

**HEART FAILURE AND TRANSPLANT CARDIOLOGY
“CARDIOLOGY B” SERVICE**

Location: UWMC

FACULTY CONTACT:

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OVERALL EDUCATIONAL PURPOSE

1. To gain insight and expertise regarding inpatient and outpatient evaluation and management of Patients with congestive heart failure of varying etiologies including ischemic heart disease, primary dilated, restrictive or hypertrophic cardiomyopathy, complex congenital and valvular heart disease.
2. To participate in the evaluation of heart failure patients considered for cardiac transplantation and To appreciate the indications for, as well as the contraindications, and alternatives to this procedure.
3. To gain additional familiarity with invasive hemodynamic monitoring of heart failure patients.
4. To learn the appropriate use of intravenous inotropes and vasodilators in the treatment of acute heart failure and the optimal transition to oral therapy.
5. To understand the indications for the use of intra-aortic balloon pumps and ventricular assist devices in the treatment of severe heart failure and to participate in the care of patients with the devices.
6. To participate in the management of patients following cardiac transplantation and to gain insight into the use of immunosuppressive medications.

TEAM STRUCTURE

1 Heart Failure Cardiology Attending
1 2nd Year Cardiology Fellow
1 Internal Medicine R3
1 Hospitalist
1 Nurse Practitioner
Night coverage by R1 and R3

PRINCIPAL TEACHING METHODS

Case discussion and review

The Cardiology Fellow and Heart Failure Attending review and discuss cases with the resident.

Rounds

The Heart Failure/Transplant team rounds on all inpatients on a daily basis, discussing evaluation and management options.

Didactics

Twice weekly didactic sessions in general cardiology.

Weekly didactic sessions by Heart Failure Attending or 2nd year Cardiology Fellow.

EDUCATIONAL CONTENT

Mix of Diseases

There is a wide variety of disease states represented and heart failure is often the final common pathway of diverse cardiovascular disease. Patients with both chronic decompensated and acute heart failure are seen. Specific disease states commonly encountered include acute and chronic manifestations of coronary artery disease, valvular heart disease, primary cardiomyopathies and congenital heart disease. Approximately 10-20% of patients are post-transplant, with both immediate post-transplant and chronic sequelae encountered.

Patient Characteristics

The patient population is varied and encompasses a wide age range from late teens to the elderly. A slight majority are men with women well represented in the patient mix. Many patients are referred from outside hospitals for tertiary care.

Types of Clinical Encounters

The majority of exposure is to inpatients on the Heart Failure/Transplant service where the resident will typically have primary responsibility for 2 to 4 patients. There are opportunities to participate in ambulatory care of both ITF and transplant patients.

Procedures

The resident will have the opportunity to perform right heart catheterizations with the Cardiology Attending in the Cardiac Catheterization Laboratory. The resident will have the opportunity to observe myocardial biopsies on post-transplant patients.

Services

A wide range of services are available 24/7 including a Cardiac Catheterization Laboratory for right and left heart catheterization, coronary intervention and balloon pump placement. Transthoracic and transesophageal echocardiography and cardiothoracic surgery consultation are available when needed. A full service exercise testing program including nuclear and echo stress imaging and cardiopulmonary stress testing is available. An active electrophysiology service with capability of advanced

arrhythmia evaluation, biventricular pacemaker and defibrillator implantation is available.

Rotation Specific Schedule

Monday

9:00 AM – 12 Noon: Attending/work rounds
9:30 Resident report
1:00 Lunch conference

Tuesday

9:00 AM – 12 Noon: Attending/work rounds
9:30 Resident report
11:15 Chief of Medicine rounds

Wednesday

9:00 AM – 12 Noon Attending/work rounds
9:30 Resident report
12:30 Lunch conference

Thursday

8:00 Transplant Recipient Selection Committee Meeting
10:00 AM – 12 Noon Attending work rounds

Friday

7:30 Cardiology Grand Rounds
8:30 Cardiology Tutorial
9:30 – 12 Noon Attending/work rounds
9:30 Resident report

Call and Weekend Responsibilities

None

Principle Educational Materials Used

Recommended Readings

Standard Cardiology textbooks such as Braunwald's Heart Disease are available in the Medicine Library. An online collection of relevant cardiology literature will be made available to the resident at the beginning of his/her rotation.

Pathologic materials

There are opportunities to review cardiac biopsy microscopic pathology on a weekly basis. Opportunities exist to review gross and microscopic pathology of hearts explanted at the time of transplantation.

METHODS USED IN EVALUATING RESIDENT AND PROGRAM EXPERIENCE

At the end of the rotation, the resident is evaluated in writing and their performance reviewed with them verbally by every attending and fellow 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, educational attitudes, leadership, overall clinical competence).

The resident is given the opportunity to evaluate in writing the quality of the curriculum and the extent to which the educational goals and objectives of the rotation have been met. The resident also evaluates the teaching competence of each attending and fellow with whom he/she has interacted for a significant amount of time.

EXPLICIT LINES OF RESPONSIBILITY FOR CARE OF PATIENTS ON THIS SERVICE

The Heart Failure Cardiology Attending is responsible for all inpatients seen by the resident on service. That Attending will interview, examine and discuss with the resident every new patient. Ongoing care will be provided by the resident with close involvement by the Attending. All major changes in status will have documented involvement by the attending faculty.

The resident, hospitalist and nurse practitioner share responsibility for daily notes and orders.