

11/15/2008

Advanced Cardiology Rotation Description

Rosario V. Freeman

## **ADVANCED CARDIOLOGY ELECTIVE**

Location: UWMC

### **FACULTY CONTACT:**

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Division of Cardiology

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### **GENERAL EDUCATIONAL GOALS:**

At the subspecialty level, learn how to facilitate communication and understand the indications, appropriate use, and interpretation of Cardiovascular diagnostic evaluation. In addition, resident physicians on this rotation will gain a greater understanding of the clinical application of subspecialties within Cardiology. This is achieved by exposure to a number of areas, including:

General Cardiology and Cardiovascular consultation

Ambulatory clinics

Diagnostic testing

Women and heart disease

Congenital heart disease

Valvular heart disease

Echocardiography

Electrophysiology (arrhythmia management and cardiac device placement)

Congestive heart failure and cardiac transplantation

### **ROTATION STRUCTURE:**

During the rotation, the resident will be based on the UWMC Cardiology consult rotation, and will round with the consult team (which comprises a Cardiology fellow, medical students and the Cardiology attending). Specific resident activities will include consultative services, core Cardiology conference attendance and at least one ambulatory clinic. Additional opportunities, based on resident interest, can include time blocks in ambulatory clinics, and echocardiography, cardiac catheterization, and electrophysiology clinics. Time blocks within this rotation to work on Cardiovascular based research are available, but a faculty mentor and research project should be established prior to starting the rotation. Research planned during this rotation should be in compliance with the requirements of the Internal Medicine residency. Residents pursuing specific research or clinical experiences different than those described above should establish a faculty contact several weeks prior to the start of the rotation and contact the rotation coordinator, Dr Freeman ([rosariof@u.washington.edu](mailto:rosariof@u.washington.edu)).

### **PRINCIPLE TEACHING METHODS:**

Weekly didactic sessions and Cardiology teaching conferences will be included. There is a reading curriculum available, linked online to the Division of Cardiology website.

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Ambulatory experience in Cardiology will be included in the schedule at least one half day per week. Attending and Cardiology fellow teaching will be provided on the indications, appropriate use, and interpretation of a variety of diagnostic procedures.

Weekly conferences:

Weekly Cardiology Grand Rounds (Friday 7:30am D200)

Fellows Cardiology Teaching Conference (Friday 8:30 Plaza Café Conference A)

Weekly Cardiology-Cardiac Surgery Clinical Conference (Wednesday 7:30 RR110)

Internal Medicine Resident Morning Report (10:00 am daily)

Internal Medicine Grand Rounds (Thursdays 8:00am)

### **EDUCATIONAL CONTENT:**

#### ***Mix of Diseases:***

Patients presenting to the University of Washington demonstrate a full range of acute cardiac problems in adults, including acute coronary syndromes requiring diagnostic angiography and intervention, congestive heart failure, cardiac transplantation, congenital heart disease, valvular heart disease, and arrhythmias.

#### ***Patient Characteristics:***

The Cardiology patient population has an average age of 65 years but includes patients as young as 16. Over half are in the Medicare populations; approximately 15% are in the Medicaid population. Approximately 10% are ethnic minorities. There is a slight male predominance.

#### ***Types of Clinical Encounters:***

The Cardiology services provide the resident an opportunity to learn by participating in direct patient care in a variety of areas. Exposure to clinical care and decision making on the consult services and outpatient ambulatory clinics is included on this rotation. This includes prescription and monitoring of appropriate medical therapy and application and interpretation of diagnostic studies in the echocardiography, cardiac catheterization, and electrophysiology laboratories.

#### ***Procedures:***

Resident participation is encouraged for all bedside procedures on patients under their care. If the schedule and ongoing patient care duties allow, direct observation of procedures (echocardiography, electric cardioversion, cardiac catheterization) is encouraged. Review of pertinent findings on diagnostic tests such as echocardiography, coronary angiography, and stress testing is required on this service.

#### ***Services:***

The Cardiology Service provides a complete spectrum of tertiary cardiac services including electrophysiology, arrhythmia management, cardiac surgery, coronary angiography, coronary angioplasty, right heart biopsy, echocardiography, exercise testing, and cardiac imaging (radionuclide scanning, MRI, and computed tomography)

### **PRINCIPLE EDUCATIONAL MATERIALS USED:**

Reference materials are available in the Resident's Library, the Medical Center Library, and, most importantly, on line via the Health Sciences Library System. Housestaff should go to the Division of Cardiology website. Then, click on "*Fellowship Program*" and "*Educational Resources.*" After signing in to the website with their UW signon code,

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under the Cardiology A curriculum, there are several links to the Card A curriculum, including the ACC/AHA guidelines and a few selected articles, grouped by topic.

**PATHOLOGIC MATERIALS:** N/A

### **METHODS USED IN EVALUATING RESIDENT AND PROGRAM PERFORMANCE:**

At the end of the rotation, the expectation is that resident performance will be evaluated by every attending he or she has interacted with for a significant amount of time. The evaluator rates the resident on a nine-point scale in each component of clinical competence (i.e. patient care, medical knowledge, practice based learning improvement, interpersonal and communication skills, professionalism, system based learning, education attitudes, leadership, overall clinical competence). The resident is given the opportunity to evaluate the quality of the rotation and the extent to which the educational goals and objectives of the rotation have been met. The resident also evaluates the teaching competence of the attending with whom s/he has interacted for a significant amount of time.

### **EXPLICIT LINES OF RESPONSIBILITY FOR CARE OF PATIENTS:**

Primary responsibility of the patients encountered by the resident physician will be the attending Cardiologist providing care.