



Cardiovascular Computed Tomography Examination Content Outline Summary

	Domain	Percentage
1	Performing Pre-Exam Tasks	14%
2	Performing In-Suite Exam Functions	16%
3	Interpreting and Managing CT Findings	55%
4	Performing Post-Scan Tasks and Reporting Findings	15%
Total		100%





Certification Board of Cardiovascular Computed Tomography

(Detailed Outline)

1.	Performing Pre-Exam Tasks 14%	Knowledge, skill and/or ability related to performing pre-exam tasks
	Review prior focused medical history and clinical information Evaluate clinical indications considering appropriate use	Knowledge of test relative and absolute contraindications Knowledge of proper breath holding techniques Knowledge of medications used in cardiovascular CT (such as beta blockers, calcium blockers, nitrates and ivabradine)
1.B	criteria Educate referring physician and other health care providers	Knowledge of informed consent Knowledge of diagnostic capabilities and limitations of the test
	Perform or direct pre-test counseling for patient	Knowledge of cardiovascular tests and alternative options Knowledge of cardiovascular medicine as it pertains to cardiovascular CT, including calcium scoring
	Screen for contraindications	Knowledge of appropriate use criteria and relevant guidelines Skill in communicating with patients, other physicians and other healthcare providers
1.F	Perform or direct pre-test patient preparation and test instructions	Ability to integrate information and modify the planned procedure as required Ability to identify critical information that might affect test indication, appropriateness, safety and performance
2.	Performing In-Suite Exam Functions 16%	Knowledge, skill and/or ability related to performing in-suite exam functions
		Vacual day of cardiovaccular CT physics
2.A	Supervise patient (pre-test, intra-scan, post-test) treatment optimization	Knowledge of cardiovascular CT physics Knowledge of contrast resolution and signal-to-noise ratios Knowledge of contrast administration and contrast agents
2.B	Manage heart rate and recognize arrhythmias	Knowledge of how pacemakers affect cardiac CT scanning Knowledge of pacemaker optimization options Knowledge of proper ECG gating techniques and trouble-shooting
2.C	Adjust pacemaker settings as applicable for optimal scanning	Knowledge of radiation dose reduction strategies Knowledge of scanner capabilities and limitations
2.D	Select scanning protocol and troubleshoot scanning acquisition problems	Knowledge of scanning protocol options Knowledge of signs, symptoms and management of adverse contrast reactions Knowledge of venous access and injection options, issues and complications
2.E	Perform scan quality assessment	Ability to articulate instructions to technologists Ability to assess scan artifacts and determine remedy Ability to identify poor quality scans and make adjustments in scanning
2.F	Practice radiation safety principles	reconstruction Ability to identify significance of and manage heart rate and arrhythmias Ability to recognize and manage cardiovascular or other clinical distress
		Knowledge, skill and/or ability related to interpreting and managing
3.	Interpreting and Managing CT Findings 55%	CT findings
3.A	Check for scan artifacts	Knowledge of standard nomenclature for coronary segments and dominance Knowledge of various artifacts, their sources and their potential remedies
3.B	Assess coronary anatomy	(including artifacts related to bright structures, image processing artifacts and motion artifacts)
3.C	Quantify coronary artery stenosis	Ability to adjust scan parameters for cardiac vein scanning Ability to apply proper acquisition modes (including LVADs) Ability to apply protocols pertinent to cardiac chambers
3.D	Assess coronary stents	Ability to apply protocols pertinent to cardiac function and assessment Ability to apply protocols pertinent to valvular evaluation
3.E	Assess coronary artery bypass grafts	Ability to assess pulmonary number, size, location and anomalies Ability to correctly recognize and categorize coronary stenoses, location,
3.F	Assess chronic total occlusions	severity, significance and risk Ability to differentiate high risk from low risk coronary anomalies
3.G	Perform plaque characterizations (e.g., identify high risk plaque)	Ability to identify non diagnostic scans or segments Ability to interpret calcium score (including Agatston score, plaque volume, plaque mass, percentile)

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3.H	Assess coronary anomalies	Ability to measure size and categorize pericardial thickness
	,	Ability to measure size and function of cardiac chambers
3.1	Assess pulmonary veins	Ability to recognize and classify segmental and global cardiac function and pathology
		Ability to recognize aortic pathology
3.J	Assess cardiac veins	Ability to recognize appendage pathology
		Ability to recognize cardiac chamber pathologies
3.K	Assess cardiac chambers	Ability to recognize cardiac devices (including variety and impact on
		interpretation)
3.L	Assess cardiac function	Ability to recognize cardiac vein pathology
		Ability to recognize congenital heart disease
3.M	Assess pericardium	Ability to recognize coronary anomalies
		Ability to recognize high risk plaque features (such as high plaque volume,
3.N	Assess native/artificial valves	positive remodeling, spotty calcification, napkin ring sign, low attenuation
		plaque)
3.0	Assess myocardium	Ability to recognize indications for cardiac vein assessment
3.0	Assess myocaraiam	Ability to recognize indications for pulmonary vein assessment
2 D	Access annondage	Ability to recognize mediastinal and hilar pathology
٥.٢	Assess appendage	Ability to recognize myocardium pathology (e.g., infarction, perfusion,
2.0		aneurysm, masses, viability)
3.Q	Assess septum (atrial/ventricular)	Ability to recognize non coronary calcium (such as MAC) Ability to recognize pathology related to device (e.g., pacer, ICD, hemodaynamic
	Assess percutaneous valvuloplasty procedures (e.g., feasibility	support, etc.)
3.R	of, TAVR, etc.)	Ability to recognize pathology of other non-vascular structures (such as bones,
		other soft tissue, etc.)
3.S	Assess congenital heart disease	Ability to recognize pleural effusions
		Ability to recognize pulmonary nodules/tumors
3.T	Assess aorta	Ability to recognize pulmonary vein pathology
		Ability to recognize septum pathology
3.U	Assess pulmonary artery	Ability to recognize the differences in scanning and interpreting bypasses of
		different types and locations
3.V	Assess vascular anomalies	Ability to recognize the differences in scanning and interpreting stents of
	A discount d	different sizes and types
3.W	Assess common lung disease, pulmonary nodules/tumors and	Ability to recognize the differences in scanning parameters for known chronic
	pleural effusions	total occlusions
3.X	Assess mediastinal and hilar pathology	Ability to recognize the limitations of distinguishing subtotal and total
		occlusions Ability to recognize the pertinent anatomic considerations when interpreting
3.Y	Assess other non-vascular structures (e.g., bones, soft tissue)	known chronic total occlusions
		Ability to recognize therapeutic and prognostic implications of coronary
3 7	Assess calcium scoring	pathology
3.2	n 65055 calcium scoring	Ability to recognize vascular pathology
		Knowledge, skill and/or ability related to performing post-scan tasks
4.	Performing Post-Scan Tasks and Reporting Findings 15%	and reporting findings
		Knowledge of the storage parameters for raw and reconstructed data
4.A	Supervise reconstruction protocols	Knowledge of reformatting types, including strengths and limitations
	And of the form and the second of	Knowledge of DICOM and PACS storage capabilities and limitations
4.B	Actively perform post-processing (i.e., manipulation and	Knowledge of image quality resolutions (such as contrast, temporal, spatial and
	reformatting at workstation)	field-of-view)
	Evaluate and treat adverse contrast reactions and	Ability to reconstruct raw data
4.C	extravasations	Ability to utilize full capacity of workstation tools
		Ability to reconstruction and post-processing options and indications for use
4.D	Evaluate and manage contrast-induced nephropathy	Ability to actively reformat multi planar images to improve image quality and
		diagnostic accuracy