Cardiology Consult A

Legend for Educational Activities

FR – Faculty Rounds RR – Radiology Rounds

DSP – Directly Supervised Procedures EBM - Evidence Based Medicine FS – Faculty Supervision M&M-Morbidity & Mortality

MR – Morning Report

DL- Didactic Lectures

DPC – Direct Patient Care

GR – Grand Rounds

BRL --Board Review Lectures

JC – Journal Club

MJ – Medical Jeopardy PC–Professionalism Curriculum

Legend for Evaluations

FE - Faculty Evaluations

DSP – Directly Supervised Procedures

ITE – In-Training Exam

PDR-Program Director's Review (twice annually)

PR – Peer Review

Cardiology Consult A will be offered as a 4 week rotation for PGY2 residents, offering experience both in the inpatient and sub-specialty clinic. The residents will be supervised by a board certified Cardiologist on this rotation while providing consultative care to adult patients on General medicine wards and critical care units. One half day a week will be protected time for resident's continuity clinic and one half day would be protected for Weekly Didactic lecture series where attendance is mandatory. The educational goals for this rotation are indicated for each of the six ACGME competencies.

A. Patient Care

	Educational Goals	Educational Activities	Evaluation Tools
1.	Take a complete medical history and perform a careful and accurate physical examination with a cardiology focus.	DPC, FR	FE
2.	Ability to recognize the physical findings of chronic congestive heart failure, acute pulmonary edema, mitral	DPC, FR	FE

	regurgitation, mitral stenosis, aortic stenosis, aortic regurgitation and tricuspid regurgitation.		FE
3.	Write concise, accurate and informative histories, physical examinations and progress notes with a cardiology focus.	DPC, FR	FE
4.	Ability to formulate comprehensive and accurate problem lists, differential diagnoses and plans of management for patients with acute cardiac illness.	DPC, FR, DL	FE
5.	Effectively evaluate and manage patients with acute cardiac illness; particularly acute coronary syndromes, acute myo-cardial infarction, congestive heart failure, pulmonary edema and acute valvular heart disease.	DPC, FR, DL	FE, ITE
6.	Effectively manage patients with undiagnosed chest pain, including the appropriate use of diagnostic testing.	DPC, FR, DL	FE, ITE
7.	Ability to recognize major abnormalities of cardiac stress tests, cardiac ECHO and coronary angiograms.	DPC, FR, DSP	FE, ITE
8.	Ability to interpret simple and moderately complex electrocardiograms and rhythm strips.	DPC, FR, DL	FE, ITE
		DPC, FR, DL	FE, ITE
9.	Effectively evaluate and manage patients who have undergone interventional procedures.	DPC, FR, DSP	FE
10.	Ability to perform basic ventilator management.	DPC, FR, DSP	FE, ITE
11.	Ability to manage pulmonary artery (Swan- Ganz) catheters and temporary pacemakers, under supervision.	DPC, FR, DSP	FE, ITE
12.	Ability to administer emergency thrombolytic treatment, under supervision.	DSP, DPC, FR	FE, ITE
13.	Ability to perform CPR and advanced cardiac life support.	DPC, DSP, DL	FE, ITE
14.	Willingness and ability to help patients undertake basic strategies for prevention of cardiovascular disease, including modifications of diet and physical activity, and cessation of use of tobacco.	DPC, FR	FE
15.	Participation in and later leading of discussion of end-of-life issues with families.	DPC, FR, DL	FE
16.	Insert central venous lines and arterial lines with proper technique.	DPC, FR ,DSP	FE

B. Medical Knowledge

	Educational Goals	Educaitonal Activities	Evaluation Tools
1.	Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of patients with chest pain and acute cardiac disease.	DPC, FR	FE
2.	Access and critically evaluate current medical information and scientific evidence relevant to acute cardiac care.	DPC, FR	FE, ITE

3.	Understand indications for aggressive anticoagulant and antiplatelet therapy as well as the mechanisms of action of the various agents.	DPC, FR	FE, ITE
4.	Understand the physiologic and pathophysiologic principles of invasive hemodynamic monitoring including indications.	DPC, FR	FE, ITE
5.	Understanding the basic pathophysiology, clinical manifestations, diagnosis and management of cardiac diseases, as seen on a coronary care unit.	DPC, FR	FE, ITE
6.	Familiarity with the basic principles of diagnosis and management of essential hypertension; ischemic heart disease, including unstable angina pectoris and myocardial infarction; congestive heart failure; common cardiac arrhythmias, especially atrial fibrillation, supraventricular tachycardia, and ventricular arrhythmias; common rheumatic heart diseases; common congenital heart diseases.	DPC, FR	FE, ITE
7.	Basic familiarity with the indications for, principles, complications, and elementary interpretation of ECG, inpatient rhythm monitoring, exercise and chemical stress tests, electrophysiologic studies, transthoracic and transesophageal cardiac ECHO, nuclear cardiac imaging, right and left ventricular catheterization, coronary angiography, and percutaneous angioplasty.	DPC, FR	FE, ITE
8.	Familiarity with basic principles of assessment of lifetime cardiovascular risk & cardiovascular risk prevention.	DPC, FR	FE, ITE
9.	Familiarity with basic strategies for cessation of use of tobacco.	DPC, FR	FE

C. Interpersonal Skills and Communication

	Educational Goals	Educational Activities	Evaluation Tools
1.	Communicate effectively with patients and families in a stressful critical care environment.	DPC, FR	FE
2.	Communicate effectively with physician colleagues and members of other health care professions to assure timely, comprehensive patient care.	DPC, FR	FE, PR
3.	Communicate effectively with colleagues when signing out DPC or turning over care to another service.	DPC, FR	FE, PR

D. Professionalism

	Educational Goals	Educational Activities	Evaluation Tools
1.	Interact professionally toward towards patients, families, colleagues, and all members of the health care team.	DPC, FR	FE, PR
2.	Interacting with patients and families in a professionally appropriate manner.	DPC, FR	FE
3.	Acceptance of professional responsibility as the primary care physician for patients under his/her care.	DPC, FR	FE, PR
4.	Appreciation of the social context of illness.	DPC, FR	FE
5.	Effective utilization of ethics knowledge and consultants. This includes guidelines for CPR and DNR and end of life cardiac care.	DPC, FR, DL	FE

E. Practice-Based Learning and Improvement

	Educational Goals	Educational Activities	Evaluation Tools
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of acute cardiac patients.	DPC, FR	FE, ISE
2.	Develop real-time strategies for filling knowledge gaps that will benefit patients in the coronary care unit.	DPC, FR	FE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, FR	FE, ISE

F. Systems-Based Practice

	Educational Goals	Educational Activities	Evaluation Tools
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for acutely ill cardiac patients.	DPC, FR	FE
2.	Collaborate with other members of the health care team to assure comprehensive coronary care.	DPC, FR	FE, PR
3.	Use evidence-based, cost-conscious strategies in the care of patients with chest pain and other acute cardiac disease.	DPC, FR	FE, IE
4.	Knowing when to ask for help and advice from senior residents and attending physicians.	DPC, FR	FE, PR
5.	Effective professional collaboration with residents, fellows and faculty consultants from other disciplines such as Radiology and Surgery.	DPC, FR, GR	FE
6.	Learning by participation in ward rounds, teaching conferences and other educational activities.	DPC, FR	FE

7.	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators pathologists, respiratory therapists, social workers, case managers, discharge planners, clinical pharmacists and providers of home health services.	DPC, FR	FE, PR
8.	Effective utilization of ethics consultants, including knowing when and how to request consultation, and how best to utilize the advice provided.	DPC, FR, DL	FE
9.	Consideration of the cost-effectiveness of diagnostic and treatment strategies.	DPC, FR	FE
10.	Ability to lead team, including medical students, nurses, clinical pharmacist, case manager, and social worker.	DPC, FR	FE
11.	Willingness and ability to teach medical students	DPC, FR	FE, PR

	Category	Subcategory	Subcategory	A=Mana ge B=Co- manage C=Refer	LEVEL OBJECTIVE ATTAINED
PG2 - (CARDIC	DLOGY - DETAIL	ED GOALS AND O	BJEC	TIVES
Physical Diag	gnosis – it is ex	pected that the resident develops	s competency in these specific		
<u> </u>	l exam skills.				
Aus	cultation				PG2
		Regurgitant			PG2
			Aortic		PG2
			Mitral		PG2
			Tricuspid		PG2
		Stenotic			PG2
			Aortic		PG2
			Mitral		PG2
		Valsalva maneuver			PG2
		Respiratory variation of murmura	s		PG2
		S3, S4			PG2
		Pericardial rub			PG2
		Splitting of S2			PG2
			Comparison of A2, P2	2	PG2
		Midsystolic click/murmur			PG2
		ected that the resident develops	competency in these		
specific _]	procedures.				
		Perform			
	erial line				PG
ACI	LS				PG

	Tests – it is expected that the resident understands t	
Pulm catheter pre	ts and is able to interpret the results without the need	PG2
_	ing of Tests – it is expected that the resident learns the	
	nding of these tests; however, specific test interpretati	*
	assistance of a sub-specialist.	ion would
Treadmill	assistance of a sub-specialist.	PG2
Treadmill/imaging	or.	102
Treadmin/maging		PG2
Echocardiograph		
у		PG2
	Transthoracic	PG2
	Transesophageal	PG2
Cardiac flow studies		PG2
Studies	Thallium	PG2
	PET	PG2
Cardiac catheteriz		PG2
	Right	PG2
	Left	PG2
	Angiography	PG2
Helical CT		PG2
	Pulmonary emboli	PG2
	Aortic dissection	PG2
	Cardiac/vascular tumors	PG2
Electron beam CT		PG2
	Coronary risk stratification	PG2
Holter monitor	,	PG2
Event recorder		PG2

	Category	Subcategory		Subcategory	A=Mana ge B=Co- manage C=Refer	
CAR	DIOLOGY	Y - ADDITIO	NAL OBJ	ECTIVES		
Assess a p	patient for cardiovas	cular risk before noncardia	ac surgery.**			
Diagnose	an acute ventricular	septal defect.				
Diagnose atrial septal defect.						
Diagnose cardiac tamponade.						
Diagnose ischemia-induced papillary muscle dysfunction.						
	Diagnose ischemic cardiomyopathy.					
Diagnose	low-risk ventricular	arrhythmia.**				
Diagnose	Diagnose mitral valve prolapse.					
	myocarditis.					
Diagnose	pericardial effusion.					
Diagnose	pulmonary valve ste	enosis.				
Diagnose	right ventricular infa	arction.				

Diagnose Takotsubo cardiomyopathy.	
Diagnose torsades de pointes as a complication of long QT syndrome.	
Emergently treat hyperkalemia.	
Manage acute pericarditis.	
Manage anticoagulation therapy in a patient with a mechanical prosthetic valve.	
Manage asymptomatic aortic stenosis.**	
Manage cardiogenic shock	
Manage chronic stable angina.**	
Manage immunizations in a patient with cardiovascular disease.**	
Manage multifocal atrial tachycardia.**	
Manage peripheral vascular disease.**	
Manage progressive angina.**	
Manage venous ulceration.	
Manage ventricular fibrillation in a patient with acute myocardial infarction.	
Predict the auscultatory findings in mitral stenosis.	
Prevent recurrent supraventricular tachycardia.	
Recognize the indications for abdominal aortic aneurysm screening.	
Select appropriate endocarditis prophylaxis.**	
Select the appropriate cardiac stress test for a patient with a permanent pacemaker.	
Select the appropriate diagnostic test for patients with chest pain who take digoxin.	
Treat aortic dissection.	
Treat atrial fibrillation with warfarin.	
Treat digoxin toxicity.	
Treat hypertension in a woman attempting to conceive.	
Treat obstructive hypertrophic cardiomyopathy.	
Treat stage III heart failure in a patient who is black.	
Treat ventricular arrhythmias in a patient with an implantable cardioverter- defibrillator.	