

**Name of rotation:**      **Cardiology Inpatient Service (Blue Team)**      **Division: Cardiology**

**Course Director:**      **Robert Peters, M.D.**      **Site(s): VA**

**Duration of rotation:**     **one month only**  
    **2 weeks possible**

**General description of the rotation including educational purpose, rationale or value:**

The resident is an integral part of the Cardiology inpatient team (consisting of an attending physician, cardiology fellow, an upper level resident, 3 interns, and 2-3 medical students. Up-to-date cardiology inpatient care is taught with emphasis on physical examination, interpretation of non-invasive and invasive laboratory tests and cost-effective compassionate management. Longitudinal care decision making is taught with emphasis on timing the length of stay in the CCU versus step-down unit versus discharge to clinic follow-up. Daily attending rounds are held seven days a week.

**Resident responsibilities, including interns and residents:**

The R-1 residents are responsible for patient care (with supervision) in the CCU, step-down unit and ward. These responsibilities include the initial work-up and follow-up of a subgroup of patients and sharing night-call coverage. The senior resident is responsible for supervision of the R-1's and oversees patient management.

**Educational Objectives:** An expanded version of the competencies is listed under Core Competencies in Internal Medicine. Those listed here are specific to this rotation.

**During this rotation, the PGY-1 resident will:**

**Patient Care**

1. Develop increasing independence in patient evaluation and management.
2. Admit up to 5 patients in 24 hours (or 8 in 48 hours), detailing comprehensive history, physical examination, evaluation and management plan.
3. Write daily progress notes for all patients assigned to the intern.
4. Develop efficiency in providing cross-coverage to patients cared for by other interns and on other teams.
5. Demonstrate comprehensive and logical diagnostic approach to the patient with chest pain
6. Discuss the therapy of acute coronary syndromes (including acute myocardial infarction)
7. Perform an accurate physical examination of the patient with cardiac disease
8. Analyze basic and increasingly complex EKG's
9. Evaluate and manage atrial fibrillation and other arrhythmias effectively
10. Develop an effective and evidence-based algorithm for risk factor modification

**Medical Knowledge**

1. List the indications, risks and therapeutic use of invasive electrophysiology studies.
2. Discuss and demonstrate the evaluation and management of patients with heart failure, new and chronic with exacerbations.
3. Interpret basic and increasingly complex EKG's.

**Practice-Based Learning**

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.

**Interpersonal and Communication Skills** – See master list for these competencies.

1. Enhance their interpersonal, leadership and teaching skills.

**Professionalism** – See master list for these competencies.

**System-Based Practice**

1. Practice cost-effective health care and resource allocation that does not compromise quality of care.
2. Advocate for quality patient care and assist patients in dealing with system complexities.
3. Partner with health care managers and health care providers to assess, coordinate, and improve health care through interdisciplinary rounds.

**During this training, the PGY-2 resident will:**

**Patient Care**

1. Expand knowledge base in internal medicine per specialty-specific objectives.
2. Demonstrate comprehensive and logical diagnostic approach to the patient with chest pain

3. Discuss the therapy of acute coronary syndromes (including acute myocardial infarction)
4. Perform an accurate physical examination of the patient with cardiac disease
5. Analyze basic and increasingly complex EKG's
6. Evaluate and manage atrial fibrillation effectively
7. Develop an effective and evidence-based algorithm for risk factor modification
8. Develop increasing independence in patient evaluation and management.
9. Supervise interns and students in their daily patient care, overseeing all evaluation and management.

#### **Medical Knowledge**

1. Expand knowledge base in internal medicine per specialty-specific objectives.
2. Demonstrate ability to analyze and treat treatment of complex cardiac arrhythmias.
3. List the indications, risks and therapeutic use of invasive electrophysiology studies.
4. Discuss and demonstrate the evaluation and management of patients with heart failure, new and chronic with exacerbations.
5. Interpret basic and increasingly complex EKG's.
6. Complete certification in diagnostic procedures, e.g., thoracentesis, paracentesis, joint aspiration, lumbar puncture, arterial puncture for arterial blood gas determination and therapeutic procedures, e.g., central line placement.

#### **Practice-Based Learning**

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
2. Lead team discussions and review key literature pertinent to cases on the team.

**Interpersonal and Communication Skills** – See master list for these competencies.

**Professionalism** – See master list for these competencies.

#### **System-Based Practice**

1. Practice cost-effective health care and resource allocation that does not compromise quality of care.
2. Advocate for quality patient care and assist patients in dealing with system complexities.
3. Partner with health care managers and health care providers to assess, coordinate, and improve health care through interdisciplinary rounds.
4. Facilitate the learning of students and other health care professionals.

#### **During this training, the PGY-3 resident will:**

##### **Patient Care**

1. Demonstrate comprehensive and logical diagnostic approach to the patient with chest pain
2. Discuss the therapy of acute coronary syndromes (including acute myocardial infarction)
3. Perform an accurate physical examination of the patient with cardiac disease
4. Analyze complex EKG's
5. Evaluate and manage atrial fibrillation effectively
6. Develop an effective and evidence-based algorithm for risk factor modification
7. Evaluate and manage patients in an independent fashion.
8. Supervise interns and students in their daily patient care, overseeing all evaluation and management.

##### **Medical Knowledge**

1. Solidify knowledge base in internal medicine per specialty-specific objectives.
2. Analyze and treat treatment of complex cardiac arrhythmias.
3. List the indications, risks and therapeutic use of invasive electrophysiology studies.
4. Discuss and demonstrate the evaluation and management of patients with heart failure, new and chronic with exacerbations.
5. Complete certification in diagnostic procedures, e.g., thoracentesis, paracentesis, joint aspiration, lumbar puncture, arterial puncture for arterial blood gas determination and therapeutic procedures, e.g., central line placement.

##### **Practice-Based Learning**

1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
2. Lead team discussions and review key literature pertinent to cases on the team.

**Interpersonal and Communication Skills** – See master list for these competencies.

**Professionalism** – See master list for these competencies.

**System-Based Practice**

1. Practice cost-effective health care and resource allocation that does not compromise quality of care.
2. Advocate for quality patient care and assist patients in dealing with system complexities.
3. Partner with health care managers and health care providers to assess, coordinate, and improve health care through interdisciplinary rounds.
4. Facilitate the learning of students and other health care professionals.

**Check all principle teaching methods used during this rotation:**

- |                                     |                                      |                                     |   |
|-------------------------------------|--------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Attending teaching rounds            | <input checked="" type="checkbox"/> | Interdisciplinary rounds                          |
| <input checked="" type="checkbox"/> | Patient management discussions       | <input checked="" type="checkbox"/> | Small group discussions                           |
| <input type="checkbox"/>            | Conferences specific to rotation     | <input checked="" type="checkbox"/> | Bedside clinical rounds                           |
| <input type="checkbox"/>            | Individual instruction of procedures | <input checked="" type="checkbox"/> | Review of diagnostic studies, including radiology |
| <input type="checkbox"/>            | Other: _____                         |                                     |   |

**Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:**

Exposure to a wide mix of inpatient cardiology and internal medicine, and gaining a general familiarity with cardiovascular diagnostic and therapeutic techniques.

**Check the principal ancillary education materials used:**

- |                                     |                             |                                     |                              |
|-------------------------------------|-----------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/>            | Reading lists               | <input type="checkbox"/>            | Pathologic material          |
| <input checked="" type="checkbox"/> | Radiologic studies          | <input checked="" type="checkbox"/> | Other noninvasive studies    |
| <input type="checkbox"/>            | Handouts on relevant topics | <input checked="" type="checkbox"/> | Articles from the literature |
| <input type="checkbox"/>            | Other: _____                | <input type="checkbox"/>            | Case studies                 |

**Methods used to evaluate the resident and the rotation:**

- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Evaluation of residency performance and professionalism   |
| <input checked="" type="checkbox"/> | Evaluation of attending teaching skills and other attributes  |
| <input checked="" type="checkbox"/> | Rotation assessment by resident   |
| <input checked="" type="checkbox"/> | Observation of resident's clinical competency   |
| <input checked="" type="checkbox"/> | Observation of resident's leadership and teaching skills  |
| <input checked="" type="checkbox"/> | Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart |
| <input checked="" type="checkbox"/> | Resident's attendance of rounds and conferences monitored   |
| <input type="checkbox"/>            | Other: _____  |

**Identify strengths and limitations specific to the resources of the sponsoring institution:**

Strengths: Wide variety of pathology - both cardiac and general medicine among the patient population, appreciative patient population.

Limitations: Few women patients.

**Conferences or Attending/Patient Care Rounds: (Journal club, division rounds, etc.)**

<u>Name</u>	<u>Location</u>	<u>Day</u>	<u>Time</u>
Attending Rounds	VA	Daily	9:00-11:00 am
EKG Conference	Gudelsky	2nd & 4th Monday	12:00 noon
Echo Conference	Gudelsky	Friday	8:00 am
Cardiology Grand Rounds	Borges	Thursday	12:00 noon
Cardiac Cath Conference	Gudelsky	Tuesday	7:30 am
Cardiology Case Conference	UMH	Tuesday	3:30 pm

*The resident and faculty members of the Postgraduate Education Committee reviewed and edited the content of this curriculum at its meeting on 9/18/07.*