**PGY2 Cardiology Appendices**

**PGY2 Pharmacy Residency in Cardiology  
Program Appendix**

**Site Information:**

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| Intermountain Medical Center  5121 S Cottonwood Street  Murray, UT 84107  Residency Program Director: Sara Varnado McCarthy, PharmD, BCCP  National Matching Service: 713290  ASHP Program Code: 87012 |

**Website:** <https://intermountainhealthcare.org/careers/residencies-training/pharmacy-residency/our-program/pgy2-residencies/cardiology/>

**ASHP PGY2 Purpose Statement**

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency training to develop pharmacist practitioners with knowledge, skills, and abilities as defined in the educational competency areas, goals and objectives for advanced practice areas. Residents who successfully complete PGY2 residency programs are prepared for advanced patient care or other specialized positions, and board certification in the advanced practice area, if applicable.

**PGY2 Cardiology Residency Purpose Statement: Intermountain Medical Center**

The objective of the Cardiology Pharmacy Residency Program is to develop a high-level cardiology pharmacy specialist who is qualified for critical care, acute care, and ambulatory care positions, as well as develop a leader and mentor to future learners. The American College of Cardiology recognizes pharmacists as core members of the team to provide optimal cardiovascular care (1). In their 2015 Policy Statement, they highlight the need for postgraduate residency programs and their importance in meeting increased demand and growing complexity of care.

ASHP supports Cardiology PGY2 Residencies as a specialized residency following successful completion of a PGY1 residency. In addition, the Board of Pharmacy Specialists recognizes the broad specialization of cardiology with the Cardiology Board Certification (BCCP). Cardiology residency training will expose the resident to a variety of subspecialties including ambulatory care, acute care cardiology and critical care.

Cardiovascular disease management is a full spectrum of care from the ambulatory setting to critical care units. The resident will have the unique opportunity to be involved in all areas of care including highly specialized services including heart transplant and mechanical circulatory support. In addition, through the residency program, residents will have the opportunity for core experiences in general cardiology, heart failure, interventional cardiology and electrophysiology as well as specialty rotations like advanced heart failure, cardiac and thoracic intensive care units and pediatric cardiology.

**Program Overview:**

The PGY2 Cardiology Residency Program is conducted primarily at Intermountain Medical Center (IMC) but has affiliation and opportunities for residents at two of our system hospitals including Utah Valley Hospital (UVH) and Primary Children’s Hospital (PCH). The program is accredited by the America Society of Health System Pharmacies (ASHP) and follows their accreditation standards. It will be 52-weeks in duration, with a variable start date based on the needs of the incoming resident and the program between July 1st and July 15th of each year.

Intermountain Healthcare serves the health care needs of patients across the Intermountain West, primarily in Utah, Idaho and Nevada, and is composed of 24 hospitals, over 185 outpatient clinics. Intermountain Medical Center is one of the largest hospitals in the Intermountain West and the flagship of the Intermountain Healthcare system. IMC is the only hospital in the system that provides cardiac transplantation and mechanical circulatory support. IMC has 444 licensed beds and a dedicated Heart and Lung tower comprising 128 adult meds, 13 cardiac procedural rooms and 40 intensive care unit beds. IMC is a level-one trauma center, certified stroke center, pulmonary hypertension referral center and advanced heart failure program.

The resident’s program will be individualized based on his or her previous experience and/or interests. The resident will be involved with structuring their experience by helping the Program Director schedule rotations, choose projects, and select electives.

**Resident Pay and Benefits:** Refer to the Intermountain Health Pharmacy Residency website (<https://intermountainhealthcare.org/careers/residencies-training/pharmacy-residency/application-information/benefits/>) for details on salary and benefits.

**Requirements of Residents Prior to Starting the Program:**PGY1 residents who have matched with Intermountain Medical Center’s PGY2 Cardiology Residency Program must have all of the following:

1. Graduated from an ACPE-accredited school of pharmacy with a Doctor of Pharmacy degree
2. Successfully completed an ASHP-accredited PGY1 pharmacy residency
   1. RPD will verify completion of an ASHP-accredited PGY1 pharmacy residency prior to the PGY2 residency state date
   2. See System Residency Manual for full procedure
3. Obtain a **temporary Utah pharmacist license** or **full Utah pharmacist license** prior to the PGY2 residency start date
   1. For more information on the temporary pharmacist licenses please refer to the [Utah Pharmacy Practice Act Rule](https://rules.utah.gov/wp-content/uploads/r156-17b.pdf) and the [DOPL Website](https://dopl.utah.gov/pharm/).
   2. Residents must obtain their **temporary Utah pharmacist license within 30 days of the start date** of the residency. Residents must obtain their **full Utah pharmacist license within 90 days of the start date** of the residency. If the resident does not acquire meet both deadlines the resident will be dismissed from the program unless a formal appeal is submitted and approved (please see [Residency Manual](https://intermountainhealthcare.org/-/media/files/careers/intermountain-pharmacy-residency-manual.pdf) for more details).

**Recruitment and Selection of Residents**

* Process will follow those outlined in the system manual.
* The members of the PGY2 Cardiology Pharmacy RAC will review applicants to determine qualifications based on a standardized, objective scoring rubric.
* For the PGY2 Cardiology Pharmacy Program, we will extend interviews to the top 4-6 candidates.
* All interviewees will be scored based on standardized, objective scoring rubric by members of RAC. Scores will be averaged, reviewed by RAC at rank meeting, and candidate will be agreed upon based on scoring tools and rank meeting discussions.
* For selected applicant, PGY1 completion certificates must be emailed to RPD prior to first day of residency

**Learning Experiences:**

1. All learning experience descriptions are documented in PharmAcademic™ and include:
   1. A general description, including the practice area and the roles of pharmacists in the practice area;
   2. Expectations of residents;
   3. Educational goals and objectives assigned to the learning experience;
   4. For each objective, a list of learning activities that will facilitate achievement; and
   5. Description of evaluations that must be completed by preceptors and residents
2. Preceptors will orient residents to their learning experience using the learning experience description
3. During learning experiences, preceptors will use the four preceptor roles as needed based on residents’ needs.
4. At the start of each learning experience, preceptors orient the residents, provide copies of the educational goals and objectives, describe learning activities, and review evaluation strategy.

**Program Structure for the 2023 – 2024 Residency Year:**

**Required Rotations** (4-week rotations unless otherwise specified)

* Orientation (3 weeks, may be longer for external residents)
* Acute Care Cardiology
* Cardiology Service Line
* Coronary Intensive Care Unit - Heart Service
* Thoracic Intensive Care Unit
* Advanced Heart Failure – 2 months
* Electrophysiology (2 weeks)

**Elective Rotations** (4-week rotations unless otherwise specified)

* Pediatric Cardiology at Primary Children’s Hospital
* Coronary Intensive Care Unit at Utah Valley Hospital
* Cardiovascular Imaging, Testing and Procedures (1 week)
* Advanced Heart Failure Clinic
* Coronary Intensive Care Unit- Lung Service
* Solid Organ Transplant – Abdominal
* Emergency Medicine
* Any core rotation offerings

**Longitudinal Experiences**

* Clinical Pharmacy Staffing on weekends and holidays: 12 months every 3rd week
* Advanced Heart Failure Clinic: 10 months every other week on Mondays
* Rapid Response/Code Blue team: 12 months
* Resident research project: 12 months
* Quality Improvement project: 6-12 months

**Teaching and Presentations**

* Presentation of research at Mountain States Residency Conference
* Submit research to the American College of Cardiology Annual Meeting Resident Poster Session

### 1-hour ACPE accredited CE

### 1 hour non ACPE accredited seminar or alternative presentation as arranged

* Teaching certificate if not completed during PGY1 year and desired by the resident (optional)

**Example Schedule**

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| **Month** | **Duration** | **Rotation** |
| July 10th – July 28th | 3 weeks | Orientation |
| July 31st - August 25th | 4 weeks | Advanced Heart Failure |
| August 28th – September 22nd | 4 weeks | Coronary Intensive Care Unit- Heart Service |
| September 25th – October 6th | 4 weeks | Electrophysiology |
| October 9th – October 13th | 1 week | Project week #1 |
| October 16th – November 10th | 4 weeks | Thoracic Intensive Care Unit |
| November 13th – December 8th | 4 weeks | Acute Care Cardiology |
| December 11th – December 15th | 1 week | Cardiovascular Imaging, Testing, and Procedures |
| December 18th – December 29th | 2 weeks | Project weeks #2 & 3 |
| January 2nd – January 26th | 4 weeks | Cardiology Service Line |
| January 29th February 23rd | 4 weeks | Elective- Emergency Medicine |
| February 26th – March 1st | 4 weeks | Project week #4 |
| March 4th – March 29th | 4 weeks | Coronary Intensive Care Unit – Utah Valley Hospital |
| April 1st – April 26th | 4 weeks | Elective: Pediatric Cardiology- Primary Children’s Hospital |
| April 29th – May 24th | 4 weeks | Elective: Advanced Heart Failure II |
| May 27th – July 7th | 6 weeks | Elective |

**PGY2 Cardiology Staffing Requirement**

1. Staffing description:
   1. The resident is required to provide staffing support as a part of the Intermountain Healthcare Pharmacy Residency Program and stipend.
   2. The resident will staff two 8 hour shifts every third weekend (Saturday and Sunday). Staffing will take place for half the year in the coronary intensive care unit and half the year in the thoracic intensive care unit. A minimum of 2 training weekends will occur prior to starting independent staffing.
   3. Training for the staffing requirement will occur during the first two months of orientation to the program. The staffing rotation will begin on Labor Day weekend each year.
   4. A total of 32 weekend staffing shifts is required for completion of staffing. If the staffing requirements are not met, a residency certificate will not be issued.
2. Holiday Staffing:
   1. The resident will work one major holiday grouping. Major holidays are defined as Thanksgiving, Christmas Eve, Christmas Day and New Years Day. Thanksgiving will include Black Friday, Christmas will include Christmas Eve and Christmas Day and New Years will include New Years Eve and Day. The resident will work the weekend associated with the major holiday as well.
   2. The resident will work one minor holiday. If an additional minor holiday falls on the residents previously scheduled weekend, the resident will work the holiday in addition to their other scheduled holidays.
3. Time off and Moonlighting
   1. The resident may use Paid Time Off consistent with the Intermountain Healthcare policy and procedure.
   2. The resident may choose to staff additional shifts and/or holidays as their schedule permits so long as it does not interfere with their rotations, impede their ability to complete residency requirements, or violate duty hours. The resident shall receive regular pharmacist pay when working these shifts and holiday pay when applicable. All additional shifts must be approved by the RPD.
4. Resident staffing/backfilling while on rotation

a. A resident should not be removed from a rotation experience to provide staffing coverage outside of their normal staffing requirements.

b. In rare circumstances, it may be reasonable to utilize a resident to provide unforeseen pharmacist staffing coverage if the following criteria are met:

i. Another pharmacist cannot be found to cover the clinical service/area.

ii. The pharmacist team lead, manager, or director over that clinical service/area receives approval from the rotation preceptor and the residency site coordinator.

iii. The resident is currently on rotation in that clinical service/area and the resident feels comfortable staffing the area.

iv. A pharmacist back-up is identified to support the resident and assist with questions, if needed.

v. The resident is paid at a pharmacist salary for the shift covered.

vi. The resident would not break duty hour limits by providing this staffing coverage.

**Resident Project/Research and Project days**

The resident will be responsible for conducting a longitudinal research project during the residency year which includes the following requirements:

* Complete CITI training
* Complete project design and obtain IRB approval
* Complete data collection and analysis
* Present poster at American College of Cardiology Annual Meeting Resident Poster Session
* Present results at Mountain States Conference
* Prepare a manuscript for ready for publication

The resident will be required to format a manuscript suitable for publication by the end of the residency year. Residents will identify applicable journals along with the help of their research project mentors. The purpose of this requirement is to develop scientific writing and communication skills. Submission and acceptance of the manuscript for publication is not a requirement for residency graduation.

The resident will be provided with the following for protected project time:

* 4 isolated weeks are scheduled for direct project time; one in the fall, two in December and one in the spring. There is no residency project month
* The resident is expected to complete an 8-hour workday and be on site; however, the resident may discuss work from home options with the RPD

The PGY2 resident will follow PGY2 Cardiology Residency specific research deadlines, not the deadlines outlined in the PGY1 System Residency Manual.

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|  | **Pharmacy Residency Project Activity** | **Due Date/Timeline** |
| **Conceptualize** | Complete CITI Training | 7/21/2023 |
| Meet with Data Analysts to discuss data needs | 7/24/23 through 8/11/23 |
| **Design** | Complete draft [IRB protocol](https://m.intermountain.net/research/irb/Pages/Home.aspx) and provide to project preceptors  Note that an IRB-protocol is required for both research and quality improvement projects as part of the residency  Complete draft background section of manuscript for preceptors | 8/18/23 |
| Preceptor review of materials; edits/optimization with resident | 8/21/23 through 9/1/23 |
| Submit final protocol to IRB (with preceptor approval)  Complete final version of background section to manuscript | 9/4/23 |
| **Implement** | Obtain IRB approval | Month of Sept/early Oct |
| Data collection and project implementation | Ongoing October through November |
| Complete draft of methods section of manuscript for preceptor review | 12/15/23 |
| Preceptor review of manuscript and edits/optimization with resident | 12/18/23 through 1/5/24 |
| Complete final methods section of manuscript | 1/12/24 |
| **Analyze and Present** | Data analysis and generate results  Set-up individual meetings with data analysts, as needed | Ongoing December through end of January |
| Complete draft ACC abstract for preceptor review | 1/26/2024 |
| Preceptor review of abstract and edits/optimization with resident | 1/29/24 through 2/9/24 |
| Final ACC abstract due  Complete draft if ACC poster for preceptor review | 2/23/24 per conference requirements |
| Preceptor review of ACC poster | 2/26/24 through 3/8/24 |
| Complete draft Mt. States Residency Conference abstract | 2/27/24 |
| Submit final Mt. States Conference abstract (with preceptor approval) | Mid-March per conference requirements |
| Complete draft Mt. States Conference platform presentation | 3/27/24 |
| Final ACC poster due  Must submit to local printer for printing | 3/22/24 |
| Present and attend ACC Conference | April 6-9, 2024 |
| Submit final Mt. States Conference presentation (with approval) | End of April per conference requirements |
| Complete draft results/discussion section of manuscript for review | 5/17/24 |
| Preceptor review of manuscript and edits/optimization with resident | 5/20/24 through 5/31/24 |
| Second draft due of manuscript results/discussion | 6/7/2024 |
| Final draft due for manuscript results/discussion | 6/21/2024 |
| Final, completed manuscript due and uploaded in PharmAcademic | 6/28/24 |

**Practice Management:**The PGY2 resident will track their progress and development in the areas of practice management which will be reviewed quarterly through the customized training plan.

* **Code Blue Response:** The Shock Trauma and Cardiovascular ICU pharmacists respond to Code Blues and Rapid Responses depending on the location of the calls on the IMC campus. The resident will take over this responsibility when on rotation in CICU-Heart. Additionally, the resident will respond to all code blues during any ICU rotation. Outside of these rotations there will be additional opportunities to get code experience if insufficient experience during ICU rotations.
* **Cardiology Appendix:** The resident will complete at minimum the topics that are outlined in the ASHP Cardiology Appendix which have been assigned to rotations using the [ASHP Topic Discussion Table](file:///C:\Users\s171275\AppData\Local\Microsoft\Windows\INetCache\Template%20Program%20Documents\ASHP%20Topic%20Discussion%20Table%20Final.docx).
  + For some diseases and conditions, direct patient care is required. For other diseases and conditions, a case-based, didactic approach may be substituted. In these cases, the resident will demonstrate understanding of the diseases and condition via didactic instruction, case-based application, simulation, or other appropriate approach. For these diseases and conditions, the resident will demonstrate an understanding of signs and symptoms, epidemiology, risk factors and etiology, pathogenesis, pathophysiology, clinical course, and a comprehensive pharmacotherapy treatment plan.
* **Quality Improvement Project:** The resident will complete a quality improvement project. The goal of this project is to get experience updating policies or protocols, improve a medication use process and/or provide education to other pharmacists or professions. The scope of the project will vary each year and will be determined by the RPD and primary preceptor. The resident will take the lead on updating necessary documents, presenting and appropriate meetings/committees and facilitating required education.

**Teaching/Education:**The resident will have multiple opportunities to develop their teaching, education, and precepting skills throughout this residency year.

**Fall ACPE-accredited Continuing Education:** The resident is required to present one Fall CE presentation regarding a topic in cardiology and selected from a predetermined needs assessment list. Two to three preceptors will work with the resident as content experts, with additional feedback provided during a practice run-through by two to three additional audience members. This ~50-minute presentation will typically be scheduled in November. A full PharmAcademic™ evaluation will be completed by the education preceptor.



**Spring Seminar:** The resident is required to present a Spring Seminar presentation regarding a topic in cardiology with more flexibility is allowed with topic selection. The expectations will be similar to those of the Fall CE, with the exception that ACPE credit is not provided. This ~50-minute presentation will typically be scheduled in April-May. An on-demand PharmAcademic™ evaluation will be completed by the primary preceptors and the RPD will track completion.

**Teaching certificate:** The PGY2 resident is offered the option to obtain a Teaching Certificate if one has not already been obtained through their PGY1 residency. The purpose of the teaching certificate is to provide residents with the training necessary to enhance their teaching skills and succeed as a faculty member at a college of pharmacy. Requirements include developing and delivering a lecture at a college of pharmacy, leading and facilitating one recitation/simulation lab, attending faculty meetings, serving as primary preceptor to a learner on rotation, and many others. More information can be found in the system residency manual.

**Local/Regional/National Meetings:**  
The resident will have the opportunity to attend various professional meetings through the year.

### Mountain States Resident Conference

The Mountain States Resident Conference is held in Salt Lake City. Residents will be required to attend the conference. Residents will present their project to other residents, preceptors, and sponsors during this meeting. Residents are expected to attend other program’s resident presentations, other assigned presentations (for evaluation), and at least 80% of all presentation sessions. Conference registration to attend this meeting will be paid by the home facility’s pharmacy department.

**American College of Cardiology Annual Meeting**

ACC Annual Meeting will be the primary meeting the resident will attend to present their major research project and participate in continuing education and networking sessions. This meeting is in place of ASHP Midyear Meeting. Attendance at specialty-specific conferences will be supported at the discretion of the Pharmacy Leadership Team. Refer to the [Intermountain Pharmacy Services Travel Guidelines](https://intermountainhealth.sharepoint.com/:b:/r/sites/DCpharmserviceswebsite/Pharmacy%20Documents/Intermountain-Pharmacy-Travel-Guidelines.pdf?csf=1&web=1&e=VuagfD) for additional information and instructions. If travel to the conference is not permitted, the resident will still participate in the virtual portion of the resident poster session and be able to present their research and learn from other residents across the country.

**Assessment Strategy (PharmAcademic™):**

* Intermountain Healthcare will use ASHP’s online evaluation program (PharmAcademic). PGY2 residents who match with our residency are entered into PharmAcademic prior to their arrival in July.
* See the system manual for the full procedure for assessment

**PGY2 Cardiology Competency Areas, Goals, and Objectives:**

The resident is encouraged to read detailed information about the ASHP required competency areas, goals, and objectives for PGY2 cardiology pharmacy residencies ([ASHP Cardiology CAGOs](https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy2-cardiology-residency-competency-areas-goals-objectives.ashx))

* Competency Areas: Categories of the residency graduates’ capabilities
  + R1: Patient Care
  + R2: Advancing Practice and Improving Systems of Care
  + R3: Leadership and Management
  + R4: Teaching, Education, and Dissemination of Knowledge
  + R5: Management of Cardiovascular (ACLS) Medical Emergencies
* Educational Goals: Goals listed under each competency areas are broad statement of abilities
* Educational Objectives: Observable, measurable statements describing what residents will be able to do as a result of participating in the residency program in order to accomplish the associated educational goal
* For information regarding Goals and Objectives Taught/Taught and Evaluated in Learning Experiences, please visit PharmAcademic™

**Minimum Requirements for Completion of the PGY2 Cardiology Residency Program**

Minimum requirements have been set for completion of the Intermountain Medical Center’s PGY2 Cardiology residency program. The requirements and progress will be reviewed with the resident at each quarterly evaluation. Failure to meet the minimum requirements by the end of the residency year will result in the resident not receiving a certificate of achievement and the resident will not complete the PGY2 residency program. Consequences of failure to obtain appropriate licensure, BLS or ACLS certification are addressed in the General Residency Information section of this manual.

The minimum requirements include:

1. Orientation and licensure
   1. Obtain full Utah pharmacist license within the first 90 days
   2. Obtain BLS and ACLS certification
   3. Complete orientation and staffing training
2. Rotation/Staffing/PharmAcademic
   1. Complete orientation and all learning experiences along with required activities and assignments
   2. Staff a minimum of 32 weekend staffing shifts
   3. Pass all collaborative practice agreement competencies
   4. Attainment of “achieved” on at least 75% of all objectives within each of the goals as listed in PharmAcademic™ and no objectives evaluated as needs improvement on final evaluation.
   5. Additionally, the following goals/objectives must be achieved upon completion of residency, goal R1 (patient care related objectives), R2.2, (achieved is defined as, rarely requires assistance to complete the objective; minimum supervision required)
   6. Complete all PharmAcademic™ evaluations and requirements
   7. Residents are NOT required to complete Intermountain annual performance goals in talent link. (See system RAC minutes from May 2019).
3. Complete a research project with the following deliverables:
   1. Complete CITI training
   2. Complete project design and obtain IRB approval
   3. Complete data collection and analysis
   4. Present poster at ACC Annual Meeting or similar conference
   5. Present results at Mountain States Conference
   6. Prepare a manuscript suitable for publication
4. Complete a quality improvement project
   1. Specific requirements will depend on the scope and type of project as arranged by RPD and primary preceptor if different
5. Complete required teaching activities:
   1. Prepare and present a 1-hour seminar at home base facility for pharmacists or alternative presentation as arranged
   2. Prepare and present a 1-hour, system-wide broadcast ACPE-accredited presentation
6. Complete and track all Cardiology appendix topic discussions.

Description of Program Specific RAC & Participation in System RAC

The RPD will represent the PGY2 Cardiology Program at the Intermountain Medical Center Residency Advisory Committee (RAC). The purpose of the IMC RAC is to provide direction and oversight to the Intermountain PGY2 Cardiology Residency program and ensure compliance with the American Society of Health System Pharmacists (ASHP), Intermountain, and individual facility requirements. The cardiology team meets weekly and reviews the resident’s performance on rotations, projects and overall program requirements. This information will be used to represent the resident at the IMC RAC. The RPD will also represent the Cardiology program on the Intermountain System RAC

1. The resident shall meet with the RPD at the beginning of the program to evaluate their skills and knowledge. An individualized plan will be developed based on the resident’s previous preparation and professional practice goals. The plan shall be reviewed and updated by the RPD and the resident quarterly.
2. The evaluation and planning process shall be documented on the Resident Self-Evaluation and Planning Form.
3. The resident and RPD will complete the Pre-Residency Assessment Form during orientation.
4. The Resident Self-Evaluation and Planning Form will be used to develop each resident’s schedule of rotations.
5. Once residency rotations have been assigned, the resident may request to change assigned rotations based upon availability by working with the RPD.
6. General Requirements and the Intermountain Pharmacy Residency Program Manual (Program Manual). A copy of the Program Manual shall be provided to each resident outlining the requirements of the residency program.
7. Residents shall make themselves knowledgeable of all program requirements.
8. Residents shall be aware of and comply with all policies, procedures and practices of Intermountain and the Pharmacy Residency including, but not limited to, Freedom from Harassment, Complaint Resolution, Constructive Discipline, Fitness for Duty, and department-specific time and attendance policies.
9. Residents shall adhere to important dates and deadlines set forth and identified in the Program Manual.
10. Residents are covered under the Intermountain Liability Insurance Policy.
11. Residents are classified as regular, full-time, exempt employees of Intermountain and are eligible for benefits as such.

**References**

1. ASHP accreditation standard for postgraduate year two (PGY2) pharmacy residency programs. Updated July 2023. Available at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/examples/ASHP-Accreditation-Standard-for-Postgraduate-Residency-Programs-effective-July-2023.pdf>

1. Required competency areas, goals, and objectives for postgraduate year two (PGY2) cardiology pharmacy residencies.  Updated August 2017. Available at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy2-cardiology-residency-competency-areas-goals-objectives.ashx>