

**Consultative Cardiology
Miriam Hospital**

Overview of Rotation

Revision Date: June, 2006

I. GENERAL INFORMATION	
Name of Rotation	Consultative Cardiology
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	
Ken Korr, Paul Gordon, Doug Burt, Peter Tilkemeier, Gary Katzman, Tom Crain, Harry Schwartz	
Lines of Responsibility (in order): In all clinical in-patient rotations, cardiology fellows will interact with generalists and specialists in all areas, functioning as consultants for cardiovascular problems. Particularly close interactions are fostered with cardiothoracic surgery and internal medicine residents and staff. Primary care of such patients remains with the surgical or medical services, with the cardiology staff available for any level of consultation at any time. At any time, a given in-patient service thus may be 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	
General Goals: The goals for the rotation include a broad experience in consultative/inpatient cardiology. This will include acutely ill patients in the ER and PACU. Additionally consults will be seen and evaluated on the general medical floors throughout the hospital setting. Through participation in the initial evaluation and ongoing care of these patients, the fellow will broaden their knowledge base in cardiology and in consultative medicine.	
Objectives:	
First Year Rotation:	
<ol style="list-style-type: none"> 1. Increase knowledge base in all aspects of clinical cardiology. 2. Learn communication skills in the role of a consultant. 3. Improve teaching skills through interaction with patients, medical students, residents and other healthcare providers. 4. Utilize diagnostic testing appropriately for patients with cardiovascular disease 	
Second or Third Year Rotation:	
<ol style="list-style-type: none"> 1. Increase overall level of independence to achieve the primary goal of functioning as an independent cardiology consultant. 2. Coordinate and organize teaching activities and daily rounds, with appropriate advice and support from the attending. 	

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. Assessing and constructing a plan of care for patients with cardiovascular disease.
2. Appropriate utilization of non-invasive and invasive testing in the inpatient setting.
3. Incorporation of testing results into the plan of care and modifying as required.
4. Understanding of pharmacology of cardiovascular medications and their application in specific patient settings.
5. Increasing responsibility according to level of training will be incorporated into the rotation by the attending physician staff delegating greater communication and care roles to the fellow as appropriate.
6. Coordination of care through the care continuum – including establishing appropriate outpatient follow-up and testing

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: Various texts and online materials/resources are available in the Cardiology Fellow's 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 consults seen in the hospital and the communication of those findings to the appropriate attending physician.

- 2) The teaching of the residents and medical students on the rotation in conjunction with the attending physician.
- 3) The daily follow-up and documentation on all patients on the consult service along with discussion of the results of test and care plans with the attending physician.

VIII. CONFERENCE AND CLINIC SCHEDULE SPECIFIC TO THIS ROTATION						
	Monday	Tuesday	Wednesday	Thursday	Friday	
AM				Cath conference		
PM	Parisi Noon Conference		Noon Journal Club			

IX. CORE COMPETENCY CURRICULUM	
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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
	Application of basic and population science to practice	A,B -- 1,2
Patient Care	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
	Understands utilization of information technology as it relates to clinical care of patients	B,C -- 2
Practice-Based Learning & Improvement	Demonstration of a teamwork approach to patient care	B,C -- 2,3B,3C,4
	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
	Develop an understanding of the broad health care system (billing, insurers, ancillary staff)	B -- 1,2
	Develop an understanding of the practice cost-effective care	B -- 1,2
	Commitment to act as a patient advocate within the system to achieve optimal medical care and minimize medical error	B -- 2
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
Interpersonal & Communication	Commitment to ongoing professional development	B,C -- 1,2,4
	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