

**Coronary Care Unit
Miriam Hospital**

Overview of Rotation

Revision Date: July, 2007

I. GENERAL INFORMATION	
Name of Rotation	CCU
Director	Ken Korr, MD
Duration of Rotation	1 month
Location	Miriam Hospital
Administrative/Secretarial Contact & Phone	Janice Goulart, 793-4107
Location to report on first day of rotation	Cardiology Fellows Room
Resident Study/Resource Area	Cardiology Fellows room

II. FACULTY	
RI Cardiology Center faculty.	
Lines of Responsibility (in order): In the CCU, cardiology fellows function as a key component of the medical team whose primary objective is to care for patients with acute cardiovascular illnesses. Fellows will interact with generalists and specialists in all areas. Particularly close interactions are fostered with cardiothoracic surgery and internal medicine residents. The medical team is comprised of an attending, a cardiology fellow, medical residents, and medical students. The team is led by the attending, who bears final responsibility for patient management or recommendations for management. The cardiology fellow is next in line, followed by medical residents and medical students, if present on the rotation.	

III. GENERAL GOALS AND EDUCATIONAL OBJECTIVES FOR THIS ROTATION	
<p>General Goals: During the rotation the fellow will be responsible for the care of the patients in the critical care areas of the hospital. The fellow will primarily act in a consultative role to the ICU and post open heart units as well as in the CCU. The fellow will additionally have primary care responsibility for a subset of the CCU patients(those seen by the full time cardiologists). This will afford the fellow the opportunity to expand their knowledge in the critical care aspects of cardiology, including patients with acute coronary syndromes, decompensated CHF and multi-system disease. Additionally, the fellow will have exposure to the management of patients following cardiac surgery. A unique aspect of this rotation is following the patient through their entire hospital stay as appropriate. This allows the fellow the opportunity to develop the skills necessary for providing continuity of care to the acutely ill patient.</p>	
<p>Objectives: In this rotation, the fellow will:</p> <ol style="list-style-type: none"> 1. Learn how to manage patients with acute cardiac illnesses, including acute myocardial infarction and other acute coronary syndromes. 2. Function in the acute care setting (CCU, ICU, CVTI and CVTS) providing patient care and consultations to the attending staff, fellows, residents, medical students, nursing staff and other allied health professionals as appropriate. 3. Understanding of the appropriate use of non-invasive and invasive testing and monitoring tools for patient assessment. 4. Understand the pharmacodynamics of the vasoactive medications that are unique to these practice settings 5. Participate in the placement of monitoring lines and pacing devices as needed. 6. Demonstrate increasing levels of independence in the above roles as appropriate for their level of training. 	

IV. TOPICS/TEACHING METHODS/MATERIALS USED DURING THIS ROTATION

Specific competency-based teaching methods and assessment tools are outlined in section IX.

General topics to be covered during this rotation:

1. Management of acute coronary syndromes, heart failure, and serious arrhythmias.
2. Collaborative practice with various levels of caregivers, intensivists, cardiologists, other sub specialists, including cardiac surgeons, PAs, Nursing staff
3. Placement, ongoing monitoring and removal of hemodynamic monitoring catheters
4. Adjustment of vasoactive medications in a diverse group of critically care patients
5. Indications for, placement of and ongoing monitoring of temporary pacing catheters
6. Understand the indications for, interpretation and application of various non-invasive tests
7. Understand the indications for acute cardiac catheterization in the critical care patient.
8. Triage of patients who with potential acute cardiac illness.
9. Identify and treat cardiac arrhythmias and know the indications for electrophysiology consultation in the critical care patient.

Principal teaching methods (see section IX):

Clinical teaching (A)

Clinical experiences (B)

Performance feedback

Monthly evaluations (C1)

Semiannual evaluations (C2)

Educational materials provided/referred to the resident: A variety of texts and electronic educational materials are available in the cardiology fellows room.

V. EVALUATIONS

A. Evaluation of the resident's successful completion of the above goals will be carried out primarily by the attending physicians, with additional input from residents, students, and peers (see section IX). Assessment methods include:

Clinical performance ratings (1)

Focused observation (2)

360 assessment

Peer evaluations (3B)

Resident/student evaluations (3C)

Faculty/staff meetings (4)

B. Residents will evaluate the on an annual basis.

VI. RESPONSIBILITY OF ATTENDING ON ROTATION

The attending physicians participating in this rotation will be responsible for the direct supervision of the fellow at all times. The attending will review and confirm the historical and physical findings that have been documented by the fellow/resident. The attending will review and discuss the care plan and recommendations and review pertinent testing results with the fellow. The ultimate responsibility for the care of the patient lies with the attending physician.

VII. RESPONSIBILITY OF RESIDENT ON ROTATION

The fellow/resident will be responsible for

- 1) the appropriate triage and initial evaluation of all patients seen in the critical care setting and the communication of those findings to the appropriate attending physician.
- 2) the daily follow-up and documentation on all patients on the coronary care unit service along with

discussion of the results of test and care plan with the attending physician as they progress through their hospital stay; this will include following the patient as they are transferred from the critical care areas until the time of discharge as appropriate and the patient's condition warrants ongoing cardiology involvement.

VIII. CONFERENCE AND CLINIC SCHEDULE SPECIFIC TO THIS ROTATION

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	CCU – Didactic Rounds		CCU – Didactic Rounds	Cath conference	CCU – Didactic Rounds	
PM			Journal club (noon)			

IX. CORE COMPETENCY CURRICULUM

Competency Category	Specific Goals	Teaching & Assessment (sections IV, V above)
Medical Knowledge	Demonstration of investigatory and analytical thinking relevant to the clinical rotation	A,B,C -- 1,2,4
	Acquisition the appropriate background relevant to specific rotations	C -- 1,2
Patient Care	Application of basic and population science to practice	A,B -- 1,2
	Develops effective interactions with patients and families	A,B,C -- 1,2,4
	Obtains appropriate information concerning the patient (history, past medical records, examination)	B -- 1,2,4
	Knowledge of the appropriate indications for diagnostic and therapeutic cardiology procedures	A,B -- 1,2
	Develops sound management plans and/or recommendations to consulting services	A,B -- 1,2,4
Practice-Based Learning & Improvement	Demonstration of a teamwork approach to patient care	B,C -- 2,3B,3C,4
	Procedures: Cardioversion	A,B -- 2,5
	Procedures: ECG, Holter	B,D -- 2
	Demonstration of self-critical thinking and motivation to improve	B,C -- 1,2,4
	Teaching skills: Participation in the teaching of students, residents, and others	B,C -- 2,3C,4
Systems-based Practice	Demonstration of the ability to appraise and assimilate studies in the literature ("Evidence-based medicine")	A,B -- 1,2
	Commitment to act as a patient advocate within the system to achieve optimal medical care and minimize medical error	B -- 2, 3A
Professionalism	Demonstration of respect and compassion for patients, including sensitivity to cultural and social issues	B,C -- 2,3B
	Commitment to professional responsibilities and ethics	B,C -- 1,2,4
	Commitment to ongoing professional development	B,C,D -- 1,2,4

Interpersonal &
Communication

Effective creation of therapeutic relationships with patients

A,B -- 2

Effective communication of medical information by verbal and written means

A,B -- 1,2,3B,4

Commitment to developing effective relationships with referring clinicians, hospital services, and colleagues

A,B,C --
1,2,3B,3C,4