

Cardiology Consult B

Legend for Educational Activities

FR – Faculty Rounds DSP – Directly Supervised Procedures FS – Faculty Supervision MR – Morning Report DPC – Direct Patient Care BRL --Board Review Lectures MJ – Medical Jeopardy	RR – Radiology Rounds EBM - Evidence Based Medicine M&M-Morbidity & Mortality DL- Didactic Lectures GR – Grand Rounds JC – Journal Club PC–Professionalism Curriculum
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Legend for Evaluations

FE - Faculty Evaluations DSP – Directly Supervised Procedures ITE – In-Training Exam PDR–Program Director’s Review (twice annually) PR – Peer Review
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Cardiology Consult B will be offered as a 4 week rotation for PGY3 residents, offering experience both in the inpatient and sub-specialty clinic. The residents will be supervised by a board certified Cardiologist on this rotation. 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 complex electrocardiograms and rhythm strips.	DPC, FR, DL DPC, FR, DL	FE, ITE 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	Educational 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.	In-depth knowledge and understanding of pathophysiology, clinical manifestations, diagnosis and management of cardiac diseases, as seen on a coronary care unit.	DPC, FR	FE, ITE
6.	In-depth knowledge and understanding 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.	In-depth knowledge and understanding 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 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 PGY 2 residents, medical students, nurses, clinical pharmacist, case manager, and social worker.	DPC, FR	FE
11.	Willingness and ability to teach medical students and PGY 2 residents.	DPC, FR	FE, PR

	Category	Subcategory	Subcategory	A=Manage B=Co-manage C=Refer	LEVEL OBJECTIVE ATTAINED
PG3 - CARDIOLOGY - DETAILED GOALS AND OBJECTIVES					
Clinical Conditions – it is expected that the resident be familiar with all of the conditions listed. These conditions are divided into 3 categories:					
A – these are conditions that the resident is expected to develop competence in the diagnosis and management of without the need for consultation.					
B – these are conditions that the resident is expected to develop a basic understanding of the diagnosis and management to enable him/her to co-manage with a subspecialty consultant.					
C – these are conditions that the resident is expected to recognize and formulate a differential diagnosis, but management would almost always be carried out by a sub-specialist.					
	Atherosclerosis	Acute MI	Acute care	B	PG3
			Post discharge care	A	PG3
		Angina			PG3
			Stable	A	PG3
			Unstable	B	PG3
		Gender difference on presentation		A	PG3
		Peripheral vascular disease			PG3
			Vascular insufficiency	A	PG3
			Thoracic aortic aneur	B	PG3
			Abdominal aortic ane	B	PG3

			Aortic dissection	C	PG3
			Carotid stenosis	B	PG3
		Risk factors		A	PG3
			Dx and Tx of lipid dis	A	PG3
			Gender differences in	A	PG3
	Venous disease			A	PG3
	Congestive heart failure				PG3
		Systolic dysfunction		A	PG3
		Diastolic dysfunction		A	PG3
	Arrhythmias				PG3
		Atrial fibrillation/flutter		A	PG3
			Anticoagulation	A	PG3
		Brady/tachycardia syndrome		B	PG3
		Ventricular ectopy		B	PG3
		AV conduction disease		B	PG3
		Sudden death		C	PG3
		Syncope		A	PG3
	Valvular heart disease				PG3
		Rheumatic		A	PG3
		Aortic stenosis		B	PG3
	Mitral prolapse syndrome			A	PG3
	Pericardial disease				PG3
		Acute pericarditis		A	PG3
		Pericardial tamponade		B	PG3
		Constrictive pericarditis		B	PG3
	Endocarditis			A	PG3
	Myocarditis			B	PG3
	Congenital heart disease				PG3
		Atrial septal defect		B	PG3
		Ventricular septal defect		C	PG3
		Tetralogy of Fallot		C	PG3
		Coarctation of aorta		C	PG3

	Category	Subcategory	Subcategory	A=Manage B=Co-manage C=Refer
CARDIOLOGY - ADDITIONAL OBJECTIVES				
Assess a patient for cardiovascular risk before noncardiac 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 mitral valve prolapse.				
Diagnose myocarditis.				
Diagnose pericardial effusion.				
Diagnose pulmonary valve stenosis.				
Diagnose right ventricular infarction.				
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.			