CURRENT STATUS OF PREVENTIVE CARDIOLOGY TRAINING AMONG UNITED STATES CARDIOLOGY FELLOWSHIPS: ADHERENCE TO TRAINING GUIDELINES

ACC Poster Contributions
Ernest N. Morial Convention Center, Hall F
Monday, April 04, 2011, 9:30 a.m.-10:45 a.m.

Session Title: Preventing Heart Disease on Every Continent
Abstract Category: 17. Risk Reduction and Rehabilitation
Session-Poster Board Number: 1079-305

Authors: Quinn R. Pack, Steve J Keteyian, Patrick E McBride, W. Douglas Weaver, Henry E. Kim, Henry Ford Hospital, Detroit, MI, University of Wisconsin Hospital and Clinics, Madison, WI

Background: Core Cardiovascular Training Symposium (COCATS) guidelines recommend one full month of training, either as a block or combined, in the prevention of cardiovascular disease with specific exposure to cardiac rehabilitation, diabetes and lipid management. Recent AHA/ACC guidelines also recommend 17 curriculum topics in prevention. We evaluated the status of Preventive Cardiology Training in Cardiology Fellowship Programs and their adherence to training guidelines.

Methods: An anonymous survey was sent to US Cardiology Program Directors (PDs, n=182) who were also asked to forward it to their Chief Fellow (CFs). Data was collected on preventive cardiology curriculum, rotation structure, faculty expertise, obstacles and recommended improvements.

Results: 100 participants completed the survey (43 PDs, 57 CFs). There were no significant differences in survey responses between program directors and chief fellows (p=NS, multiple comparisons) except where noted. Twenty-four percent of programs meet COCATS guidelines with a dedicated 1 month rotation in preventive cardiology, while 24% have no rotation at all. Thirty percent of programs report having no faculty with specific expertise in preventive cardiology. Three to five percent of fellows meet COCATS level II or III training standards annually. Fellows rotate though the following experiences: cardiac rehabilitation, 71%; lipid management, 37%; hypertension, 15%; and diabetes, 7%. On average, 12 of the 17 ACC/AHA curriculum topics are formally taught. PDs cite “lack of time” as the largest obstacle to improving Preventive Cardiology training while CFs report “lack of a developed curriculum” (p<0.05). The highest ranked suggested improvement was the development of an ACC web-based curriculum/module.

Conclusions: Wide variations exist among US Cardiology Fellowship programs in Preventive Cardiology training. Large gaps remain between educational guidelines and program education. This survey highlights the need for increased focus on preventive cardiology curriculum development. The creation of an ACC on-line curriculum/module may improve this gap in training programs.