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I. INTRODUCTION
The Division of Cardiovascular Diseases will provide qualified physicians with a balanced, structured, and scholarly experience in interventional cardiology (IS).

The faculty in the Division of Cardiovascular Diseases will train fellows in every aspect of academic interventional cardiovascular medicine. The training includes a curriculum in patient care, teaching, and the use of invasive and relevant non-invasive techniques to become a well-rounded interventional cardiologist. The fellowship consists of one year of training, at the end of which the fellow will have met all the requirements for the qualifying board examination in interventional.

The lines of responsibility and curriculum reflect the ACGME guidelines regarding the six general competencies, goals, and objectives for each rotation, learning activities, and evaluation tools.
Education and Training

Cardiac Catheterization / Intervention Rotation

### RRC APPROVED LICENSED INDEPENDENT PRACTITIONER SUPERVISOR (PR VI.D.1)

Classification Levels of Supervision:

a. Direct Supervision: the supervising physician is physically present with the fellow and patient

b. Indirect Supervision with direct supervision immediately available: the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision

c. Indirect Supervision with direct supervision available: the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision

d. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

### OPTIMAL CLINICAL WORKLOAD (PR VI.E.)

The School policy is that fellow duty hours will be in compliance with the guidelines established by the Accreditation Council for Graduate Medical Education (ACGME) for Interventional Cardiology.


Duty hours are defined as all clinical and academic activities related to the fellowship program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care; time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

1. Duty Hour Rules and Regulations
   a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

   b. Fellows must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.

   c. Adequate time for rest and personal activities must be provided. This should consist of an 8-10 hour time period provided between all daily duty periods.

The fellow is expected to be rested and alert during duty hours, and the fellow and fellow’s attending medical staff are collectively responsible for determining whether the fellow is able to safely and effectively perform his/her duties.

The Interventional Cardiology fellowship is designed to provide the fellows with the comprehensive training and skill acquisition in a constructive environment with enough time for rest and other pursuits.

All Duty hour rules are followed closely. In an average day the fellow starts at 7:30am and cases are done by 4:30pm to 5:00pm.

Average case load is approximately 5 cases including both diagnostic and interventional procedures.

### MEMBERS OF THE INTERPROFESSIONAL TEAM (PR VI.F.)

Supervision of Fellows

A. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
B. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.
C. Faculty and fellows must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

<table>
<thead>
<tr>
<th>COMPETENCIES TO ALLOW PGY1 RESIDENTS TO PROGRESS TO INDIRECT SUPERVISION (PR VI.D.5.a)(1)</th>
</tr>
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<tbody>
<tr>
<td>N/A</td>
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</table>

<table>
<thead>
<tr>
<th>DEFINING RESIDENT LEVELS “INTERMEDIATE LEVEL” &amp; “FINAL YEARS OF TRAINING” For establishing the minimum rest period between duty periods (PR VI.G.5.b&amp;c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A as this is a one year training program all ACGME/RRC mandated work hour rules are followed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CIRCUMSTANANCES WHEN RESIDENTS IN THEIR FINAL YEARS OF EDUCATION MAY REMAIN OR RETURN IN &lt; 8 HOURS (PR VI.G.5.c)(1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A as there is no in-house call.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEFINED MAXIMUM NUMBER OF CONSECUTIVE WEEKS AND MAXIMUM NUMBER OF MONTHS PER YEAR OF IN-HOUSE NIGHT FLOAT (PR VI.G.6.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

Program-specific guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty (PR VI.D.5)

1. Admission to Hospital – The decision of admission to hospital will be done with Direct Faculty Supervision.
2. Transfer of patient to a higher level of care
3. End-of-Life decisions should be communicated to attending physician at the time of the decision and documented in the chart.

<table>
<thead>
<tr>
<th>Source of specific criteria and/or specific national standards-based criteria used to evaluate each resident’s abilities (PR VI.D.4.a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilizing an electronic evaluation format, each fellow is evaluated quarterly in the six aforementioned competencies by their attending physician. Additionally, the fellow is required to evaluate their attending, themselves, and receives an evaluation from peers, clinic preceptors, nursing personnel and patients. The goal is to achieve a multi-source evaluation of the fellow’s work and communication skills. Evaluations are intended to be drafted with an emphasis on constructive assistance with particular suggestions for improvement. However, if the fellow feels that the evaluation is unfair, inaccurate or unwarranted, it is his/her right to refute the legitimacy of the evaluation with a written response. This will be reviewed by the Program Director, and further action will be taken as needed to clarify the discrepancy. The fellow’s written response will become part of the fellow’s permanent file. All of the evaluations are reviewed by the Program Director and are placed in the fellow’s file, which is available to the fellow for review at any time. It is encouraged that the attending and fellow speak directly about their evaluation at the completion of each rotation. Evaluations play a key role in deciding whether or not to advance a fellow to the next level of training. Fellows receive direct feedback on a semiannual basis by way of a documented meeting with the Fellowship Director and faculty to discuss content of these evaluations amongst other performance measures. The criteria for advancement and final matriculation from the fellowship program are based upon the satisfactory achievement of the following core competencies as outlined by the American College of Graduate Medical Education (ACGME). The six core competencies are as follows: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice. To evaluate procedural skills the fellow is assessed on each procedure performed on ten different parameters ranging from case preparation to various technical aspects by the attending Supervisor on the case.</td>
</tr>
</tbody>
</table>
### II. EDUCATION AND TRAINING

#### A. MISSION AND OVERALL GOALS OF FELLOWSHIP PROGRAM

The interventional cardiology training program is designed to provide comprehensive clinical and technical skills so as to graduate physicians who are competent and superior interventional cardiologists. The graduating physicians will not only be well versed in caring for all variety of complex cardiology patients in the interventional suite, but also will be trained to pursue a career in academic medicine. In order to meet this program mission, we have defined the more specific goals of the fellowship program:

1. **Program Goals**
   
   a. To gain experience, practical competence, and scholarly command of the practice of interventional cardiology and of the clinical and basic science underlying its rationale, techniques, and application.

   b. To develop competence in the pre-procedural evaluation of patients in the broader context of their complete clinical management, and within this scope to learn the indications, benefits, alternatives, and risks associated with specific interventional procedures.
c. To develop competence in the pre-procedural preparation and post-procedure management of the patient, with emphasis on minimization of risk and on competence in recognizing and efficiently treating complications.

d. To develop the manual and coordination skills necessary to the reliable, safe, and successful execution of interventional procedures.

e. To acquire practical command of interventional catheter tools: their selection, use, clinical application, limitations, and special characteristics.

f. To learn the physical and interpretive principles of radiographic imaging relevant to interventional cardiology, with emphasis on effective use of equipment, accurate diagnostic interpretation, and recognition of imaging artifacts.

g. To learn the principles and techniques of catheterization laboratory risk control including managing radiation exposure and blood exposure.

h. To acquire familiarity with the economics of interventional cardiology therapies and the principles of cost-effectiveness, utility, and outcomes in the wider context of global patient care goals.

i. To acquire, understand, and apply the relevant published core knowledge base of interventional cardiology, including the AHA/ACC practice guidelines applicable to interventional procedures and patient management approaches.

j. To acquire familiarity with the process of research in interventional cardiology and with current active areas of investigation in the field, and to complete an original project for publication.

2. Objectives

   Upon completion of the one-year training program, fellows will be able to:

   a. Properly evaluate and manage a full range of patients prior to appropriately selected interventional therapy.

   b. Effectively counsel patients and family members as to the procedures, indications, risks, benefits, and alternatives appropriate to anticipated interventional procedures.

   c. Properly interpret technical, angiographic, and clinical variables in planning the technical approach to interventional procedures, including advanced maneuvers to control procedural risk.

   d. Choose appropriate catheter tools and techniques specific to the technical objectives of any interventional procedure.

   e. Demonstrate appropriate understanding and use of pharmacologic agents for IV conscious sedation relevant to peri-procedural management of the patient.

   f. Demonstrate appropriate understanding and use of adjunctive pharmacology for interventional cardiology including antiplatelet, antithrombotic, and anticoagulant therapies, including the management of their potential complications.

   g. Reliably and effectively prosecute nominal risk level interventional procedures to successful conclusion as both primary and secondary operator, in all clinical settings: elective, unstable angina, and acute myocardial infarction.
h. Safely and reliably prosecute high-level procedures to a controlled conclusion as both primary and secondary operator, in all clinical settings.

i. Demonstrate a full understanding of procedural complications and their recognition and management, including adaptive (“bail-out”) catheter revascularization techniques and hemodynamic support (pharmacologic and intra-aortic balloon pumping).

j. Demonstrate competence in the full range of vascular access skills for femoral, brachial, radial, and brachial cut-down approaches, as well as the post-procedural management of access sites and potential complications.

k. Demonstrate competence in the two-handed, three-station manual techniques for sub-selective coronary instrumentation relevant to interventional procedures.

l. Effectively select angiographic views and use imaging techniques appropriate to demonstrating a full range of target vessels and lesions.

m. Demonstrate appropriate application of shielding and other radiation exposure control techniques during a full range of procedures.

n. Demonstrate appropriate application of and technical competence in the use of special techniques, including:
   i. Intravascular ultrasonographic imaging
   ii. Ablative techniques, e.g. Laser or Rotablator atherectomy
   iii. Coronary and vascular stenting
   iv. Rheolytic thrombectomy (AngioJet)
   v. Intracoronary infusion therapy
   vi. Coronary pressure/flow dynamics

o. Effectively manage a full variety of patients in the post-procedural setting, demonstrating ability to recognize and treat complications, optimize recovery and convalescence, initiate appropriate secondary risk reduction therapies, understand and apply appropriate post-discharge clinical surveillance, and appropriately counsel patients and family members regarding medications, diet, activities, follow-up, and prognosis.

p. Minimize his/her personal risk exposure to radiation, blood products, and occupational hazards of poor posture and body mechanics.

q. Present the results of their research project to the Cardiology Section in conference.

r. Understand and discuss the research activities of the Cardiology Section and of the field in general.

s. Justify the clinical and procedural approach to any patient in the context of established practice, ACC/AHA guidelines, and relevant published literature.

t. Understand and discuss the economics and cost-effectiveness of a patient’s care and of any type of interventional cardiology procedure in general.

B. PERFORMANCE EXPECTATIONS

1. Interventional cardiology fellows will follow interventional patients while admitted as inpatients and will report all complications or emergencies to the staff physician assigned to the inpatient cardiology service or interventional cardiology service. Same is true for the inpatient followed by the cardiology consult service.
2. Interventional cardiology fellows who perform a cardiovascular invasive procedure will report any complications or emergencies to the cardiovascular staff physician who performed the procedure or to the cardiology staff on call.

3. Interventional cardiology fellows receiving calls from the Emergency Department or from outpatients after hours will report all complications or emergencies to the cardiovascular staff on-call physician. A schedule for cardiovascular staff on-call responsibilities is prepared prior to the start of each month and provided to all cardiovascular staff and fellows.

4. Interventional cardiology fellows having any difficulty communicating with the cardiovascular staff physician assigned to a given area will contact the interventional cardiology program director or another appropriate available attending physician.

5. Interventional cardiology fellows will answer their pages promptly when not performing a procedure, or within a reasonable period of time when outside the hospital. If they are performing a procedure, the fellow will have someone else answer the page promptly.

6. Moonlighting is not permitted for interventional cardiology fellows who have on-call responsibilities.

7. Interventional cardiology fellows who moonlight will review the moonlighting specifications of the University Of Kansas School Of Medicine as specified in the GME House staff Policy and Procedure Manual.

8. Interventional cardiology fellows may be contacted by internal medicine residents or family medicine residents on the cardiology service concerning new admissions or complications. In general, interventional cardiology fellows may at times supervise the internal medicine or family medicine residents on the inpatient cardiology service. The interventional cardiology fellows, in turn, will communicate all significant problems or cardiology developments to the appropriate cardiovascular fellow or faculty.

9. At times, an interventional cardiology fellow may be the first physician to respond to an emergency concerning any patient. The interventional cardiology fellow in such a circumstance will provide care and order appropriate diagnostic testing in the best interest of the patient. The attending physician in charge will be immediately notified.

10. Fellows will submit their work hours via the system generated by the KU Office of Graduate Medical Education and will adhere to the work hour limits generated by ACGME (www.ACGME.org).

C. CLINIC
The fellow will participate in a ½ day per week in continuity clinic where he/she will gain experience in management of cardiology patients with special emphasis on interventional cardiology. The fellow will be supervised in his/her clinic by one or two assigned interventional faculty members who will also perform the evaluations and ensure that training goals are met.

D. ROTATIONS
The Intervventional Cardiology Fellowship is a one year program designed to train the fellow as a comprehensive interventionalist. The training is almost exclusively procedure based and thus is driven primarily by cardiac catheterization related activities. The fellow spends all 12 months in the cath lab learning how to do procedures. Thus there is no dedicated inpatient rotation.

However the fellow does participate actively in the care of hospitalized patients both before and after they undergo their interventional procedure. Thus even though there is no separate month allocated to an inpatient rotation the program does have specific goals for training of the fellows in the care of the patients as it relates to interventional cardiology. There is no separate outpatient rotation except for the continuity clinic. The program does have specific
goals for the fellow for the continuity clinic.

Cardiac Catheterization/Intervention Rotation

Resources, Educational Purpose, Rationale
Advanced training in percutaneous interventional procedures, angiography and hemodynamics is central to the training program in interventional cardiology. Essential components of this training include adequate facilities, procedural volume and a dedicated teaching staff. At KUMC there are three state-of-the-art dedicated cardiac catheterization laboratories, and a third hybrid suite. Over 3000 diagnostic procedures are performed annually, and approximately 1300 interventional/therapeutic procedures are performed annually at KUMC. All cases are considered teaching cases. Interventional cardiology fellows participate in as many procedures as is practical. There are six full-time interventionalists.

The cath lab is the central training location for the interventional cardiology fellow. It is expected that the trainee’s level of knowledge and procedural skills increase as he/she transits through the program. In recognition of the American College of Cardiology Task Force 3: Training in Cardiac Catheterization and Interventional Cardiology there are three levels of training recognized. The three levels recognized are Level I (basic); level II (intermediate); and level III (advanced) which is reserved for fellows who wish careers in invasive cardiology. It is expected that the interventional cardiology fellow will have achieved level II training prior to entering the fellowship and will have completed level III (advanced training by the end of fellowship).

By the completion of the fellowship, it is anticipated that the fellow will have participated in a minimum of 300 percutaneous interventional procedures. The fellow should be able to plan and complete simple and complex coronary interventions. The fellow should be able to act as a primary operator, with an attending as an “assistant”, on routine interventional procedures. The fellow at the completion of the rotation should be conversant with the indications for coronary intervention, pre- and post-procedure patient management, and appropriate clinical recommendations. Additionally the fellow should be facile with other interventional procedures such as pericardiocentesis, intra-aortic balloon pump insertion and endomyocardial biopsy.

The interventional fellow will also work closely with the cardiovascular disease fellow assigned to the cath lab. In this role, the interventional fellow will play a key role in the instruction of techniques of cardiac catheterization and angiography to the cardiovascular disease fellow.

During the course of the year, in addition to coronary interventions, the fellow will have ample opportunity to participate in peripheral vascular angiography and intervention, balloon valvuloplasty, placement of ASD and PFO closure devices, and use of coils for thrombosis.

<table>
<thead>
<tr>
<th>Legend for Learning Activities for Fellows</th>
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</thead>
<tbody>
<tr>
<td>AR</td>
</tr>
<tr>
<td>CPC</td>
</tr>
<tr>
<td>DPC</td>
</tr>
<tr>
<td>DSP</td>
</tr>
<tr>
<td>FS</td>
</tr>
</tbody>
</table>

Legend for Evaluation Methods for Fellows

| AE | Attending Evaluation | PL | Procedure Logs |
### DSP: Directly Supervised Procedures
- **Duration**: PGY 7 residents spend 12 months on this rotation.
- **Supervision (Interaction with faculty)**: During this rotation the fellows are under the supervision of an attending responsible for the Cardiac Catheterization lab.
- **Rotation Facility**: 2 Catheterization labs at KUMC, Hybrid Suite at The University of Kansas Medical Center.

### Objective: Develop profiency in ability to provide effective management of the continuum of care for the cardiovascular patient in regards to cardiac procedures.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Learning Activities</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.</td>
<td>FS</td>
<td>AE, EVAL</td>
</tr>
<tr>
<td>Gather the appropriate cardiovascular information about their patients.</td>
<td>FS</td>
<td>AE, EVAL</td>
</tr>
<tr>
<td>Develop and carryout cardiovascular patient management plans especially those pertaining to interventional procedures.</td>
<td>FS</td>
<td>AE, EVAL</td>
</tr>
<tr>
<td>Perform competently all medical non-invasive and invasive procedures considered essential for the practice of interventional cardiovascular medicine.</td>
<td>FS, DSP</td>
<td>AE, DSP, PL EVAL</td>
</tr>
<tr>
<td>Work with health care professionals, including those from other disciplines / specialties to provide patient focused general medical and cardiovascular care.</td>
<td>DPC</td>
<td>AE, EVAL</td>
</tr>
<tr>
<td>Counsel and educate patients and families with respect to cardiovascular disease.</td>
<td>DPC, FS</td>
<td>AE, EVAL</td>
</tr>
<tr>
<td>Provide health care services focused at preventing subsequent cardiovascular events and in maintaining overall health.</td>
<td>FS, DPC</td>
<td>AE, EVAL</td>
</tr>
<tr>
<td>Provide end-of-life care to patients being cared for, and to communicate effectively end-of-life issues to patients’ families.</td>
<td>DPC, FS</td>
<td>AE, EVAL</td>
</tr>
</tbody>
</table>

### CORE COMPETENCY: MEDICAL KNOWLEDGE

**Goal**: Develop proficient knowledge skills and critical thinking regarding disease process, diagnosis and treatment of cardiovascular patients especially from the perspective of interventional cardiology.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Learning Activities</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate knowledge, skills, clinical judgment attitudes and values necessary for an interventional cardiovascular consultant.</td>
<td>FS, DSP</td>
<td>AE, EVAL</td>
</tr>
<tr>
<td>Demonstrate investigatory and analytic thinking approaches to various clinical cardiovascular situations.</td>
<td>FS</td>
<td>AE, EVAL</td>
</tr>
<tr>
<td>Access and critically evaluate current cardiovascular medical information and scientific evidence as related to the field of interventions.</td>
<td>FS</td>
<td>AE, EVAL</td>
</tr>
<tr>
<td>Know and apply basic science and clinical cardiovascular knowledge to patient care.</td>
<td>FS</td>
<td>AE, EVAL</td>
</tr>
<tr>
<td>Understand the indications for cardiac catheterization and intervention.</td>
<td>FS</td>
<td>AE, EVAL</td>
</tr>
<tr>
<td>Understand coronary anatomy, its variations and congenital abnormalities.</td>
<td>FS, DSP</td>
<td>AE, EVAL</td>
</tr>
<tr>
<td>Understand coronary physiology.</td>
<td>FS, DSP</td>
<td>AE, EVAL</td>
</tr>
<tr>
<td>Understand the complications of the cardiac catheterization and interventional procedures and their management.</td>
<td>FS, DSP</td>
<td>AE, EVAL</td>
</tr>
<tr>
<td>Select the optimal treatment modality including medical therapy, catheter-based intervention or coronary artery bypass surgery with understanding of indications for and risks of each revascularization technology.</td>
<td>FS, DSP</td>
<td>AE, EVAL</td>
</tr>
</tbody>
</table>
### CORE COMPETENCY: MEDICAL KNOWLEDGE

**Goal:** Demonstrate proficient skills and ability to interpret/perform invasive procedures to treat various cardiovascular illnesses.

<table>
<thead>
<tr>
<th>Objectives:</th>
<th>Learning Activities</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform percutaneous vascular access from femoral artery and vein as well as subclavian or internal jugular vein and other access sites.</td>
<td>FS, DSP</td>
<td>AE, DSP, PL, EVAL</td>
</tr>
<tr>
<td>Perform insertion of vascular closure devices</td>
<td>FS, DSP</td>
<td>AE, DSP, PL, EVAL</td>
</tr>
<tr>
<td>Perform right heart catheterization using a balloon flotation catheter</td>
<td>FS, DSP</td>
<td>AE, DSP, PL, EVAL</td>
</tr>
<tr>
<td>Perform temporary right ventricular pacing</td>
<td>FS, DSP</td>
<td>AE, EVAL</td>
</tr>
<tr>
<td>Perform left heart catheterization and coronary angiography or native and coronary bypass grafts.</td>
<td>FS, DSP</td>
<td>AE, DSP, PL, EVAL</td>
</tr>
<tr>
<td>Perform PTCA, stent placement, atherectomy and other similar procedures.</td>
<td>FS, DSP</td>
<td>AE, DSP, PL, EVAL</td>
</tr>
<tr>
<td>Perform and interpret intravascular ultrasound and coronary flow measurements</td>
<td>FS, DSP</td>
<td>AE, DSP, PL, EVAL</td>
</tr>
<tr>
<td>Perform and understand the indications for intravascular brachytherapy.</td>
<td>FS, DSP</td>
<td>AE, DSP, PL, EVAL</td>
</tr>
</tbody>
</table>

### CORE COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS

**Goal:** Demonstrate interpersonal and communication skills in medical practice that develop and maintain effective information exchange and collaboration with cardiology patients and family members as well as other professional associates.

<table>
<thead>
<tr>
<th>Objectives:</th>
<th>Learning Activities</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate effectively with patients and families in a critical care setting</td>
<td>FS, DPC</td>
<td>AE, 360, SE,</td>
</tr>
<tr>
<td>Communicate effectively with other physicians and other members of the health care team.</td>
<td>FS, DPC</td>
<td>AE, 360, SE, EVAL</td>
</tr>
<tr>
<td>Communicate effectively with colleagues when signing out service.</td>
<td>FS, DPC</td>
<td>AE, 360, SE,</td>
</tr>
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### CORE COMPETENCY: PROFESSIONALISM

**Goal:** Demonstrate commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse cardiology patient population.

<table>
<thead>
<tr>
<th>Objectives:</th>
<th>Learning Activities</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities</td>
<td>FS, DPC</td>
<td>AE, 360, SE, EVAL</td>
</tr>
<tr>
<td>Demonstrate a commitment to ethical principles involved in cardiovascular care or withholding clinical care, confidentiality or patient information, informed consent and business practices</td>
<td>FS, DPC</td>
<td>AE, 360, SE, EVAL</td>
</tr>
<tr>
<td>Demonstrate respect, compassion, and integrity</td>
<td>FS, DPC</td>
<td>AE, 360, SE,</td>
</tr>
<tr>
<td>Demonstrate responsiveness to the needs of patients and society that supersedes self-interest</td>
<td>FS, DPC</td>
<td>AE, 360, SE, EVAL</td>
</tr>
<tr>
<td>Demonstrate a commitment to excellence and on-going professional development</td>
<td>FS, DPC</td>
<td>AE, 360, SE, EVAL</td>
</tr>
</tbody>
</table>
### CORE COMPETENCY: PRACTICE BASED LEARNING AND IMPROVEMENT

**Goal:** Learn to investigate and evaluate personal patient care practices, appraise and assimilate scientific evidence related to Interventional Cardiology, and improve personal patient care practices.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Learning Activities</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analyze practice-based experiences and perform practice-based improvement activities using systematic knowledge</td>
<td>FS, AR</td>
<td>AE, SE, EVAL</td>
</tr>
<tr>
<td>Locate, appraise and assimilate cardiovascular evidence from scientific studies related to their patient’s cardiovascular health problems</td>
<td>FS, AR, CCON</td>
<td>AE, SE, EVAL</td>
</tr>
<tr>
<td>Obtain and use information about their population of patients and the larger population from which their patients are drawn</td>
<td>CCON, FS</td>
<td>AE, SE, EVAL</td>
</tr>
<tr>
<td>Apply cardiovascular knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness</td>
<td>CCON</td>
<td>AE, SE, EVAL</td>
</tr>
</tbody>
</table>

### CORE COMPETENCY: SYSTEM BASED PRACTICE

**Goal:** Demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value to cardiology patients.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Learning Activities</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand how patient care and other professional activities affect other health care professionals, the health care organization, and society at-large</td>
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<td>Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources</td>
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<td>Practice cost-effective cardiovascular health care</td>
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<td>Advocate for the quality of cardiovascular patient care and assist patients in dealing with system complexities</td>
<td>AR, FS, NCC</td>
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</table>

### Principal Teaching Methods

1. Direct clinical and procedural supervision by the interventional cardiology attending. Cases will be discussed before the procedure to determine the appropriate plan, as well as potential problems.
2. At the conclusion of the procedure the interventional cardiology attending will review all aspects of the case.
3. Interaction between the cardiology fellow and referring physicians.
4. Review of various noninvasive and invasive cardiac studies leading to the cardiac intervention.
5. Review of the medical literature to aid in the further clinical evaluation and management.
6. Presentation of cardiac intervention cases at the weekly cardiac catheterization conference.

### Most Important Educational Content Encountered

Cardiology fellows will be exposed to a variety of cardiac diseases requiring percutaneous intervention. Cases will include coronary artery disease, restenosis, acute coronary syndrome, valvular heart disease, pericardial diseases, primary myocardial disease, and adult congenital diseases.

There is close supervision and by the interventional cardiology attending physician.

### Principal Ancillary Educational materials to Be Used

It is recommended an unabridged textbook of cardiovascular medicine such as *Braunwald: Heart Disease A Textbook of Cardiovascular Medicine* be used. This text will be the core reading during the clinical rotation. Additional textbooks directly related to cardiac catheterization and angiography are recommended such as: *Grossman, Baim: Cardiac Catheterization and Angiography, and Intervention.*
Resources, Educational Purpose, and Rationale

The interventional cardiology fellow does not have a separate rotation block assigned as inpatient rotation but rather this is an ongoing rotation in the context of daily care of patients undergoing or being evaluated for interventional procedures.

The telemetry units and CCU have monitored cardiology patient beds. All coronary beds are equipped for hemodynamic monitoring. The cardiology ward service/CCU experience is designed to give interventional cardiology fellows training in the ability to diagnose and manage acutely ill patients in all aspects of cardiovascular disease both prior to and post cardiac interventions. Interventional cardiovascular fellows will be expected to gather data, to progressively increase their understanding of the cardiovascular disease process and to integrate the appropriate use of various noninvasive and invasive cardiovascular tests as it relates to the management of interventional cardiology. Cost-effective, evidence-based medicine will be emphasized in clinical decision making. The interventional cardiology fellow will continue to gain insights into various ethical and psychosocial issues.

The interventional cardiology fellow will be responsible for supervising and teaching medical students, PGY-1s, PGY-2s, cardiology fellows, and other professional and paraprofessional personnel looking after the interventional patients.

### Legend for Learning Activities for Fellows

<table>
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<tr>
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### Duration:

The interventional cardiology fellow does not have a separate rotation block assigned as inpatient rotation but rather this is an ongoing rotation in the context of daily care of patients undergoing or being evaluated for interventional procedures.

### Supervision (Interaction with faculty):

During this rotation the fellows are under the supervision of an interventional attending responsible for the patient.

### Rotation Facility:

University of Kansas Inpatient Cardiology Ward and Cardiac Intensive Care Unit

### Required Didactics/conferences:

Weekly Cardiac Catheterization Conference Monthly M&M conferences, Core conferences
### PGY 7: Coronary Care Unit (CCU) Rotation

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<th>CORE COMPETENCY: PATIENT CARE</th>
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<td><strong>Goal:</strong> Develop proficiency in ability to provide effective management of the continuum of care for the cardiovascular in-patients and intensive care patients in the context of pre- and post-interventional care.</td>
</tr>
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<td><strong>Objectives:</strong></td>
</tr>
<tr>
<td>Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families</td>
</tr>
<tr>
<td>Gather the appropriate cardiovascular information about patients</td>
</tr>
<tr>
<td>Develop and carryout cardiovascular patient management plans</td>
</tr>
<tr>
<td>Perform and interpret competently all medical non-invasive and invasive procedures considered essential for the practice of cardiovascular medicine</td>
</tr>
<tr>
<td>Work with health care professionals, including those from other disciplines / specialties to provide patient focused general medical and cardiovascular care for interventional patients.</td>
</tr>
<tr>
<td>Counsel and educate patients and families with respect to cardiovascular disease</td>
</tr>
<tr>
<td>Provide health care services focused at preventing subsequent cardiovascular events and in maintaining overall health</td>
</tr>
<tr>
<td>Provide end-of-life care to patients being cared for, and to communicate effectively end-of-life issues to patients’ families</td>
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<th>CORE COMPETENCY: MEDICAL KNOWLEDGE</th>
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<td><strong>Goal:</strong> Develop proficient knowledge skills and critical thinking regarding disease process, diagnosis and treatment of cardiovascular patients receiving inpatient or intensive cardiac care in the peri-interventional setting.</td>
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<td><strong>Objectives:</strong></td>
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<tr>
<td>Demonstrate knowledge, skills, clinical judgment attitudes and values necessary for a cardiovascular consultant specializing in interventional cardiology.</td>
</tr>
<tr>
<td>Demonstrate investigatory and analytic thinking approaches to various clinical cardiovascular situations</td>
</tr>
<tr>
<td>Access and critically evaluate current cardiovascular medical information and scientific evidence</td>
</tr>
<tr>
<td>Know and apply basic science and clinical cardiovascular knowledge to patient care</td>
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<tr>
<td>Diagnose and manage acutely ill patients in all aspects of cardiovascular disease</td>
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<td>Gather data and progressively increase their understanding of the cardiovascular disease process and to integrate the appropriate use of various non-invasive and invasive cardiovascular tests</td>
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<td><strong>Objectives:</strong></td>
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<td>Create and sustain a therapeutic and ethically sound relationship with patients and their families</td>
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<td>Interact with other professional and paraprofessional staff in a respectful and appropriate manner</td>
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<td>Maintain comprehensive and timely medical records</td>
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**CORE COMPETENCY: PROFESSIONALISM**

**Goal:** Demonstrate commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse cardiology patient population

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<td>Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities</td>
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<td>AE, EVAL</td>
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<td>Demonstrate a commitment to ethical principles involved in cardiovascular care or withholding clinical care, confidentiality or patient information, informed consent and business practices</td>
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<td>Demonstrate respect, compassion, and integrity</td>
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<td>Demonstrate responsiveness to the needs of patients and society that supersedes self-interest</td>
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<tr>
<td>Demonstrate a commitment to excellence and on-going professional development</td>
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**CORE COMPETENCY: PRACTICE BASED LEARNING AND IMPROVEMENT**

**Goal:** Learn to investigate and evaluate personal patient care practices, appraise and assimilate scientific evidence related to Interventional Cardiology, and improve personal patient care practices.

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<tr>
<th>Objectives:</th>
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<tr>
<td>Analyze practice based experiences and perform practice-based improvement activities using systematic knowledge</td>
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<td>AE, SE, EVAL</td>
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<tr>
<td>Locate, appraise and assimilate cardiovascular evidence from scientific studies related to their patient’s cardiovascular health problems</td>
<td>CCON, FS, DPC</td>
<td>AE, SE, EVAL</td>
</tr>
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<td>Obtain and use information about their own population of patients and the larger population from which their patients are drawn</td>
<td>DPC, FS</td>
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<tr>
<td>Apply cardiovascular knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness</td>
<td>CCON, DPC, FS</td>
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**CORE COMPETENCY: SYSTEM-BASED PRACTICE**

**Goal:** Demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value to cardiology patients.

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**Principle Teaching Methods**

a. There is daily teaching, and attending rounds with University of Kansas Faculty members in the section of Cardiology. The teaching will occur at the bedside and in the conference room.

b. Supervision of the cardiology fellow doing invasive procedures such as intra-aortic balloon pump insertion, right heart catheterization, temporary pacemaker insertion, cardioversion, and defibrillation.

c. Daily cardiology morning report with presentations of the newly admitted patients and follow-up on previous cases presented.
d. Regularly expected teaching conferences where fellows are expected to present and discuss cases of clinical or research interest.
e. Ad-hoc rounds where various cardiovascular procedures are reviewed in detail such as: diagnostic and therapeutic cardiac catheterization, exercise treadmill studies, echocardiograms, EKGs, chest X-rays, CT and MRI scans.
f. Consultation with general internal medicine and other specialty consultative services

g. Review of pathological material in the department of pathology during autopsy conferences or when a patient on the service undergoes an autopsy.

Most Important Educational Content Encountered
Interventional Cardiology fellows will care for patients who have simple and complex cardiovascular problems. They will formulate plans of evaluation and treatment and present these plans to the attending physician of record.

During the rotation the interventional cardiology fellow will continue to maintain his/her one-half day/week outpatient clinic. Patients discharged from the cardiology service, if possible, will be scheduled to see the interventional cardiology fellow on service if the patient does not already have an identified cardiology physician. This process will help to insure continuity of care.

Principal Ancillary Educational Materials to Be Used
It is recommended that an unabridged textbook of interventional cardiology such as Topol: Interventional Cardiology is used as a guide. This text will be the core reading during the clinical rotation. Online resources are also recommended, either Interventional Fellows Institute or Cardio Village. The readings are to be supplemented with reading from peer reviewed cardiology journals such as Journal of the American College of Cardiology, Circulation, and Catheterization and Cardiovascular Interventional. Cardiology fellows will be expected to complete thoughtful literature reviews pertaining directly to patient care. These reviews will be presented at morning report and during teaching rounds.
Outpatient Cardiology Rotation (Continuity Clinic)

Resources, Educational Purpose, Rationale
The fellow will participate ½ day per week in continuity clinic where he/she will gain experience in management of cardiology patients with special emphasis on interventional cardiology. The fellow will be supervised in his/her clinic by one or two assigned interventional faculty members who will also perform the evaluations and ensure that training goals are met.

The Continuity Clinic is housed in the KU Hospital within the premises of Mid America Cardiology. All cardiac investigative modalities, including echocardiography, nuclear testing, pace maker checks, electrocardiography are easily available within the clinic. There is adequate support from nurses and a medical technologist for an optimal outpatient experience.

Legend for Learning Activities for Fellows

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<tr>
<td>CCON</td>
<td>Morning Cardiology Conference --These may have sub-types:(CAC) Cardiac Catheterization and Cardiothoracic Surgery Conference, (CORE) Core Curriculum, (RSCH) Research Conference, (JC) Journal Club, (MM) Morbidity and Mortality Conference</td>
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Duration: PGY 7 residents spend 12 months ½ day per week on this rotation

Supervision (Interaction with faculty): During this rotation the fellows are under the supervision of an attending responsible for the Cardiac Outpatient Consultation Services

Rotation Facility: University of Kansas Outpatient Cardiology Clinics

Required Didactics/conferences: Weekly cath/ case conference
Core curriculum lectures
Monthly M&M conference

PGY 7: Outpatient Cardiology Consultation Rotation

CORE COMPETENCY: PATIENT CARE

Goal: Develop proficiency in ability to provide effective management of the continuum of care for the

Objectives: Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
Gather the appropriate cardiovascular information about patients
Develop and carryout cardiovascular patient management plans

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### CORE COMPETENCY: MEDICAL KNOWLEDGE

**Goal:** Develop proficient knowledge skills and critical thinking regarding disease process, diagnosis and treatment of cardiovascular patients receiving outpatient clinic services.

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<td>Know and apply basic science and clinical cardiovascular knowledge to patient care</td>
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### CORE COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS

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<td>Interact with other professional and paraprofessional staff in a respectful and appropriate manner</td>
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<td>Maintain comprehensive and timely medical records</td>
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### CORE COMPETENCY: PROFESSIONALISM

**Goal:** Demonstrate commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse cardiology patient population.

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### CORE COMPETENCY: PRACTICE BASED LEARNING AND IMPROVEMENT

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<td>Locate, appraise and assimilate cardiovascular evidence from scientific studies related to their patient’s cardiovascular health problems</td>
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<td>Obtain and use information about their own population of patients and the larger population from which their patients are drawn</td>
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<td>Apply cardiovascular knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness</td>
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<tr>
<td>Facilitate learning for medical, non-medical residents, PharmDs, nurses, and other paraprofessional personnel</td>
<td>DPC, CCON</td>
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### CORE COMPETENCY: SYSTEM BASED PRACTICE

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#### Principal Teaching Methods

- Direct clinical experience including the initial evaluation and management of patients referred to the outpatient facilities.
- Direct supervision by the attending assigned to the outpatient facility.
- Interaction between the cardiology fellow and the nursing staff in the outpatient facilities.

#### Most Important Educational Content Encountered

Interventional cardiology fellows will be exposed to a variety of common and uncommon cardiovascular diseases. The fellow will formulate an initial diagnosis, and treatment plan which will be reviewed by the attending physician. The fellow will continually follow his/her patients throughout their cardiovascular fellowship program to ensure continuity of care. Fellows will also interact with nurses who operate a large anticoagulation and lipid clinic. Fellows will also follow any patients they admit to the hospital in an attempt to provide continuity of care.

#### Principal Ancillary Educational Materials to Be Used

It is recommended an unabridged textbook of Interventional cardiovascular medicine such as *Topol: Interventional Cardiology* is used. This text will be the core reading during the clinical rotation. The textbook reading is to be supplemented with reading from peer reviewed cardiology journals such as: *Journal of the American College of Cardiology*, *Circulation*, *American Journal of Cardiology*, or the *American Heart Journal*. Cardiology fellows will be expected to complete thoughtful literature reviews pertaining directly to patient care.
E. CONFERENCES
Fellows are expected to attend conferences throughout their training. Fellows attend Clinical Case Conferences, Core Curriculum Conferences, Research Conferences, Journal Clubs, and M&M. Attendance is mandatory for the following conferences: weekly cath conference, core curriculum/lectures, monthly journal clubs, monthly M&M, and monthly research meetings.

F. SCHOLARLY ACTIVITY
Fellows are required to conduct a research project during their fellowship. An oral presentation at a national conference is strongly recommended by the Interventional Cardiology Division. Other acceptable scholarly activities include peer-reviewed publications, poster presentations, or other similar activity approved by a Program Director. Fellows are also expected to be active in research projects to generate abstracts throughout the year.

Each fellow is expected to make several presentations during their fellowship. These may take the form of conducting a journal club, CCU M&M, preparing a presentation or various other short presentations as directed by the attending physician. While such presentations are an invaluable component of fellowship training, they do not qualify as the needed research project.

G. DEFICIENCY AND REMEDIATION
Please refer to the GME Policies and Procedures Manual section 4, for a comprehensive section on deficiency and remediation policies.

Definitions and Policies of Remediation and Probation

Remediation is the process in which the faculty of a Program and a fellow judged to be performing at a less than satisfactory level work together to identify, understand, and correct the cause(s) for the fellow’s deficiencies.

Probation identifies a fellow as requiring more intensive levels of supervision, counseling and/or direction than is required of other fellows at the same training level in the same program.

Disciplinary Actions
Should fellow be found to be deficient in any of the criteria or parameters of performance and not meet advancement or promotion specifics, he/she will meet with the Program Director, wherein
1) The expectations and deficiencies will be stated, 2) What the individual can do to improve will be explored and planned, and 3) An attempt will be made to determine if there are outside factors which may explain why a problem has developed. At this point a determination will be made of whether the fellow is in good standing or is in a Performance Warning Status (PWS).

The PWS will involve a period of 3 months, where the performance of the fellow can be monitored more closely. PWS is designed to identify weaknesses that, if not remedied, may lead to probation or dismissal. The Program Director will be responsible for determining the process for remediation. This meeting will be documented, given to the fellow for his/her agreement of the meeting content, and a final copy will go into the fellow’s personal file. Unless otherwise stated, a fellow in Performance Warning Status is still considered to be in good standing and does not have to report this action on future professional applications. Should, however, the fellow be placed in Performance Warning Status again after the initial 3 month period, he/she is eligible to be placed on probation.

Should the fellow continue to be deficient despite appropriate counseling, professional assessment and input (if indicated), and faculty efforts, a period of probation (usually 3 months) is indicated. Before being placed on probation, the fellow will appear before a committee of one CV fellow or peer, 2 Interventional Cardiology faculty members and the Program Director wherein his/her case will be discussed. The fellow in question will have the right to rebuke the claims made against him/her. If his/her performance is deemed to warrant probation then formal written communication of probation will be drafted. Written communication of probation should:
1) State deficiencies that the individual has been counseled for and document that insufficient improvement has been made,
2) State explicitly that because of this the individual is being put on probation,
3) State period of probation,
4) State what is expected during this period,
5) State what will be done to assist the individual in meeting these expectations,
6) State what the mechanism(s) will be to determine improvement and
7) State what the consequences or options are to be if expectations are not met.

The deficient fellow will receive this written communication and a copy will go into his/her personal file. Fellows placed on probation may have difficulty with licensure in some jurisdictions. The probationary period is intended to emphasize to the fellow the importance of satisfactorily meeting the fellowship training requirements. The fellow should clearly appreciate the meaning of expected remediation, appreciate the defined time in which this must be accomplished, and alert his/her attending faculty during this period of probation to the importance of helping the fellow with defined problems. The faculty should provide an honest evaluation, should there be any possibility of personal problems, learning disability, or outside factors that may be contributory to the fellow’s performance.

Fellows on probation must achieve a satisfactory evaluation from their attending faculty on assigned clinical service rotations during their probationary period. Probationary actions will only be shared with those needing to know, and will not be disclosed to other fellows or students.

Should the fellow fail the above probationary period, then at the discretion of the Department, written communication extending the probation may be issued, or written communication dismissing the fellow from the program on a designated date will be issued, assuming that dismissal was a consequence of probationary failure as stated above. Accompanying this written communication must be a statement of the fellow’s right of appeal.

A fellow who may or may not have been on probation (and successfully accomplished remediation in the probationary period), but who has received intermittent low satisfactory or isolated unsatisfactory marks during the 8 to 12 months of the academic year (and particularly following a probationary period), may be asked to repeat the year.

The Program extends many professional courtesies to its fellows and asks that fellows be professional and alert the Program Director well in advance of his/her intended date of departure. Similarly, the Program reserves the right not to renew a contract for any fellow it deems as performing in an unsatisfactory manner.

H. EVALUATIONS
Please refer to the GME Policies and Procedures Manual section 9 for more information.

Utilizing an electronic evaluation format, each fellow is evaluated quarterly in the six aforementioned competencies by their attending physician. Additionally, the fellow is required to evaluate their attending, themselves, and receives an evaluation from peers, clinic preceptors, nursing personnel and patients. The goal is to achieve a multi-source evaluation of the fellow’s work and communication skills.

Evaluations are intended to be drafted with an emphasis on constructive assistance with particular suggestions for improvement. However, if the fellow feels that the evaluation is unfair, inaccurate or unwarranted, then, it is his/her right to refute the legitimacy of the evaluation with a written response. This will be reviewed by the Program Director, and further action will be taken as needed to clarify the discrepancy. The fellow’s written response will become part of the fellow’s permanent file.

All of the evaluations are reviewed by the Program Director and are placed in the fellow’s file, which is available to the fellow for review at any time. It is encouraged that the attending and fellow speak directly about their
evaluation at the completion of each rotation. Evaluations play a key role in deciding whether or not to advance a fellow to the next level of training. Fellows receive direct feedback on a semiannual basis by way of a documented meeting with the Fellowship Director and faculty to discuss content of these evaluations amongst other performance measures.

The criteria for advancement and final matriculation from the fellowship program are based upon the satisfactory achievement of the following core competencies as outlined by the American College of Graduate Medical Education (ACGME). The six core competencies are as follows (Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice.

A summary of who receives and can view data regarding all evaluations in the MedHub system is as follows:

<table>
<thead>
<tr>
<th>Who can see what?</th>
<th>Program Director</th>
<th>Program Coordinator</th>
<th>Resident</th>
<th>Faculty</th>
<th>Faculty of Program</th>
<th>Resident of Program</th>
<th>Peer</th>
<th>Nurse of Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = can see nothing</td>
<td>Intv 4</td>
<td>Intv 4</td>
<td>1</td>
<td>4</td>
<td>N/A</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1 = can see data, but not who said it, nor can they see the full evaluation</td>
<td></td>
<td></td>
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<tr>
<td>2 = can see the data but not who said it. They can see the full evaluation</td>
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<tr>
<td>3 = can see the data and who said it but not the full evaluation</td>
<td></td>
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</tr>
<tr>
<td>4 = can see everything</td>
<td></td>
<td></td>
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</tbody>
</table>

- **FACULTY OF FELLOW**- The faculty evaluates the fellow at the end of every monthly rotation through MedHub. Each evaluation is specific to the rotation with numeric scale questions and comments.
- **FELLOW OF FACULTY**- The fellow evaluates the faculty at the end of their monthly rotation through MedHub which includes both numeric scale questions and comments. The fellow’s evaluation of faculty is anonymous; these evaluations are batched and un-identified when shared with faculty.
- **FELLOW OF PROGRAM**- The fellow evaluates the program at the end of the year through MedHub, along with Cardiovascular Fellows and Interventional Fellows in order to protect confidentiality. The GME office has an annual evaluation in which fellows are expected to participate.
- **SEMI-ANNUAL**- Twice a year the fellow will meet with the program director and evaluation committee to discuss their performance, based on information from faculty, evaluations, in-service training exam and procedure numbers. The purpose of these sessions is to review the fellow’s portfolio for completion, provide feedback, counseling, assistance, and listen to suggestions.
- **FINAL SUMMATIVE**- The final summative evaluation is held at the end of the academic year for graduating fellows. This evaluation summarizes the fellow’s performance for the duration of their fellowship.
- **360°**- The primary goal of the 360 evaluation is to allow fellows to get different perspectives on their performance.
  a. Nurse - a nurse will evaluate the fellow twice a year through MedHub.
  b. Lab tech - A Lab Tech will evaluate the fellow twice a year through MedHub.
  c. Peer - A peer will evaluate the fellow twice a year through MedHub.
  d. Self-evaluation - you will evaluate yourself twice a year through MedHub.
  e. Staff- Administration will evaluate the fellow twice a year through MedHub.
  f. Patient- Program Director or staff member will have a patient fill out the paper evaluation twice a year.
The program has implemented a more objective and comprehensive method to evaluate the fellow’s procedural skills and monitor progress and identify areas that need improvement. The fellow and faculty discuss each case that the fellow participated in using the several areas identified in the sheet and each area is objectively scored and constructive suggestions given. This was developed with input from faculty, recent graduates and current fellow.

I. GRIEVENCE
Please refer to the GME Policies and Procedures Manual section 13 for more information.

A grievance procedure is available to fellows for resolution of problems relating to their appointments or responsibilities, including differences with the School, Program, or any representative thereof. The School ensures the availability of procedures for redress of grievances, including complaints of discrimination and sexual harassment, in a manner consistent with the law and with the general policies and procedures of the University of Kansas and the School. The grievance process is available to all fellows in the programs sponsored by the School of Medicine.

J. PROFESSIONALISM

Please refer to the following link to review The University of Kansas Medical Center’s Professionalism Initiative: http://www.kumc.edu/school-of-medicine/fad/professionalism-initiative.html

Fellows are expected to maintain a high standard of ethical behavior, including maintaining appropriate professional boundaries and relationships with other physicians and other health care team members, an avoid conflicts of interest.

1. Adhere to basic ethical principles
   a. Document and report clinical information truthfully
   b. Follow formal policies
   c. Accept personal errors and honestly acknowledge them
   d. Uphold ethical expectations of research and scholarly activity
2. Demonstrate compassion and respect to patients
   a. Demonstrate empathy and compassion to all patients
   b. Demonstrate a commitment to relieve pain and suffering
   c. Provide support (physical, psychological, social and spiritual) for dying patients and their families
   d. Provide leadership for a team that respects patient dignity and autonomy
3. Provide timely, constructive feedback to colleagues
   a. Communicate constructive feedback to other members of the health care team
   b. Recognize, respond to and report impairment in colleagues or substandard care via peer review process
4. Maintain Accessibility
   a. Responsibilities including but not limited to calls and pages
   b. Carry out timely interactions with colleagues, patients and their designated caregivers
5. Recognize conflicts of interest
   a. Recognize and manage obvious conflicts of interest, such as caring for family members and professional associates as patients
   b. Maintain ethical relationships with industry
   c. Recognize and manage subtler conflicts of interest
6. Demonstrate personal accountability
   a. Dress and behave appropriately
   b. Maintain appropriate professional relationships with patients, families and staff
   c. Ensure prompt completion of clinical, administrative, and curricular tasks
   d. Recognize and address personal, psychological, and physical limitations that may affect professional performance
e. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately
f. Serve as a professional role model for more junior colleagues (e.g., medical students, interns)
g. Recognize the need to assist colleagues in the provision of duties

7. Practice individual patient advocacy
   a. Recognize when it is necessary to advocate for individual patient needs
   b. Effectively advocate for individual patient needs

8. Comply with public health policies
   a. Recognize and take responsibility for situations where public health supersedes individual health (e.g., reportable infectious diseases)

9. Respect the dignity, culture, beliefs, values and opinions or the patient
   a. Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status
   b. Recognize and manage conflict when patient values differ from their values

10. Confidentiality
     a. Maintain patient confidentiality
     b. Educate and hold others accountable for patient confidentiality

11. Recognize and address disparities in health care
     a. Recognize that disparities exist in health care among populations and that they may impact care of the patient
     b. Embrace physicians’ role in assisting the public and policy makers in understanding and addressing causes of disparity in disease and suffering
     c. Advocates for appropriate allocation of limited health care resources.

K. IMPAIRMENT
Satisfactory performance includes the absence of significant impairment (impaired function of a fellow to a degree that it is causing less than satisfactory performance, and/or the impaired function, if not corrected or is uncorrectable, is likely to lead to future unsatisfactory performance) due to physical, mental, or emotional illness, personality disorder, or substance abuse. Every effort will be made to reasonably accommodate those individuals with conditions or impairments that qualify as a disability under applicable law, provided that the accommodation does not present an undue hardship for the Department, the Medical School, or venues of training.

Fellows will nevertheless be required to satisfactorily meet the Division’s performance criteria, requirements, and expectations of the Clinical Cardiac Electrophysiology Fellowship Program. Please refer to Kansas University Medical Center’s Graduate Medical Education Policy Manual for the details of institutional policy regarding identification of impairment, reintegration into training, and ongoing monitoring of affected fellows.

L. RESIDENT ASSISTANCE AND ACCESS TO COUNSELING
The University of Kansas Medical Center is interested in the health and wellbeing of its residents. At some time, members of the resident staff may be faced with a variety of personal problems that may affect their wellness and job. The PWS will involve a period of 3 months, where the performance of the fellow can be monitored more closely. PWS is designed to identify weaknesses that, if not remedied, may lead to probation or dismissal. The Program Director will be responsible for determining the process for remediation. This meeting will be documented, given to the fellow for his/her agreement of the meeting content, and a final copy will go into the fellow’s personal file. Unless otherwise stated, a fellow in Performance Warning Status is still considered to be in good standing and does not have to report this action on future professional applications. Should, however, the fellow be placed in Performance Warning Status again after the initial 3 month period, he/she is eligible to be placed on probation.

Should the fellow continue to be deficient despite appropriate counseling, professional assessment and input (if indicated), and faculty efforts, a period of probation (usually 3 months) is indicated. Before being placed on probation, the fellow will appear before a committee of one CV fellow, 2 CV faculty members and the Program Director wherein his/her case will be discussed. The fellow in question will have the right to rebuke the claims
made against him/her. If his/her performance is deemed to warrant probation then formal written communication of probation will be drafted. Written communication of probation should:

1) State deficiencies that the individual has been counseled for and document that insufficient improvement has been made,

2) State explicitly that because of this the individual is being put on probation,

3) State period of probation,

4) State what is expected during this period,

5) State what will be done to assist the individual in meeting these expectations,

6) State what the mechanism(s) will be to determine improvement and

7) State what the consequences or options are to be if expectations are not met.

The deficient fellow will receive this written communication and a copy will go into his/her personal file. Fellows placed on probation may have difficulty with licensure in some jurisdictions. The probationary period is intended to emphasize to the fellow the importance of satisfactorily meeting the fellowship training requirements. The fellow should clearly appreciate the meaning of expected remediation, appreciate the defined time in which this must be accomplished, and alert his/her attending faculty during this period of probation to the importance of helping the fellow with defined problems. The faculty should provide an honest evaluation, should there be any possibility of personal problems, learning disability, or outside factors that may be contributory to the fellow’s performance.

Fellows on probation must achieve a satisfactory evaluation from their attending faculty on assigned clinical service rotations during their probationary period. Probationary actions will only be shared with those needing to know, and will not be disclosed to other fellows or students. Should the fellow fail the above probationary period, then at the discretion of the Department, written communication extending the probation may be issued, or written communication dismissing the fellow from the program on a designated date will be issued, assuming that dismissal was a consequence of probationary failure as stated above. Accompanying this written communication must be a statement of the fellow’s right of appeal.

A fellow who may or may not have been on probation (and successfully accomplished remediation in the probationary period) may to receive intermittent low satisfactory performance evaluations due to personal problems. While some individuals attempt to deal with such problems on their own, there are times when professional assistance can be helpful.

It is in the best interests of the University, and its residents to provide assistance to those with personal problems involving alcohol, drugs, family, marriage, finances, emotions, or other conditions which may interfere with work attendance, productivity, and the ability to get along with co-workers. The University believes that an effective Assistance Program encourages wellness and promotes efficiency of its residents.

The University has a policy to maintain a drug-free workplace because drug abuse in the workplace may cause serious harm to any resident's health, work performance and social interactions. To avoid these adverse situations, the University encourages its residents to seek counseling and assistance from on-campus and community resources.

The School's Employee and Student Assistance Program is designed to provide information, assessment and referral services to help faculty, staff, residents and students identify problems and develop lifestyles that are
physically and emotionally healthy. The University wants to encourage identification of problems at the earliest possible stage to motivate the residents or their families to seek assistance.

The Program Director should provide access to timely confidential counseling and psychological support services to fellows. There are a number of resources available to residents experiencing personal problems:

18.1 The Department of Psychiatry
18.1.1 Offers a full range of inpatient, outpatient, and emergency services for the diagnosis and treatment of personal problems, including chemical dependency. The department is professionally staffed by psychiatrists, psychologists, and social workers and appointments may be made through the Psychiatry Clinic or individually through the private practices of these faculty members. Information about these services can be obtained by calling the Department of Psychiatry at 588-6400.

18.2 Kansas State Medical Advocacy Program
18.2.1 A Kansas medical license may be revoked, suspended or limited if a health care provider becomes unable to practice with reasonable skill and safety due to physical or mental disabilities, including deterioration through the aging process, loss of motor skills or abuse of drugs or alcohol. Kansas law does provide a Medical Advocacy Program which providers can contact in lieu of contacting the Kansas State Board of Healing Arts. The goal of the Medical Advocacy Program of the Kansas Medical Society is to confidentially rehabilitate and support the provider whenever possible. Under the Impaired Practice provisions of the program, confidential assistance is offered to residents who suffer from chemical dependency or other forms of impairment. The phone number of the Medical Advocacy Program is 1-800-332-0156 or 1-913-235-2383. Informational brochures about these programs can be obtained from the Graduate Medical Education Office, the Student Center or the Dean's Office of School of Medicine. You may also contact the Risk Manager in the Office of General Counsel for further information.

18.3 University Counseling Center and the Psychological Clinic
18.3.1 Also available to KUMC residents is the counseling and educational support center located in the Student Center G116. The counseling center’s contact number is (913)588-6580. Residents may find help with the following:

- Training Exam coaching
- USMLE Step 3 Preparation
- Specialty Board Exam Assistance
- Educational & Performance Excellence Coaching
- Manage Stress/Time
- Residency Demands
- Personal Life Demands
- Relationships / Marital / Family Concerns
- Personal Counseling
- Psychiatric Counseling
- Consultation and Referrals
- Crisis Intervention
- Lending Library- in training & board exams

Counseling may be provided without cost or on a sliding-fee basis depending on the facility used. These facilities are staffed by professional-level or practicum counselors. All services are provided in the strictest of confidence.

18.4 State of Kansas HealthQuest
18.4.1 An additional source of assistance for residents needing confidential counseling, medical, and psychological support services is the State of Kansas HealthQuest, 24-hour, toll-free assistance line (1-800-284-7575); if referred through the HealthQuest, the first counseling session is paid by the State. All contacts are kept in strict confidence.
Residents may also contact or be referred to off-campus resources as appropriate. Counseling costs are often covered by health insurance with proper referral from the resident’s primary health care provider.

Ideally, the decision to seek counseling will be made by the affected resident, however, there may be situations where referral is recommended or required by the Medical Center, the School of Medicine, the Hospital Medical Staff, or the Officers of a resident’s program. Such situations generally arise when performance or behavior problems are observed in the course of supervision of the resident’s training. In these cases, the individual making the recommendation or imposing the requirement should not attempt to diagnose the problem(s). Rather, the resident should be encouraged to seek professional assistance.

III. DEPARTMENT RULES/UNDERSTANDINGS

A. DUTY HOURS

The School policy is that fellow duty hours will be in compliance with the guidelines established by the Accreditation Council for Graduate Medical Education (ACGME) for Interventional Cardiology. Please reference the GME Policies and Procedures Manual section 15.

ACGME requires 100% compliance in the reporting of duty hours. Fellows will receive a weekly reminder to enter duty hours in MedHub.

Duty hours are defined as all clinical and academic activities related to the fellowship program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

1. Duty Hour Rules and Regulations

   a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and moonlighting hours, if applicable.

   b. Fellows must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.

   c. Adequate time for rest and personal activities must be provided. This should consist of an 8-10 hour time period provided between all daily duty periods.

The fellow is expected to be rested and alert during duty hours, and the fellow and fellow’s attending medical staff are collectively responsible for determining whether the fellow is able to safely and effectively perform his/her duties.

2. Call Schedules

The interventional cardiology fellowship does not have any in house call requirements. In order for the fellow to achieve experience and proficiency in managing acute cases the program does have a requirement for at home beeper call for acute cases. The fellow is not required to answer pages for any other related issue. There is no mandatory at home call requirement based on number of days per week. Rather the program expects the fellow to be involved in at least 30% of all acute cases done in the 12 month period. There is no mandatory call requirement for weekends.

   a. The frequency of at-home call is not subject to the every third-night, or 24+6 limitation. However at home-call must not be so frequent as to preclude rest and reasonable personal time for each fellow.

   b. Fellows taking at-home call must be provided with one day in day completely free from all educational and clinical responsibilities, averaged over a four-week period.
c. When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.

3. Fatigue Guidelines
The program is very considerate about fellow fatigue and thus attempts to ensure an optimal working environment with adequate time between duties. However, if at any time a fellow feels that fatigue/tiredness is preventing adequate performance of clinical duties then the program has several recourses available. There are adequately furnished sleep rooms, with comfortable sleeping arrangements, including shower. The program also makes available to fellows taxi vouchers for a ride home.

You will need 2 vouchers (one for home and one for back to work the following morning). Print your name, department and home address on the voucher. When you are ready to leave, please call 10/10 Taxi Service (913-647-0010) and tell them you are using the KUMC Resident Program Transportation voucher and your destination. They will pick you up at the main entrance of the hospital. The transportation service will collect each voucher white copy and submit to the GME office. It is important that you return the YELLOW copy of the voucher to your program director. The transportation service is allowed to pick you up from the KUH Hospital main entrance and drop you off at your home address with NO interval stops. This applies to the return trip from your home to the hospital the next morning.

Discuss the event and fatigue with the program director the following day. The program director must complete the Fatigue/Transportation Incident Report (found in MedHub – Fatigue/Transportation Incident Report).
4. Hand-Off Policy

Pre-procedure Hand off:
For patients coming for a cardiac catheterization procedure from an in-patient service that has cardiology fellows, the fellow or the attending will communicate with the interventional fellow or attending about issues pertinent to
the procedure. These include:

1. Indication for the procedure
2. Make available outside cardiac records including cath report, CABG reports
3. Make available CD of cath films etc done outside and pertinent to the procedure being requested.
4. Contrast allergy and prophylaxis administered.
5. Renal function and prophylaxis administered.
6. If the patient of a child bearing age then a pregnancy test result will be available.
7. Other allergies and clinical conditions pertinent to the case such as compliance and bleeding history
8. In patients no able to consent, plan will be provided as to who will consent and the consenting party
   contact information will be provided.
9. Other issues pertinent to the successful and safe completion of the case will be provided in a face to face,
   written or over the phone communication.

Post Procedure Hand off:
The Division of Interventional Cardiology (IS) does not have an in-patient or a consultative service thus the
checkout only involves the post procedure patients who are staying overnight. The IS service cares for their own
post procedure patients until they are discharged the next day. Therefore, communications regarding patient care
is important. Every morning during the week, a discussion of all the patients on the service occurs with the IS
fellow, attending staff, and nurse practitioners. Each patient is reviewed in detail and a plan is made for the day.
At the conclusion of the day, the attending staff meets with the nurse practitioner and the fellow. Written sign out
occurs each night from the nurse practitioner to the attending on call. The IS fellow does not have any on call
responsibilities for the patients. Similarly for the weekend a written checkout is given by the IS attending to the
attending physician who is rounding for the weekend. If the patient who has had the procedure in on another
inpatient service then a verbal over the phone or a face to face check out occurs between the IS fellow or
interventional staff and the in-patient attending and staff regarding the outcomes of the procedure.

B. ELIGIBILITY AND SELECTION
Please reference the GME Policies and Procedures Manual Section 4 for more information.

1. Graduation from an acceptable medical school, as outlined by the University of Kansas School of Medicine
   and the Kansas State Board of Healing Arts (KSBHA):
   a) Graduation from a medical school in the United States or Canada accredited by the
      Liaison Committee on Medical Education (LCME), or
   b) Graduation from a college of osteopathic medicine in the United States accredited by the
      American Osteopathic Association (AOA), or
   c) Graduation from an acceptable medical school outside the United States or Canada with one of the
      following:
      i) Successful completion of a Fifth Pathway program provided by an LCME accredited medical school, or
      ii) A current, valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG)
          prior to appointment, or
      iii) All Canadian citizens and eligible Canadian Landed Immigrants who are NOT graduates of a foreign
          medical school must hold a status, which allows employment as a medical resident, and maintain an
          appropriate status throughout the length of the graduate medical training program. Possession of
          valid immigration documents which verify the status must be presented, or
      iv) A full, unrestricted license to practice medicine in the State of Kansas.
d) Foreign medical schools are deemed acceptable as defined by the KSBHA (K.S.A. 652873). This is the minimum standard for graduates of foreign medical schools, however individual programs may have more stringent requirements for foreign medical school graduates:

i) Inclusion in the list of “approved” medical schools on the KSBHA’s website (http://ksbha.org/medicalschoolsapprovedunapproved.html)

ii) The school must not appear on the list of “disapproved” schools, also on the KSBHA website,

iii) If the school has not been specifically approved by the Board, an applicant may still be eligible for a license if the school has not been disapproved and has been in operation (date instruction started) for not less than 15 years,

iv) Medical schools that are established less than 15 years ago are not immediately approved and will need to be approved by the KSBHA on a case by case basis.

v) The established date for any foreign school not specifically excluded should be determined using the FAIMER tool at http://imed.ecfmg.org/search.asp. A school appearing on the FAIMER website, but without an established date may still be eligible and must be approved by the KSBHA. Please use the “Foreign School Verification Request Form” on the KSBHA website under the “FORMS” heading.

vi) To be eligible for appointment, all Canadian citizens and eligible Canadian Landed Immigrants who ARE graduates of a foreign medical school must seek and maintain sponsorship through ECFMG for J1 nonimmigrant visa status.

2. The Office of Graduate Medical Education reserves the right to reject any candidate at the point it is determined that they have matriculated from an unacceptable medical school.

3. Some ACGME program requirements stipulate further qualifications that must be met for eligibility to an ACGME accredited program at the University of Kansas. Additionally, some program may have more stringent qualifications requirements as specified in their individual program manuals.

4. To be eligible, applicant must meet with or without reasonable accommodation, all duties and responsibilities as described in our policy and procedure manual 20 http://www.kumc.edu/eeo/forms.html.

C. SUPERVISION

Levels of fellow supervision must be in compliance with these RRC program requirements. Please reference the GME Policies and Procedures Manual Section 23 for more information.

The University of Kansas School of Medicine gives fellows significant but appropriately, well-supervised latitude in the management of all patients and provides a comprehensive experience in Interventional Cardiology in order for them to become independent and knowledgeable clinicians with a commitment to the life-long learning process that is critical for maintaining professional growth and competency.

During a fellow’s training, all patient care and educational activities are to be under Program Faculty supervision. Each patient must have an identifiable, appropriately-credentialed and privileged attending physician or RRC-approved licensed independent practitioner who is ultimately responsible for their care. A patient’s responsible supervising attending physician or licensed practitioner should be identified to fellows, faculty members and patients. Fellows and faculty members should inform patients of their respective roles in each patient’s care.
The appropriate level of supervision depends on the individual fellow’s level of competency as determined by their knowledge, skill and attitudes. The appropriate level of Program Faculty supervision for each fellow is determined by the responsible Program Faculty, Program Director, Division Chair, and Department Chair.

Levels of fellow supervision must be in compliance with these RRC program requirements

**Classification Levels of Supervision:**

1. Direct Supervision: the supervision physician is physically present with the fellow and patient
2. Indirect Supervision with direct supervision immediately available: the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision
3. Indirect Supervision with direct supervision available: the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision
4. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

There are multiple layers of supervision of fellow educational and patient care activities, including supervision by an advanced-level fellow. Advanced-level fellow supervision is recognition of progress toward independence and demonstration of graded authority and responsibility. The final level of supervision is the responsibility of the responsible Program Faculty and Program Director.

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of patient care authority and responsibility.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. The program director must evaluate each fellow’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria. Faculty members functioning as supervising physicians should delegate portions of care to fellows based on the needs of the patient and the skills of the fellows. Each fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

**D. WORK ENVIRONMENT**

The University of Kansas Medical Center will:

1. Provide a stipend and benefits to the fellow as stipulated in the applicable Resident Agreement;
2. Use its best efforts, within the limits of available resources, to provide an educational training program that meets the ACGME’s accreditation standards;
3. Use its best efforts, within the limits of available resources, to provide the fellow with adequate and appropriate support staff and facilities in accordance with federal, state, local, and ACGME requirements;
4. Orient the fellow to the facilities, philosophies, rules, regulations, procedures and policies of the Medical Center, School, Department and Program and to the ACGME’s and RRC’s Institutional and Program Requirements;
5. Provide the fellow with appropriate and adequate faculty and Medical Staff supervision and guidance for all educational and clinical activities commensurate with an individual fellow’s level of advancement and
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6. Allow the fellow to participate fully in the educational and scholarly activities of the Program and Medical Center and in any appropriate institutional medical staff activities, councils and committees, particularly those that affect Graduate Medical Education and the role of the staff in patient care subject to these policies and procedures;

7. Through the officers of the program and the attending medical staff, clearly communicate to the fellow any expectations, instructions and directions regarding patient management and the fellow’s participation therein;

8. Maintain an environment conducive to the health and well-being of the fellow;

9. Within limits of available resources, provide:
   a. adequate and appropriate food service and sleeping quarters to the fellow while on-call or otherwise engaged in clinical activities requiring the fellow to remain in the Medical Center overnight;
   b. personal protective equipment including gloves, face/mouth/eye protection in the form of masks and eye shields, and gowns. The Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control (CDC) assume that all direct contacts with a patient’s blood or other body substances are infectious. Therefore, the use of protective equipment to prevent parenteral, mucous membrane and non-intact skin exposures to a healthcare provider is recommended;
   c. patient and information support services;
   d. security; and
   e. uniform items, limited to scrub suits and white clinical jacket;

10. Through the Program Director and Program faculty, evaluate the educational and professional progress and achievement of the fellow on a regular and periodic basis. The Program Director shall present to and discuss with the fellow a written summary of the evaluations at least semi-annually;

11. Provide a fair and consistent method for review of the fellow’s concerns and/or grievances, without the fear of reprisal;

12. Provide fellows with an educational and work environment in which may raise and resolve issues without fear of intimidation or retaliation including the following mechanisms:

   a. The GME office ensures that all programs provide their fellows with regular, protected opportunities to communicate and exchange information on their educational and work environment, their programs, and other fellow issues, with/without the involvement of faculty or attending. Such opportunities include, but are not limited to, confidential discussion with the chief residents, program director, program chair, core program director, and/or core program chair. Other intradepartmental avenues to confidentially discuss any fellow concern or issue occur during the Annual Program Evaluations completed by each fellow and/or through discussion with the fellow representative during the required Annual Program Review (Annual Program Outcomes Assessment and Action Plan Report);

   b. The internal review process, during which fellows in each program are afforded the opportunity to discuss their concerns about their programs with a fellow from another program and have them presented confidentially to the GMEC;

   c. An ombudsman, the Assistant Dean for GME Administration, or any other member of the GME staff, including the Executive Vice Chancellor, Senior Associate Dean and the Associate Dean, who are available for the fellows to bring any issues raised in these protected fellow meetings, or any other issues a fellow may need to address;
d. Peer leadership and membership of the University of Kansas School of Medicine Resident’s Council, who are available to confidentially receive any fellow concern and present their concerns to the Graduate Medical Education Committee and GME Staff;

e. E*Value “On-The-Fly” praise and concern comments can be sent through E*Value directly and confidentially to those program directors that offer this service. In addition, “On-The-Fly” comments can be confidentially sent to the DIO. This can be accessed through any fellow’s E*Value user menu.

f. ACGME Resident Survey, administered directly to all residents/fellows in ACGME-accredited Programs. This survey provides summary and anonymous feedback to Program and GME Leadership. For programs with less than four residents/fellows the GME Resident Survey, which is a confidential, anonymous survey organized by the GME office, is administered annually;

g. vii) a grievance process, as outlined in section 13 of this Manual, which provides the fellow with a formal mechanism for addressing serious concerns within their programs;

h. ACGME Department of Resident Services at residentservices@acgme.org or by phone (312) 755-7498 is available if the above described avenues have not satisfactorily addressed a specific resident issue. The ACGME Resident Services representative will work with the DIO to resolve issues surrounding concerns. Valid complaints are processed by Resident Services and will require a response from the program director and attestation to the response by the DIO, and review by the relevant review committee.

13. Upon satisfactory completion of the Program and satisfaction of the Program's requirements and the fellow's responsibilities delineated herein, furnish to the fellow a Certificate of Completion of the Program;

14. Annually review and approve the number of fellows and funding sources for each program and discuss these quotas and sources of funding with the chair and Program Directors in a timely fashion so as to facilitate the recruitment and retention of residents;

15. Provide the agreed upon levels of financial support, subject to the terms of the fellow contract; and

16. Exercise all rights and responsibilities expressed and implied by the “Institutional Requirements” of the ACGME.

E. MOONLIGHTING
Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.

Moonlighting must be considered part of the 80-hour weekly limit on duty hours. The fellow must submit a moonlighting request in MedHub. Once approved by GME, the fellow must report moonlighting hours in MedHub when entering duty hours.

The ability to moonlight with departmental sanction is regulated by the Program Director. There are only a few approved sites for moonlighting; currently these include the Topeka VA, the Kansas City VA, the University of Kansas Medical Center and the Leavenworth VA. Additional site requests must be submitted in writing to the Program Director for approval.

Moonlighting is not a right, it is a privilege. Interventional fellows must be in good standing and progressing steadily through the Division to be sanctioned to moonlight.
In addition, all duty hour requirements regarding residency may apply to moonlighting as well, and must not be violated. Interventional fellows cannot moonlight if doing so brings them into conflict with duty hour requirements while performing their normal duties. Fellows with J-1 or H-1B visas are not eligible to moonlight.

Please reference the GME Policies and Procedures Manual for more information.

IV. BENEFITS
Refer to GME Policies and Procedures Manual section 5.5 for more information.

A. VACATION DAYS
The University will provide up to maximum of three weeks (15 workdays) of vacation, per year, which is covered by the fellow stipend. Vacation cannot be accumulated from year to year. Vacation must be requested from and approved by the Program Director and the fellowship coordinator must be notified. Denial of a specific request for vacation is a management decision on the part of the officers of the program and is not a grievable matter.

B. SICK DAYS
The University will provide up to 10 workdays of sick leave per year to cover personal illness or illness in the fellow’s immediate family (spouse, parents or children). Sick leave cannot be accumulated from year to year. The use of sick leave must be approved by the Program Director or Department Chair. At the discretion of the Chair or Program Director, a physician’s written statement may be required as a condition of approval for sick leave.

C. PROFESSIONAL DAYS
The University of Kansas will provide all fellows with paid professional leave at the discretion of the Program Director for the following reasons:
1. While in the due process phase of a fair hearing or if relieved of clinical and patient care duties for reasons of suspension or probation.
2. Scholarly presentations at national or regional conferences
3. Conference attendance in a community away from the University of Kansas Medical Center
4. Studying for medical board examinations
5. Taking medical board examinations
6. Interviews for jobs or fellowship

Fellows need to submit their professional development request 30 days in advance, or 45 days if rotating at the VA. It will need to be signed off by both a chief fellow and program director.

D. FMLA (Family Medical Leave Act)
A fellow eligible for FMLA leave may request FMLA designation pursuant to the University’s FMLA policy for up to twelve weeks of leave per academic or contract year: 1) because of the fellow’s own serious health condition, including because of the fellow’s own pregnancy or qualifying work-related illness or injury; 2) to care for the fellow’s immediate family member who has a serious health condition; 3) for the birth of a child or placement of a child with the fellow for adoption or foster care; or 4) for any “qualifying exigency” arising out of the fact that the fellow’s spouse, son or daughter (of any age) or parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves. A fellow eligible for FMLA leave also may request up to 26 weeks of military caregiver leave to care for a spouse, son, daughter, parent or next of kin who is a covered service member in the regular armed forces, the National Guard or Reserve and who is undergoing medical treatment, recuperation or therapy, or who is otherwise on the temporary disability retired list, for a serious injury or illness relating to that covered service member’s military service.
Refer to KUMC’s complete FMLA policy and/or contact KUMC’s Human Resources for additional details regarding FMLA leave. Fellows must draw down all PAID leave while on FMLA. If the maximum number of vacation and sick leave days for the year has been used, the fellow’s FMLA leave will be unpaid.

Stipend payments to the fellow will be suspended during periods of leave without pay, but the fellow will continue to receive all other non-health care benefits.

Fellows will be responsible to pay out of pocket for continued health care benefits while on leave without pay. Fellows should work with KUMC’s Human Resources on maintaining health care benefits while on leave.

When possible, the fellow must give the program a 30-day notice of the intent to take leave for foreseeable covered events such as childbirth, adoption, or necessary medical treatment. However, if the need for leave arises without 30 days advance notice, the fellow must provide notice of the need for leave as soon as it is reasonably possible.

Residents requesting leave will work with their program director to address coverage of fellow duties during leave, transition of fellow duties both prior to and following leave, and the impact of leave on all ACGME and RRC training requirements for competency and Board Certification requirements.

NOTE: The use of leave may require the fellow to extend his or her training program to satisfy ACGME or the training board eligibility/certification requirements (see http://gme.kumc.edu/EligibilityforSpecialtyBoardExams.xlsx for information regarding specialty board exams). The length of the extension, if required, normally will be equal to the total time absent from the program, excluding vacation leave and sick leave, but is dependent on the specific training board requirements. A fellow satisfying an obligatory training extension will receive a stipend and other benefits subject to the usual terms of the Agreement that covers the extended training period.

Fellows returning from FMLA Leave must meet all certification and reinstatement requirements of KUMC’s FMLA policy prior to being returned to work. KUMC does not discriminate against fellows who use FMLA leave or who exercise their rights under the FMLA. Additionally, KUMC does not consider the taking of FMLA as a negative factor when making employment decisions. (see Guidelines for the FMLA Leave Checklist, page 126 in the GME Manual)

F. PAY
Fellows get paid every two weeks, starting two weeks after the fellow completes the first pay period.

G. MEDICAL INSURANCE
Medical insurance is paid by the University but fellows do have a choice regarding particular plans. This is the same choice offered to University employees. Detailed information on the various coverage plans will be made available during the new fellow’s orientation.

H. LIFE INSURANCE
The Department purchases a group term life insurance policy for all of its fellows without the necessity of prior examination. This includes accidental death and dismemberment protection in the amount of $50,000. This policy is convertible to permanent life insurance within 31 days of leaving the group. This benefit should be kept firmly in mind as the training program finishes.

I. MALPRACTICE INSURANCE
While practicing medicine at the KU Medical Center and its affiliated hospital training sites, fellows are covered by a self-insurance plan administered by the State of Kansas. This policy provides standard coverage for all activities typical to internal medicine. There is tail coverage for any suits filed after a fellow has left the Department for a period of 3 years.
This policy covers fellows only while practicing under approved circumstances in the KU Medical Center and its affiliated hospitals. In general, this is not confining. However, when considering issues related to moonlighting, there may not be coverage provided for non-affiliated hospitals. Fellows moonlighting or doing locum tenens without the benefit of prior approval by the Programs Directors cannot be guaranteed malpractice coverage. Fellows must be most acutely aware of this when moonlighting in a non-affiliated institution. Neither malpractice nor disability insurance applies to these sites. It is the fellow's responsibility to know if they have coverage during moonlighting time.

J. DISABILITY INSURANCE
The Department insures fellows should they become disabled and cannot work. The policy pays $1000/month if benefits begin 181 days after the disability. This policy takes effect without the necessity of a qualifying physical examination.

This policy may be converted to private use, again without requiring an examination, if one decides to do so within 31 days of the termination of with the Department. This is potentially a very valuable benefit which should be considered as the end of training approaches. There are multiple supplemental policies which will be covered in one of the orientation lectures.

K. PARKING
Parking is provided by the Department in the Bluff Parking Garage at KU at the beginning of the academic year. If Bluff Parking is not available, the fellow will receive Red Parking.

L. WHITE COATS
The hospital provides each fellow with two white coats. Fellows should be aware that it is official medical school policy that white coats with name and hospital ID be worn at all times. This same policy states that no other buttons, stickers, pictures, appliqués, statements, political comments etc. adorn the white coats.

M. ACCESS TO MEDICAL LITERATURE AND BOARD PREP MATERIALS
The Archie Dykes Library for the Health Sciences is located across 39th Street north of the hospital. The library stocks the vast majority of commonly desired periodicals by the clinical and basic science staff. Books and manuals are also readily available. Access to the library's electronic journals and databases are available online through the KUMC website, both on and off campus. Any library fines are the responsibility of the fellow and it is possible that a graduating diploma could be withheld until library fines are paid in full. All the University and KCVA hospital computers have Up To Date on them and internet access to the Dykes library is available. There are books available in the educational offices located in 1001 Eaton that are to be used like the library; they are loaned by the month. Books have been provided by the Department, faculty or drug companies. Fellows also have access to ACCIS CardioSource which is paid by the Cardiovascular Division.

N. FITNESS CENTER
The Kirmeyer Fitness Center, located on the corner of Rainbow and Olathe across from the Med Center, is open to all employees of the Med Center. The center has exercise equipment, aerobics rooms, a basketball court, racquetball courts, a circular track and a lap pool. Some of the facilities are unavailable during the day since these are used by Rehab Med and the Sports Medicine program. However, the Center opens at 6 AM and remains open in the evening and weekends for participant use. Fees are reasonable but not covered by the Department.

GME Policies and Procedures Manual
For additional information please refer to the GME Policies and Procedures Manual.