

**University of California, Irvine  
Department of Medicine**

**Internal Medicine Residency Program Rotation Curriculum**

**I. Rotation Sites and Supervision**

**Rotation Name: CARDIOLOGY CONSULTATION**

<b>Site</b>	<b>Faculty Supervisor</b>	<b>Administrator</b>	<b>Phone</b>
UCIMC	Byron Allen, MD Dawn Lombardo, MD Jeannette Lin, MD Jin Kim, MD Shaista Malik, MD Pranav Patel, MD Arnold Seto, MD	Lesley Anderson/Lucy Gonzales	714-456-5397/7920
LBVAMC	Harold Olson, M.D.		562-826-5486

**II. The educational rationale and goals for this rotation**

To expose residents to a spectrum of in-patients—both in critical care units and on the wards—who are referred to the Cardiology service for consultation regarding apparent or suspected cardiovascular problems.

**III. The principal teaching methods for this rotation**

History taking, review of medical records, and physical examination by the medical resident. Review of findings with the attending cardiologist. Impromptu didactic sessions related to findings and general problems exhibited by patients referred to the cardiology service for consultation.

**IV. Responsibilities for medical students, PGY1 residents (interns), PGY2 & PGY3 residents and attendings on this rotation**

**Medical student:** Performs initial history and physical examination and review of medical records and prepares draft of consultation note.

**Medical Residents: PGY 1 Residents**

**Patient Care Responsibilities:**

Residents are responsible for following of a select number of patients on the consult service and in clinic. Patient selection is directed by the fellow or attending. All patient care activities of the consult resident are under direct supervision of the fellow.

**Procedures:**

The resident can perform procedures appropriate for their level of training on the consult service. All procedures will be performed under the direct supervision of the senior resident, fellow or attending.

**Education:**

The residents are expected to contribute on rounds. They are expected to present their patients on rounds, and contribute to the discussion of diagnosis, management, pathophysiology, and any related basic science issues. They will present patients at conference. They are expected to review pertinent medical literature. Guidance from the fellows and senior residents will be provided.

**Patient Care:**

The PGY1 residents will perform full consultation H&P on all new consults under their care. They will be responsible for collecting all database information, reviewing prior records, following laboratory information, and writing recommendations under direct supervision of the fellow.

**Senior Residents (PGY2 & 3)**

Senior residents will be responsible for all activities noted for PGY1 residents. In addition, these residents will be responsible for coordinating teaching efforts for interns and medical students. The senior residents will place emphasis on Medical Knowledge Management in the context of consultation. The senior residents will participate in divisional conferences and present appropriate cases with literature review and critical appraisal. The senior residents will be available to teach medical students physical diagnosis.

The senior resident will be certified in basic procedures including thoracentesis, paracentesis, arterial blood gas procedures, and lumbar puncture, and will be responsible for teaching this procedure to the PGY1 residents.

**Fellow:**

Reviews initial draft of consultation note prepared by medical student. Reviews basics of EKG reading with medical student and resident using the case-based approach.

**Attending:**

Interviews, examines the patient, and reviews findings of the student, resident, or fellow. Takes ultimate responsibility for the consultation and signs the consultation note. Provides teaching to the medical student, resident, and fellow.

**V. Competency-based Objectives for the Cardiology Consult Elective**

Educational Objectives: The PGY1

1. Will be able to read and interpret basic EKG findings
2. Will competently conduct a basic cardiac exam
3. Will be able to define the criteria for management and surgery on basic cardiac valve abnormalities.
4. Will be able to define when it is appropriate to transfer patients to the medicine service.

5. Will be able to define the diagnosis and management for coronary artery disease, heart failure and common heart rhythm problems.

Educational Objectives: The Senior Resident

1. Will be able to read and interpret basic EKG findings
2. Will competently conduct a basic cardiac exam
  - a. Will define the criteria for management and surgery on basic cardiac valve abnormalities.
3. Will perform a competent pre-operative evaluation for cardiac risk
4. Will interpret basic and complex arrhythmias
5. Will identify and manage basic arrhythmias: atrial fibrillation, SVT, bradycardia
6. Will define when it is appropriate to transfer patients to the medicine service

**V. Core primary resource readings**

Basic Recommended Readings for this rotation come from **Current Medical Diagnosis and Treatment**, 2009. Access these readings at

<http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1>

In addition, you should be familiar with basic practice guidelines in this discipline. Access these at

<http://www.accessmedicine.com/guidelines.aspx?type=1>

Select the appropriate chapters for review. These chapters can be accessed through the Grunigen Medical Library website.

<http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1>

Chapters of specific relevance for this rotation are:

Chapter 10	<a href="#"><u>Heart Disease</u></a>
Chapter 11	<a href="#"><u>Systemic Hypertension</u></a>
Chapter 12	<a href="#"><u>Blood Vessel &amp; Lymphatic Disorders</u></a>

**VI. Key physical diagnosis skills which should be reviewed during this rotation**

Cardiovascular examination.

**VII. Key procedures that the resident should be able to *perform***

Not required as part of this rotation.

**VIII. Key procedures that the resident should be able to understand the indications for and to interpret**

Coronary angiography  
 Echocardiography  
 Electrocardiography  
 Stress testing  
 Nuclear cardiac imaging

**IX. Key topics (The most important diseases or conditions which the resident should see and understand during his rotation)**

Atherosclerotic coronary disease  
 Chest pain syndromes  
 CHF  
 Valvular heart disease  
 Cardiac arrhythmias

**X. Evaluation methods**

a. Professional competencies will be evaluated by (check all that apply)

Evaluation Method	Direct Observation & Feedback	Journal Club	Written Exam	Report or Presentation	Other (specify)
Competency					
Patient Care	X			X	
Medical Knowledge	X			X	
Practice-based Learning	X			X	
Communication Skills	X			X	
Professionalism	X			X	
Systems-based Practice	X			X	

Faculty will evaluate each resident’s performance using the Competencies Evaluation Form and any special documents developed for the rotation. Faculty will provide formative, face-to-face feedback at the midpoint and end of each rotation.

Evaluation forms will be submitted to the Program Director for review by the Residency Oversight Committee (ROC; competency committee).

Residents will evaluate the rotation, their faculty attending and their peers on the rotation. Rotation Evaluations will be reviewed by the ROC and transmitted to the Division Chiefs.