

## CLINICAL CONSULTATION SERVICES

### Mission Statement

The directive of the Clinical Consultation Services is to provide an integrative experience in general cardiology and to emphasize to fellows their fundamental role as cardiologist-clinicians, consultants and patient advocates. We endorse the statement of mission implicit in the Guidelines for Training in Adult Clinical Cardiovascular Medicine (Core Cardiology Training Symposium [COCATS]; JACC Vol. 25, No. 1; January 1995: 1-34.), revised and approved by the ACC Board of Trustees in February 2002.

### Statement of Educational Goals

The curriculum is designed to promote six broad goals based on the six ACGME core competencies:

- (1) Medical Knowledge: exposure to a broad range of acute and chronic cardiovascular problems including both through direct patient management and in a consultative role to other services. Many formal and informal didactic teaching sessions are used as well.
- (2) Patient Care: accurate, physiologically-reasoned diagnosis, at the bedside, in the emergency department and in the ambulatory setting; expert selection of diagnostic tests and referrals for intervention, restrained by considerations of risk, benefit and cost; formulation of a management plan sensitively tailored to the unique medical and life circumstances of each patient. This plan must include rehabilitative and preventive measures.
- (3) Professionalism: effective, mutually satisfying communication with patients, families and other physicians and allied health care personnel. Working with other allied health care team professionals to provide patient focused care. This is especially important in the consultative role the resident will undertake on this service. Maintaining highest ethical standards and strict privacy when discussing patient case plans with other providers.
- (4) Interpersonal and Communication skills: Most importantly this will be critical in the new role the resident will assume as a consultant. Effective communication with other non-cardiology physicians, nurses and allied professions in working with them to develop a plan of care for patients for whom the consultation resident does not assume primary care responsibilities. Being able to explain the necessity of cardiac evaluations clearly and concisely using verbal and written communication will be of paramount importance. In addition, since you are not the patient's longterm primary physician, rapidly developing a rapport with patients and families in a limited time period through good listening and communication skills will be critically important to learning the role of an effective consultant as well.

- (5) Practice Based Learning: Using information technology, literature sources and other available resources to practice evidence based medicine based on sound medical principles, guidelines and best practices, while being still able to individualize this for a particular patient's circumstances.
- (6) Systems Based Learning: during interaction with other medical services and providers in your primary role as a consultant, it will be important to learn how their care delivery systems work (eg. surgical OR schedules and flow, pre-operative evaluation clinics and techniques and where, how and by whom most post-operative care is delivered). Understanding this will be critical to your ability to getting consultative recommendations implemented in a timely manner.

### Statement of Educational Objectives for Fellows

Goals of this service will be achieved by participation on dedicated blocks devoted to in-patient cardiac consultation and ambulatory cardiology experience. Fellows/Residents will be expected to play an active role in all aspects of patient care and interact directly with faculty members on all aspects of this rotation. The goals of this rotation do not include developing performance adequacy in specialized cardiac procedures such as echocardiography, cardiac catheterization, and nuclear stress testing, which are covered in rotations specifically dedicated to these areas. However, the fellows/residents will be expected to interpret results derived from specialized cardiac procedures and to appropriately integrate these results in the care of their patients. In addition, fellows/residents will be trained in all aspects of routine exercise stress testing and bedside procedures commonly performed on the Clinical Consultation Service including electrocardiography and electrical cardioversion. The cardiology faculty/staff member(s) assigned to the Consultation service will have direct responsibility for fellow/resident education.

### Detailed Statement of Expectations of Fellows

- A. Weekly Sign-in Rounds: Faculty, fellows, residents and medical students on the various services meet every Monday morning at 8:00 a.m. in the cardiology conference room (G1433A) for Cardiology Morning Report and sign-in rounds. At this meeting a first year fellow presents an interesting or problematic current patient for group discussion. The first year fellows may divide this responsibility among themselves how they see fit. These presentations are brief and informal, using whatever supportive ECG, X-ray, echo; etc. data are deemed appropriate. The purpose of this meeting is to stimulate thought and discussion. The meeting lasts about one-half hour. The location of this meeting is listed on the weekly schedule, which is posted on the Division's Web Page:  
<http://intranet.urmc.rochester.edu/depts/cardiology/wksched.htm>

- B: Daily Work Rounds: Daily work rounds for the clinical consultation service team(s) are held Monday through Friday beginning at approximately 8:00 a.m. with the senior attending(s) on service. At 8AM it is expected that the on-call consult team visit the OBs unit and ask which patients need to be seen. This has been set up so as to avoid excessive overnight calls and evaluations for stable potential cardiac patients. Work rounds consist of in-depth bedside review and examination of existing patients on the service with discussion and formulation of follow-up plans and specialized testing/procedures when appropriate. Depending on the urgency of new consults, work rounds may be completed in the morning or may be divided throughout the day. It is expected that work rounds are conducted in group fashion and serve a fundamental role in the training process.
- C. Cardiology Consult Policy: Evaluation of in-patient cardiology consultations will be the responsibility of the service fellow/resident designated to be on-call and may be divided amongst the various members of the team when appropriate. Please be prompt in answering your pages, as some patient calls or pre-op consults may require urgent attention. Every effort should be made to provide prompt and courteous service to referring physicians. Should the circumstance not allow prompt attention to the requests, the problem should be brought to the immediate attention of the attending physician. Cases are presented to the attending(s) by the fellow/resident with an effort made to present in group format (with all team members present) as the situation permits. Night calls from outpatients will be answered by the on call attending. After hour consults will be seen by the fellow/resident on-call when required by the requesting service. The consult will then be reviewed either by phone or in person with the attending.

#### Additional Conferences/Teaching Sessions

- A. Cardiac catheterization/electrophysiology conference reviews clinical interventional cases and is held on Wednesdays starting at either 7am or 7:30 am and is currently held in Rm K207. Fellows/residents are expected to attend this conference.

#### Vacation Policy

Requests for vacation should be submitted in writing to the appropriate service attending for approval, and should be submitted to the Program Director for final approval. Approvals will be given if there is sufficient coverage for the Consultation Service team. Requests should not exceed one week in duration. Vacation and/or extended out-of-hospital meeting arrangements during rotation on the Cardiology Consultation Service will be made on an individual basis and must be discussed and approved by the attending faculty member well in advance of the planned departure date.

In most cases planned leaves are arranged prior to the beginning of the rotation to allow proper on-call scheduling accommodations.

### On-Call Responsibilities and Scheduling

It is expected that the residents rotating on the service will participate in night and weekend calls. On the weekend, the resident signs out at 5PM to the CCU fellow, after which the CCU fellow assumes responsibility for any consults until 8AM the next morning. Weeknight calls should never be done the day prior to clinic for the resident or fellow. If the resident or fellow was in-house throughout the night, it is expected that they take the post-call day off after ensuring that appropriate sign-out and patient care is taken place. It is the fellow's responsibility to ensure that this happens.

### Urgent Outpatient Consultations and Outpatient Clinics

The Consultation Service team attending(s) will be responsible for responding to calls from referring physicians concerning requests for urgent out-patient consultations. These calls should be referred to the attending on the consultation service. Arrangements to see urgent outpatient consults will be made with an attending and either a clinical cardiology nurse practitioner or a resident/fellow, depending on scheduling constraints and other commitments. Urgent outpatient consultations will be seen on a same day as request basis.

Residents/Medical students are encouraged to request participation in the outpatient clinics of the respective cardiology attending who is assigned to the Cardiology Consultation Service. While some clinics may be off site and not practical to attend due to in-patient consultation commitments, several clinics are held in the Paul Yu Heart Center on AC-Ground. Specific requests for exposure to outpatient cardiology clinics can be arranged with Dr. Eichelberger at x1-7704 if no outpatient clinics are available through the attending cardiologist assigned to the Consultation Service. Cardiology fellows all have separate weekly outpatient clinics and are expected to continue these clinics during the consult service rotations.

### Clinical Cardiology Consultation Service and Coronary Care Unit (CCU) Interaction

- A. Patients followed by the Cardiology Clinical Consultation Service who require acute Coronary Care Unit transfer and treatment of acute coronary problems may continue to be followed primarily by the cardiology Consultation service instead of the CCU attending and CCU fellow. Each case will be discussed with the CCU attending and fellow to determine coverage and to allow the CCU fellow to become familiar with the patient should any emergency situation arise or procedure performance be required. Certain acutely ill patients may be appropriate for transfer to the CCU service and will be determined on an individual basis by an attending level discussion of each case.

- B. The CCU fellow is responsible for performing procedures such as pacemakers, Swan-Ganz catheterization, arterial lines, and assisting with these evaluations. If so desired, the Consultation Service fellow/resident may perform some of these procedures when mutually agreed upon with the CCU Fellow. Primary responsibility for overall care of patients who are retained on the Cardiology Consultation Service will come from the cardiology consultation resident/fellow in conjunction with the resident assigned to the CCU. The CCU Fellow will generally provide ancillary input only in these cases.

#### Patients Admitted to the Cardiothoracic Surgical Service for Cardiac Surgery

In conjunction with the attendings, the consultation service is responsible for the medical cardiac evaluation and concurrent follow-up of our patients admitted to the Cardiothoracic Surgical Service for cardiac surgery. Usually these are patients already known to one of the attendings and are followed by the appropriate service before and after the cardiac surgery.

#### Interpretation of Routine or STAT, Preoperative ECGs and Holter Tape Recordings

Interpretation of routine ECGs and Holter tape recordings. These interpretations are done Monday through Friday. The Non-Invasive, or Echo/Nuclear Service fellow is responsible for STAT and pre-op ECG interpretation and will be paged by the Heart Station when tracings are available. They should receive immediate attention. Strong Memorial Hospital has a computer based interpretation and storage system for ECGs that requires overreading by a physician. Changes in the computer generated report can be made using either a coded system of editing (posted in the reading area) or handwritten changes. It is not necessary or desirable to rewrite the whole report - only changes or additions. There is a faculty member assigned on a weekly rotational basis for supervision and co-signing of all ECGs. Dr. Hall will be available for assistance if necessary. If there are any questions regarding this, please check with Dr. Hall or Laura Butler, Supervisor of the Heart Station.

#### Cath Lab Procedure and Admission to the Consultation Services

Patients to be admitted electively to the cardiology service for procedures are noted on the Cath Lab Schedule Board, which is located in the Cath Lab scheduling office. Usually the assigned attending physician is listed on individual patient procedure sheets on this board. It is a good idea to check this. On call schedules for cardiology services can be found on the Intranet page:

<https://webpaging.uroch.rochester.edu/infinityweb/OnCallSubjects.aspx>

#### Supervision and Teaching of Fourth Year Medical Students who are Taking the Cardiology Elective

An important responsibility while you are assigned to the consultation services is assisting in the supervision and teaching of third and fourth year medical students who are taking the Cardiology elective. These students are assigned to us for a period of four weeks and will accompany us on work rounds and are assigned also to certain outpatient clinic activities. Details of the students' responsibilities and the relationship of the Residents and Fellows to these students will be outlined by the attending. This rotation is a continuous one from July through May of the academic year and also sometimes includes students on special rotation during the summer months.

### Research Opportunities

Patients on the Cardiology Consult Service are often subjects in clinical trials that are being conducted by various cardiology faculty. Since patients on the Cardiology Consult Service usually span several subspecialty cardiology disciplines, a complete review of specific research opportunities can be found in the sections under which the research is conducted. In conjunction with the primary investigator, dedicated nurse practitioners help support the various ongoing clinical trials that are conducted throughout the Cardiology Division. Fellows/residents are encouraged to explore the various research protocols that may be ongoing during their rotation on the Cardiology Consultation Service.

### Selected Reading List

Fellows/residents are encouraged and expected to read about individual cases when appropriate. A selected reading list is provided below as a starting reference point.

- A. *Heart Disease* - - Braunwald (Saunders)
- B. Hurst's *The Heart* - - Schant, Alexander, O'Rourke, Robert's, Sonnenblick (McGraw Hill)
- C. *Cardiology* - - Parmely and Chatterjee (Lipincott)
- D. Adult Clinical Cardiology Self-Assessment Program - - ACC
- E. *Clinical Recognition of Congenital Heart Disease* - - Perloff (Saunders)
- F. *Congenital Heart Disease in Adults* - - Roberts (F.A.Davis)
- G. *Clinical Diagnosis and the Laboratory* - - Griner (Year Book, Medical Publications)
- H. *Cardiac Diagnosis and Treatment* - - Fowler (Harper and Row)

## Credentials of the Medical Staff

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