

Supplementary Appendix

The authors have provided this appendix containing additional information about their work.

Supplement to: Sonntag EA, Shah KB, Katz JN. Educating resident and fellow physicians on the ethics of mechanical circulatory support. *AMA J Ethics*. 2019;21(5):E407-E415.
doi:10.1001/amajethics.2019.407.

Table of Contents

Page 2: **Table S1.** References to Proposed Ethical Concepts in Accreditation Council for Graduate Medical Education Program Requirements

Page 3: **Table S2.** References to Proposed Ethical Concepts in American College of Cardiology Core Cardiovascular Training Statement 4

Table S1. References to Proposed Ethical Concepts in Accreditation Council for Graduate Medical Education Program Requirements

Proposed Ethical Concepts ^a					
ACGME program requirements for graduate medical education	Best Interest	Autonomy	Informed Consent	Shared Decision Making	End-of-Life Ethics
Cardiovascular disease (internal medicine) ^b	Counsel patients on "indications, contraindications, limitations, complications."	"Demonstrate respect for patient privacy and autonomy."	"Obtain procedure-specific informed consent by competently educating patients about rationale, technique, and complications of procedures."	Demonstrate competence in "avoiding conflicts of interest."	Evaluate patient "need for end-of-life (palliative) care."
Advanced heart failure and transplant cardiology (internal medicine) ^c	Understand "the impact of psychosocial factors on the manifestations, expression, and management of heart failure"; demonstrate competence in "evaluating symptom severity, functional capacity and health-related quality of life in patients with heart failure."		"Demonstrate competence in ... obtaining informed consent."		"Have clinical experience in ... end-of-life care."
Thoracic surgery ^d		"Demonstrate ... respect for patient privacy and autonomy."	"Demonstrate competence in the development and execution of patient care plans, including obtaining informed consent and developing the goals of care."		

Abbreviation: ACGME, Accreditation Council for Graduate Medical Education.

^aSurrogate decision making is not referenced in the program requirements.

^bQuotations from: Accreditation Council for Graduate Medical Education. ACGME program requirements for graduate medical education in cardiovascular disease (internal medicine). https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/141_cardiovascular_disease_2017-07-01.pdf. Revised July 1, 2017. Accessed March 25, 2019.

^cQuotations from: Accreditation Council for Graduate Medical Education. ACGME program requirements for graduate medical education in advanced heart failure and transplant cardiology (internal medicine). https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/159_advanced_heart_failure_transplant_cardiology_2017-07-01.pdf. Published 2012. Accessed October 27, 2018.

^dQuotations from Accreditation Council for Graduate Medical Education. ACGME program requirements for graduate medical education in thoracic surgery. <https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/460ThoracicSurgeryCore2018.pdf?ver=2018-06-18-083752-470>. Revised June 10, 2018. Accessed March 25, 2019.

Table S2. References to Proposed Ethical Concepts in American College of Cardiology Core Cardiovascular Training Statement 4

Proposed Ethical Principles ^a				
ACC 2014 COCATS 4	Best Interest	Autonomy	Shared Decision Making	End-of-Life Ethics
Task Force 1: Training in Ambulatory, Consultative, and Longitudinal Cardiovascular Care ^b	<p>Gain "skill to ... assess cardiovascular risk" associated with cardiovascular health "in the context of disease prevention; rehabilitation; and promotion of longevity, functional capacity, and quality of life."</p> <p>"Practice in a manner that fosters patient benefit above self-interest and avoids conflict of interest."</p>	Obtain "training in patient-centered care, emphasizing shared decision-making and patient autonomy and eschewing conflicts of interest."	<p>"Practice patient-centered care with shared decision-making and appreciation of patients' values and preferences."</p> <p>Obtain "training in patient-centered care, emphasizing shared decision-making and patient autonomy and eschewing conflicts of interest."</p> <p>"Engage in shared decision-making with patients about their condition and the options for diagnosis and treatment."</p>	<p>"Exhibit sensitivity and empathy in dealing with life-threatening and end-of-life issues."</p> <p>"Exhibit sensitivity to patient preference and end-of-life issues."</p> <p>"Openly discuss goals of care and end-of-life issues."</p> <p>"Know the principles, modalities, and appropriate indications for palliative care."</p>
Task Force 12: Training in Heart Failure ^c	Practice assessment for "quality of life, psychological problems (e.g., anxiety and depression), cognitive impairment, literacy problems, social isolation, financial problems, and other barriers to adherence and risk factors for rehospitalization."		"Engage in shared decision making with patients, including options for diagnosis and treatment."	<p>Practice counseling in "end-of-life care, including care options and participation in an interdisciplinary palliative care team."</p> <p>"Show compassion and effective management of end-of-life issues, including family meetings across the spectrum of patients with heart failure."</p>

Abbreviations: ACC, American College of Cardiology; COCATS, Core Cardiovascular Training Statement.

^aInformed consent and surrogate decision making are not referenced in the program requirements.

^bQuotations from Fuster V, Halperin JL, Williams ES, et al. COCATS 4 Task Force 1: Training in Ambulatory, Consultative, and Longitudinal Cardiovascular Care. *J Am Coll Cardiol.* 2015;65(17):1734-1753.

^cQuotations from Jessup M, Ardehali R, Konstam MA, et al. COCATS 4 Task Force 12: Training in Heart Failure. *J Am Coll Cardiol.* 2015;65(17):1866-1876.