

ACCF CORE CARDIOLOGY TRAINING STATEMENT (COCATS 3) - January 22, 2008

Task Force	Area	Level	Minimal Number of Procedures	Cumulative Duration of Training (Months)	Minimal Cumulative Number of Procedures	Comments
1	Clinical cardiology	1		36		
2	Electrocardiography	1	3500*†	36	3500	*Can be taken throughout the training program. †The committee strongly recommends that cardiologists achieve Level 2 training in ECG interpretation.
		2	3500			
	Ambulatory monitoring	1	150*		150	*Can be taken throughout the training program.
		2	75		225	
	Exercise testing	1	200*		200	*Can be taken throughout the training program.
		2	100		300	
3	Diagnostic catheterization	1	100	4	100	
		2	200	8	300	
		3	250	20	550	
4	Echocardiography	1	(75/150)	3	75/150	
		2	(75/150)	6	150/300	
		3	(150/450)	12	300/750	
5	Nuclear cardiology	1	100 cases	2	100 cases	
		2	300 cases	4 to 6	300+ cases	
		3	600 cases	12	600+ cases	
6	Electrophysiology, pacing, and arrhythmias	1	20	2	10 temporary pacemakers 10 D.C. cardioversions	*Can be taken throughout the training program.
		2	100	6	100 pacemaker interrogation/ reprogramming	
		3	300* prior procedure volun during Level 1 and 2 training is cumulative ar counts towards overall numbers recommended Level 3 training	12-24	150+ EP cases 75 ablations 75+ pacemaker/ICDs	
7	Research	1		6-12‡		‡Can be taken as part of 9 months of required nonlaboratory clinical practice rotation.
		2		24		
		3		24-36		
8	Heart failure and transplantation	1		1‡§		‡Can be taken as part of 9 months of required nonlaboratory clinical practice rotation. §It is assumed that trainees will obtain additional training in heart failure and preventive cardiovascular medicine beyond the 1-month core training as part of the experience during other clinical months, such as consult services and CCU.
		2		6		
		3		12		
9	Congenital heart disease	1		Core lectures‡	40 catheterizations	‡Can be taken as part of 9 months of required nonlaboratory clinical practice rotation.
		2		12	300 TTE cases	
		3		24	50 TEE cases	

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10	Preventive cardiovascular medicine	1		1†§		†Can be taken as part of 9 months of required nonlaboratory clinical practice rotation. §It is assumed that trainees will obtain additional training in preventive cardiovascular medicine beyond the 1-month core training as part of the experience during other clinical months, such as consult services and CCU.
		2		6-12		
		3		12		
11	Vascular medicine	1		2*		*Can be taken throughout the training program.
	Vascular medicine specialist	2	475+ noninvasive vascular cases	12¶	475+ noninvasive vascular cases	The prerequisite for Level 2 training is Level 1 training in vascular medicine.
	Peripheral vascular intervention	3	100 diagnostic peripheral angiograms, 50 peripheral angioplasties/stents, 10 peripheral thrombolytic infusions/thrombectomy	12#	100 diagnostic peripheral angiograms, 50 peripheral angioplasties/stents, 10 peripheral thrombolytic infusions/thrombectomy	¶In addition to all other clinical requirements for Level 2 training. #The prerequisite for Level 3 training includes Level 1 training in vascular medicine, and Level 1 and Level 2 training in diagnostic cardiac catheterization. Requirements for Level 3 training in peripheral vascular intervention can be fulfilled during a 4th year of interventional training focused on peripheral vascular intervention or concurrently with cardiac interventional training.
12	Cardiovascular magnetic resonance	1		1**	25 cases	**Can be taken as part of 7 months of noninvasive imaging rotation.
		2		3 to 6	150 cases	
		3		12	300 cases	
13	Computed tomography	1		1**	50 cases	**Can be taken as part of 7 months of noninvasive imaging rotation.
		2		2	150 CTA cases	
		3		6	300 CTA cases	

COCATS 3-Year Cardiovascular Fellowship Level 1 Exposure

This represents outpatient exposure at one-half day per week.

Electrocardiogram, ambulatory electrocardiogram, and exercise testing may be fulfilled in 24 to 36 months.

*Includes echocardiography, nuclear cardiology, cardiovascular magnetic resonance, and cardiovascular computed tomography.

†May include cardiac failure and preventive cardiovascular medicine.

