

CARDIOLOGY

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I. Educational purpose of rotation: The rotation in Clinical Cardiology will complement the experience of the ICU rotation, providing residents with exposure to patients with cardiovascular disease in the general hospital and outpatient setting. It will stress clinical aspects in the recognition and treatment of chronic cardiovascular disease.

II. Goals:

A. Patient Care – Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients from the history and physical examination (with special emphasis on the cardiac exam), laboratories and other test results, and previous medical records
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and recommend patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- work with health care professionals, including those from other disciplines, to provide patient-focused care

B. Medical Knowledge- The resident will develop the knowledge base in cardiology necessary to become proficient as a general internist. This will include:

Arrhythmias

Atrial conduction abnormalities

Pacemaker management

Ventricular

Congestive heart failure

Acute pulmonary edema

Chronic congestive heart failure

Coronary artery disease

Angina pectoris, chronic stable

Angina pectoris, unstable

Myocardial infarction follow up

Postoperative care (CABG, PTCA)

Primary prevention of CAD (risk factor modification)

Secondary prevention of CAD

Endocarditis

Hypertension

Chronic stable hypertension

Secondary hypertension

Myocardial disease

Cardiomyopathy

Myocarditis

Pericardial disease

Acute pericarditis

Pericardial tamponade

Preoperative evaluation of the cardiac patient (see also Consultative Medicine)

Vascular disease

Aneurysm (atherosclerotic, mycotic)

Aortic disease

Arterial insufficiency

Deep venous thrombosis

Valvular heart disease

C. Practice-Based Learning and Improvement- Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- use information technology to manage information, access on-line medical information; and support their own education
- facilitate the learning of students, their fellow residents, and other health care professionals

D. Interpersonal and Communication Skills- Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates. Residents are expected to:

- establish an effective consultative relationship with patients and non-internal medicine physicians
- work effectively with others as a member or leader of a health care team or other professional group in the unique role as a consultant
- develop the effective communication skills of a consultant (both written and verbal) with the patient's attending of record.

E. Professionalism- Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality, of patient information, and informed consent
- demonstrate sensitivity and responsiveness to patients' cultures, age, gender, and disabilities

F. Systems-Based Practice- Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

G) Lifelong learning habits:

- 1) Establish a basic library in Cardiology (end of rotation reading portfolio)
- 2) Learn to analyze and critique the clinical Cardiology literature

III. Teaching Methods

A) Disease mix and patient characteristics - General hospital patients and outpatients. Chronic cardiovascular disease, excluding the acute cardiac syndromes.

B) Training sites:

1. St. Vincent Charity Hospital
2. Private office setting
3. North Ohio Heart Imaging Center

C) Clinical encounters:

- 1) First encounters with patients are encouraged
- 2) Inpatients and outpatients
 - a. follow ups
 - b. new consultations

D) Procedures

- a. ECG interpretation
- b. 2D Echocardiogram interpretation
- b. Stress test interpretation

IV. Educational Materials

A) Residents' Core Lecture Series in Cardiology

B) EKG lecture series

C) Books:

1. Braunwald, Heart Disease
2. Chou, Electrocardiography
3. CMTD-cardiology section
4. Others

D) Journal Club

E) ACP's Medical Knowledge Self-Assessment Program (Residents are expected to answer all of the questions in the corresponding MKSAP sub-specialty section and read further about topics in which they have identified the need to improve their own fund of knowledge.)

V. Evaluation

Residents will be evaluated at the end of the rotation via a face-to-face evaluation with the Attending Physician. Formative evaluations are provided throughout the course of the rotation too. Competency-based evaluation is done via MyEvaluations.com and is discussed under the general evaluation section of the curriculum.