

R1 Cardiology, IMMC

I. Title and Length

- A. Title: R1 Cardiology Rotation
- B. Length: One month

II. Division Director and Staff

- A. Course Director: Allan Latcham, M.D.
Contact Phone Numbers = Office 241-6577 (Carrie)

- B. Faculty: Heart and Vascular Care Cardiologists
 - 1. David Lemon, M.D.
 - 2. Jay Yans, M.D.
 - 3. Dirk Ver Steeg, M.D.
 - 4. Jim Lovell, D.O.
 - 5. Martha Stewart, M.D.
 - 6. Frank Haugland, M.D., PhD.
 - 7. Jon Fudge, M.D.

III. Orientation

Contact the R2 resident currently on the rotation to arrange a meeting place and time for the first day. If there is no R2 resident on service, contact Carrie in the HVC office prior to the start of the rotation to arrange the first day orientation session. A list of patients for you to see and follow will be provided at these orientation sessions. A schedule listing which cardiology faculty will attend on the service during the rotation will then be provided.

IV. Objectives and Description

- A. Educational purpose

The purpose of this rotation is to gain useful didactic and clinical knowledge in the care of cardiac patients. The entire field of cardiology, including evaluation and treatment of the chronic phase of cardiac diseases, will be covered during the month.

- B. Principal Teaching Methods

1. Active patient care: You should take an active role in the care of patients assigned to you. You should develop a plan for that patient's care, review it with the attending physician and then implement it.
2. Discussion with faculty: The HVC cardiology group will rotate teaching responsibilities on a weekly basis. The assigned cardiology teaching physician for the week will meet with you Monday through Friday mornings at 7:30 a.m. to round on patients you are following. You will then work with this physician to cover new admissions and consults for the week. This attending physician will discuss care plans

for new patients seen and will discuss teaching issues relative to these patients.

3. Didactic sessions: Weekly sessions will be scheduled with the teaching faculty to review specific topics in cardiology also addressed in the Syllabus.

C. Educational Content

1. Patients - You will care for patients with chest pain, arrhythmias, acute myocardial infarction, unstable angina, congestive heart failure and other problems typical of an inpatient cardiology service at a tertiary care referral center.
2. Procedures - Under the direct supervision of Dr. Haugland and the other HVC cardiologists, you may gain experience placing arterial lines, Swan-Ganz catheters, and temporary pacemakers (both transthoracic and transvenous). There will also be opportunities to work with HVC staff performing treadmill studies during the rotation.
3. Educational sessions - You will participate in didactic sessions as described above.
4. Residents should perform periodic literature searches on topics in cardiology pertinent to their patients.

D. Ancillary Educational Materials

1. CCU Syllabus - This consists of a collection of assigned articles to read during the rotation.
2. Assessment - You should use MKSAP and MedStudy questions to assess your fund of knowledge in cardiology. You may discuss problem areas with Dr. Haugland, Dr. Latham or other division teaching faculty.

V. Patient Care

- A. Maximum number of patients - You will be responsible for a maximum number of 12 patients at any one time. Also, you will not be asked to admit more than 8 patients in any given 48 hour period. If you exceed these thresholds, you should inform the attending cardiologist calling you with an admission that you have reached your service capacity.

B. Lines of responsibility:

1. When a patient presents to the medical center for you to see, you will either be paged by the attending directly, or if time does not

permit, the cardiology nurses or office may contact you. Once you meet the patient, you should fully assess the patient, devise a plan, and then contact the attending cardiologist to discuss your assessment and plan.

2. Your written admission note should be relatively brief, and should contain only pertinent information. You should dictate an H&P on the hospital line, listing your attending in that note. You must also identify the patient's primary care physician and list his/her name on the dictated H & P.
 3. You will follow the daily care of that patient until he/she is discharged from the hospital.
 4. When discharged, you should write discharge orders and review the pertinent discharge information with the patient and family. In addition you are expected to complete a timely discharge summary on the day of discharge. Both the attending physicians's name and the primary care physician's name should be listed on the dictated discharge summary.
 5. If a patient is critically ill on admission, you should immediately page the admitting cardiologist and notify him/her of this.
- C. Code Team Responsibilities: In addition to taking calls from nursing personnel on teaching patients you are following, you will also attend codes occurring anywhere in the medical center.
- D. Weekend Coverage - You will be granted one day free of patient care responsibilities each week as coordinated with the second year resident and attending physician.
- E. Continuity of Care Clinic- You should plan to attend your continuity clinics during the month.

VI. Medical Records and Procedural Documentation

- A. You are responsible for signing all orders, progress notes, history and physical summaries and discharge summaries that you perform while on this rotation.
- B. Procedural Documentation- You should keep a log of all your procedures while a resident at Iowa Methodist. You will need direct supervision for the first 5 arterial lines, as well as the first 5 Swan-Ganz lines, and the first 3 temporary pacemakers. You should never perform a procedure without

first discussing it with the attending physician, unless such a procedure is performed on a life-saving emergent basis.

VII. Evaluation

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and a written evaluation form will be completed and returned to the residency office. The written evaluation form will be reviewed and signed by the resident and will be kept in the resident's confidential file for future reference.

The resident will be evaluated by faculty in each of the required six general competency areas as follows:

1. **Patient Care:** Demonstrate ability to effectively evaluate and manage patients with cardiology conditions and demonstrate competence with required procedures encountered during the rotation. Procedures the resident may perform during the rotation include central venous lines, arterial lines, temporary transvenous cardiac pacing and electrical cardioversion procedures.
2. **Medical Knowledge:** Demonstrate ability to access and critically evaluate current medical information relevant to cardiology and demonstrate understanding of assigned reading materials in syllabus.
3. **Practice-Based Learning:** Demonstrate ability to identify gaps in knowledge and skills in the care of patients with cardiology conditions and demonstrate real-time strategies to address these gaps.
4. **Interpersonal and Communication Skills:** Demonstrate adequate communication abilities in dealings with patients and families. Demonstrate timely and complete medical records, including admission notes, consult notes, procedure notes and discharge summaries
5. **Professionalism:** Demonstrate respectful behavior towards patients and families, colleagues, nurses and other allied health personnel. Always protect patient confidentiality and provide informed consent.
6. **Systems-Based Practice:** Demonstrate an evidence-based, cost-conscious approach to patient care. Collaborate with nursing, social services and other allied health care providers to assure timely, comprehensive care provided.