounds about adult congenital heart disease management, complications, and lifestyle issues.			I	
<b>M-ACHD(S)-ICS2</b>	Communicate testing results to physicians and patients in an effective and timely manner.	I			
	<i><b>Evaluation Tools:</b> direct observation, multisource evaluation</i>				

Add = additional months beyond the 3-year cardiovascular fellowship.

**Task Force 14, Table 2. Core Competency Components and Curricular Milestones for Training in Adults With Complex Congenital Heart Disease [Ebstein's anomaly, Tetralogy of Fallot, complex cyanotic congenital heart disease, transposition of the great arteries, single ventricle physiology/Fontan]**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-ACHD(C)-MK1</b>	Know the basic anatomy and pathophysiology of the cyanotic congenital heart diseases encountered in adolescents and adults.		I		
<b>M-ACHD(C)-MK2</b>	Know the natural history of cyanotic congenital heart diseases, particularly those with Eisenmenger Syndrome.		I		
<b>M-ACHD(C)-MK3</b>	Know the hematological complications and their management in patients with cyanotic heart disease.		I		
<b>M-ACHD(C)-MK4</b>	Know the risks of cardiac arrhythmias and their management in patients with adult congenital heart disease.		I		
<b>M-ACHD(C)-MK5</b>	Know the renal complications of cyanotic heart disease, including medications and procedures with the potential for precipitating renal failure.		I		
<b>M-ACHD(C)-MK6</b>	Know the other systemic complications of cyanotic heart disease: pulmonary, orthopedic, and neurological.		I		
<b>M-ACHD(C)-MK7</b>	Know the vulnerability these patients have for mortal complications from routine noncardiac surgical procedures and the risks of intravenous lines without air filters.		I		
<b>M-ACHD(C)-MK8</b>	Know the potential for mortal complications in cyanotic patients, particularly those with pulmonary hypertension, from pregnancy or the use of estrogen-based contraception.		I		
<b>M-ACHD(C)-MK9</b>	Transposition of the great arteries: know the basic anatomy, the types of surgical repair, and their complications in the adult patient.			I	
<b>M-ACHD(C)-MK10</b>	Single ventricle/Fontan: know the basic anatomy and hemodynamics both in patients with and without surgical repair, and that noncardiac surgery must be performed at an adult congenital heart disease center.			I	
<b>M-ACHD(C)-MK11</b>	Tetralogy of Fallot: know the basic anatomy, the types of surgical repair and the postoperative residua and sequelae including indications and timing of reoperation.			I	
<b>M-ACHD(C)-MK12</b>	Know the anatomy, pathophysiology and associated lesions of Ebstein's anomaly.			I	
<b>M-ACHD(C)-MK13</b>	Know the indications for patient referral to an adult congenital heart disease center.	I			
<b>M-ACHD(C)-MK14</b>	Know the appropriate indications for and timing of medical, surgical, and interventional therapies in all forms of congenital heart disease.				III
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, in-training exam				
	Patient Care and Procedural Skills	12	24	36	Add
<b>M-ACHD(C)-PC1</b>	Skill to accurately interpret the physical examination, echocardiogram, and electrocardiogram findings in patients with repaired Tetralogy of Fallot.			I	
<b>M-ACHD(C)-PC2</b>	Skill to accurately interpret the physical examination, electrocardiogram, and chest X-ray findings in patients with Eisenmenger physiology.		I		
<b>M-ACHD(C)-PC3</b>	Skill to appropriately use electrocardiography, echocardiography, and other imaging modalities in diagnosis and management of complex adult congenital heart disease.		I		
<b>M-ACHD(C)-PC4</b>	Skill to assure that female patients have received appropriate contraceptive advice.			I	
<b>M-ACHD(C)-PC5</b>	Skill to collaborate with an adult congenital heart disease specialist before prescribing medications and procedures with the potential to affect hemodynamic stability in patients with cyanotic heart disease.		I		
<b>M-ACHD(C)-PC6</b>	Skill to urgently refer patients to an adult congenital heart disease center in the setting of hemoptysis, transient neurological disturbance, syncope, arrhythmia, pregnancy, or anticipated noncardiac surgery.		I		

<b>M-ACHD(C)-PC7</b>	Skill to interpret echocardiograms, including transesophageal echocardiograms, in all forms of complex congenital heart disease, and select other appropriate imaging modalities when necessary (magnetic resonance imaging, computed tomography).				III
<b>M-ACHD(C)-PC8</b>	Skill to interpret hemodynamic and angiographic data in all types of complex congenital heart disease.				III
<b>M-ACHD(C)-PC9</b>	Skill to appropriately treat complications of complex congenital heart disease including hemoptysis, arrhythmias, and heart failure.				III
<b>M-ACHD(C)-PC10</b>	Skill to evaluate and manage patients with all forms of complex congenital heart disease, both operated and unoperated, including appropriate timing for surgical interventions.				III
<b>M-ACHD(C)-PC11</b>	Skill to assess preconceptual risk and manage patients during pregnancy.				III
<b>M-ACHD(C)-PC12</b>	Skill to appropriately advise patients with all forms of complex congenital heart disease regarding exercise, sports participation and return to play, including the use of testing to evaluate for safety.				III
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation				
	<b>Systems-Based Practice</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ACHD(C)-SBP1</b>	Establish an ongoing collaborative relationship with an adult congenital heart disease team or center to facilitate prompt access to appropriate advice and urgent admission of cyanotic patients when necessary.	I			
<b>M-ACHD(C)-SBP2</b>	Utilize an interdisciplinary team approach with other subspecialists to optimize the care of all patients with moderate and complex congenital heart disease.				III
	<b>Evaluation Tools:</b> chart-stimulated recall, conference presentation, direct observation, multisource evaluation				
	<b>Practice-Based Learning and Improvement</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ACHD(C)-PBL1</b>	Identify strengths, deficiencies, and limits in one's knowledge and expertise in cyanotic heart disease and carry out personalized education to address them.			I	
<b>M-ACHD(C)-PBL2</b>	Locate, appraise, and assimilate evidence from scientific resources, such as adult congenital heart disease clinical practice guidelines, and apply that knowledge to the management and care of patients.		I		
<b>M-ACHD(C)-PBL3</b>	Identify knowledge and performance gaps and engage in opportunities to achieve focused education and performance improvement.				III
	<b>Evaluation Tools:</b> chart-stimulated recall, direct observation, reflection and self-assessment				
	<b>Professionalism</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ACHD(C)-PROF1</b>	Demonstrate sensitivity and responsiveness to diverse patient populations.	I			
<b>M-ACHD(C)-PROF2</b>	Demonstrate a commitment to carry out professional responsibilities, appropriately refer patients, and respond to patient needs in a way that supersedes self-interest.	I			
	<b>Evaluation Tools:</b> direct observation, multisource evaluation				
	<b>Interpersonal and Communication Skills</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>Add</b>
<b>M-ACHD(C)-ICS1</b>	Effectively educate patients and families across the range of socioeconomic and cultural backgrounds about adult congenital heart disease management, complications, and lifestyle issues.			I	
<b>M-ACHD(C)-ICS2</b>	Communicate and work effectively with physicians and other professionals on the healthcare team, including those at an adult congenital heart disease center.	I			
	<b>Evaluation Tools:</b> direct observation, multisource evaluation				

Add = additional months beyond the 3-year cardiovascular fellowship.

**Task Force 15, Table 1. Core Competency Components and Curricular Milestones for Training in Cardiovascular Research and Scholarly Activity**

	Medical Knowledge	Milestones (Months)			
		12	24	36	Add
<b>M-RES-MK1</b>	Know the roles and functions of DNA, RNA and proteins.			I	
<b>M-RES-MK2</b>	Know the principles of genetics, genomics, proteomics, metabolomics and pharmacology.			I	
<b>M-RES-MK3</b>	Know the principles of epidemiological methods.			I	
<b>M-RES-MK4</b>	Know the principles of outcomes evaluation.			I	
<b>M-RES-MK5</b>	Know the basic principles of biostatistics.			I	
<b>M-RES-MK6</b>	Know the principles underlying hypothesis formation, specific goals definition, hypothesis testability, and statistical power achievable.			I	
	<i>Evaluation Tools:</i> global evaluation, in-training exam, multisource evaluation				
	Patient Care and Procedural Skills	12	24	36	Add
<b>M-RES-PC1</b>	Skill to review published research data and assess the adequacy of research design, data analysis, and logical deduction.			I	
<b>M-RES-PC2</b>	Skill to integrate appropriately scientific concepts and research advances in routine clinical encounters.		I		
<b>M-RES-PC3</b>	Skill to routinely assess the quality of evidence in clinical decisions.		I		
<b>M-RES-PC4</b>	Skill to apply principles of biomedical ethics as they pertain to human subject research in the identification of patients as potential research subjects, presentation of alternatives, obtaining informed consent and assuring the security of clinical data used for research.		I		
	<i>Evaluation Tool:</i> multisource evaluation				
	Systems-Based Practice	12	24	36	Add
<b>M-RES-SBP1</b>	Effectively access and utilize national registry data for research.		I		
<b>M-RES-SBP2</b>	Know the role of and how to interact with Institutional Review Boards.		I		
	<i>Evaluation Tools:</i> direct observation, multisource evaluation				
	Practice-Based Learning and Improvement	12	24	36	Add
<b>M-RES-PBL1</b>	Identify knowledge and performance gaps and engage in opportunities to achieve focused education and performance improvement.		I		
<b>M-RES-PBL2</b>	Appropriately integrate new or emerging medical evidence.			I	
	<i>Evaluation Tools:</i> multisource evaluation, reflection and self-assessment				
	Professionalism	12	24	36	Add
<b>M-RES-PROF1</b>	Demonstrate sensitivity to patient autonomy and safety in research.	I			
<b>M-RES-PROF2</b>	Practice with integrity in the conduct of research, including understanding issues relating to relationships with industry.		I		
<b>M-RES-PROF3</b>	Interact respectfully with ancillary and support staff.	I			
	<i>Evaluation Tools:</i> conference presentation, direct observation, reflection and self-assessment				
	Interpersonal and Communication Skills	12	24	36	Add
<b>M-RES-ICS1</b>	Communicate with fellow trainees and faculty about cardiovascular science and how this might impact clinical care (for example, through journal clubs).		I		
<b>M-RES-ICS2</b>	Effectively communicate study results during presentations.		I		
	<i>Evaluation Tools:</i> direct observation, multisource evaluation				

Add = additional months beyond the 3-year cardiovascular fellowship, DNA = deoxyribonucleic acid, and RNA = ribonucleic acid.