



Program-Relevant Information for Training Sites

Adult Cardiology Fellowship Training Program

Instruction: Please fill out the form thoroughly. Make the most of the "Comments" column to provide additional details on the answers given.

Institution:

Date:

Department Name:

Note: Information provided must be about program-specific advanced specialty requirements:

A. Adult Cardiology Specialty Resources	Y	N	NA	Number	Comments
Inpatient Cardiology Beds/Cardiac Wards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Daycare/Observation Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cardiac ICU/Coronary Care Unit (CCU) Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Postcardiac Surgery Intensive Care Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Subspecialty Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cardiac Catheterization Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cardiac Nuclear Imaging Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency Department with Cardiology Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Handover Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Average Annual Occupancy:					
Average Length of Stay:					
Mortality Rate:					

B. Adult Cardiology Specialty Workload	Y	N	Number	Comments
General and Subspecialty (specify the number of cases/visits last 12 months)				
• Adult Cardiology	<input type="checkbox"/>	<input type="checkbox"/>		
• Cardiac Electrophysiology	<input type="checkbox"/>	<input type="checkbox"/>		

B. Adult Cardiology Specialty Workload	Y	N	Number	Comments
• Interventional Cardiology	<input type="checkbox"/>	<input type="checkbox"/>		
• Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>		
• Adult Congenital Heart Disease (ACHD)	<input type="checkbox"/>	<input type="checkbox"/>		
• Coronary Care Unit (CCU)	<input type="checkbox"/>	<input type="checkbox"/>		
• Cardiac Surgeries (CABG, Valve Repair/Replacement, Aorta Repair, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
• Postcardiac Surgery ICU	<input type="checkbox"/>	<input type="checkbox"/>		
General Cardiology Clinic Visits				
Total Number of Consults:				
Equipment (Y/N) / Procedures (specify the number of procedures performed in the last 12 months)				
• 24-Hour Holter ECG	<input type="checkbox"/>	<input type="checkbox"/>		
• Transthoracic Echocardiography	<input type="checkbox"/>	<input type="checkbox"/>		
• Advanced Cardiac Imaging (CT, CMR)	<input type="checkbox"/>	<input type="checkbox"/>		
• Nuclear Cardiology	<input type="checkbox"/>	<input type="checkbox"/>		
• Exercise Stress Test	<input type="checkbox"/>	<input type="checkbox"/>		
• Transesophageal Echocardiogram	<input type="checkbox"/>	<input type="checkbox"/>		
• Exercise and Dobutamine Stress Echocardiogram	<input type="checkbox"/>	<input type="checkbox"/>		
• 3D Echocardiogram	<input type="checkbox"/>	<input type="checkbox"/>		
• Cardiac Devices: Permanent Pacemaker, ICDs, CRT-Ds	<input type="checkbox"/>	<input type="checkbox"/>		
• Coronary Angiography	<input type="checkbox"/>	<input type="checkbox"/>		
• Right Heart Catheterization (RHC)	<input type="checkbox"/>	<input type="checkbox"/>		
• Invasive Electrophysiology Study	<input type="checkbox"/>	<input type="checkbox"/>		
• Electrophysiology Ablation	<input type="checkbox"/>	<input type="checkbox"/>		
• Structural Heart Procedures (BAV, TAVI, BMV, MitraClip, LAA Closure, ASD/VSD Closure)	<input type="checkbox"/>	<input type="checkbox"/>		
Average Daily Procedures / Catheterizations				

B. Adult Cardiology Specialty Workload	Y	N	Number	Comments
Total Elective Cardiology Procedures				
Total General Cardiology Admissions				
Total CCU Admissions				
Total Emergency Admissions				

C. Adult Cardiology Human Resources	Y	N	NA	Comments
• Senior Consultants/Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Senior Specialists/Specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Medical Officers/Senior House Officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Certified Staff				
• Cardiac Imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pediatric Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subspecialized Staff				
• Interventional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• EP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Cardiac Nuclear Imaging Technicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Cardiac Technicians/Sonographers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Cath Lab Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Perfusionist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Allied Health Staff				
• Pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Dietitians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Psychologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Respiratory Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Adult Cardiology Human Resources	Y	N	NA	Comments
• Physical Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Occupational Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Others, please specify:				

D. Accessibility of Departmental Educational Facilities and Teaching Resources to Trainees	Y	N	NA	Number	Comments
On-Call Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainees' Lounges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainees' Lockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Paging and Communication System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Internet and Wireless Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Computers and Workstations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Teaching/Conference Rooms Equipped with Audiovisual Aids (Computers, Projectors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Availability of Library Resources					
▪ Specialty Books (Print and/or Electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Specialty Journals (Print and/or Electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Educational Software/Databases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ E-Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainees' Access to Other Departmental Facilities and Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

E. Adult Cardiology-Specific Academic and Quality Assurance Activities	Y	N	NA	Frequency	Comments
Morning Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ward Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grand Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Journal Clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

E. Adult Cardiology-Specific Academic and Quality Assurance Activities	Y	N	NA	Frequency	Comments
Bedside Teachings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Department Lectures/Didactics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Academic/Teaching Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mock Simulation Sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mortality and Morbidity Rounds/Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Interdepartmental Meetings, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Peer Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Patient Safety Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
QA Activities, please specify					
Other activities, please specify					

F. Other Resources Relevant to Training and Education:

Approved by:

(Name of HoD)

Head of Department / Representative

Signature

Date