

Coronary Care Unit (CCU) Rotation Objectives

The primary roles of the PGY-2 and 3 residents are supervision and education. This includes:

1. Initial evaluation of all patients, including assimilation of old records and outside information.
2. Seeing every patient on the day of admission with the intern and dividing the admissions equitably, commensurate with experience level.
3. Review and approve diagnostic and treatment plans with the intern *every day prior to Attending Rounds*
4. Review patients' progress daily, giving feedback to the intern on progress notes, order writing, and discharge planning
5. It is expected that the resident and intern will divide up progress note writing responsibility equitably.
6. Creating an atmosphere such that the intern is encouraged to ask for help when appropriate
7. Supervising procedures
8. Interacting with nurses and other personnel in a way that respects all members of the healthcare team and encourages their input
9. Being certain all members of the team are familiar with the current literature regarding their patients
10. Review and digest the required reading for the CCU service prior to starting the rotation.
11. Obtain an ECG text for reference and ECG calipers for use during patient care.
12. Resident will not supervise more than 10 new admissions including in-house transfers
 1. The Intern will share responsibility for CCU Admissions up to a total of 5 new patients in a 24 hour period (see below in Intern responsibilities)
13. When contacting the CCU On-Call Attending please utilize the physicians answering service (713-428-6362), rather than going through the page operator.

You can also view the UT Cardiology Attending Call Schedule on the Chiefs Corner -> click on Call Schedule, then the appropriate month, then Cardiology and you'll see a PDF version

PGY-1 residents, otherwise known as interns, have the following major responsibilities:

1. Initial evaluation of all patients, including assimilation of old records and outside information.
2. Developing a plan for each patient to present to the resident.
3. Communicating with the patient and family about treatment plans, consultations, risks and benefits of procedures and medications, and other aspects of care.
4. Getting write-ups on the chart no later than 8:00 a.m. following a call day.
5. Discussion of "Do-Not-Resuscitate (DNR)" orders and other end-of-life issues when appropriate.
6. Asking surviving family members for permission to perform an autopsy.
7. Working on discharge planning from day one.
8. Writing daily progress notes.
9. Interns work closely with medical students and assist with their education.
10. An Intern will not admit more than 5 new patients in a 24 hour period
 1. Those patients will be a mix between CCU and Floor
11. An Intern will not be responsible for the ongoing care of more than 10 patients

The primary roles of the Attending Faculty:

1. The faculty must regularly participate in organized clinical discussions. Teaching Faculty on ward services are expected to attend Case Conference.
2. Patient based teaching must include direct interaction between resident and attending, bedside teaching, discussion of pathophysiology, and the use of current evidence in diagnostic and therapeutic decisions.
3. Residents have protected educational time for their Conferences per the conference schedule.
4. Faculty may need to rearrange their clinic schedules during their on-service months.
5. Teaching attendings will be held responsible for enforcing the duty hour rules
 - 10 hour time period free from all duties must be provided between all daily duty periods
6. Teaching Faculty must clearly state their expectations at the beginning of the rotation to the housestaff and students
7. The faculty are expected to provide a verbal mid-month evaluation to all Housestaff on the team
8. The faculty are expected to provide a verbal and written end-of-month evaluation to all Housestaff on the team

Daily Work/Conferences:

Residents, Interns, and Students are expected to attend Morning Report at 1pm and Noon Conference at 12pm

- a. Rotation specific conferences that interfere with this schedule are the only accepted reasons for excused absence from Case Conference or Noon Conference

Any Housestaff with <70% attendance rate at Conferences (tallied throughout the month and finalized on the last day of the month) will meet the following:

1st Violation: meet with their Associate Program Director, have a letter placed in their file, be assigned and complete a Core Curriculum Program (CCP) Exam, and be assigned Holiday Jeopardy

2nd violation: Housestaff will be required to repeat the month

Evaluations

1. A verbal mid-month evaluation will be given by the attending to Housestaff
2. An end of month verbal and written evaluation will be given by the Attending to Housestaff
3. All Housestaff will be expected to give a written evaluation of the rotation and of their Attending

Poor Performance on a specific rotation or in a particular Subspecialty on the October Inservice Training Exam will render assignment to that subject's Core Curriculum Program (CCP) Exam.

If the Resident fails the CCP or is a No-Show to take the assigned CCP, then the Resident must meet with their Associate Program Director for an Oral Exam

Learning Objectives

By the completion of this month, the Resident will be able to:

- 1) Describe the algorithm for advanced cardiac life support in pulseless Ventricular Tachycardia or Ventricular Fibrillation.
- 2) Describe the optimal treatment algorithm for STEMI and NSTEMI patients.
- 3) Describe the algorithm for management of unstable tachyarrhythmias.
- 4) Describe the algorithm for management of unstable bradyarrhythmias.
- 5) Describe the indications and contraindications Intra-aortic Balloon Pumps.
- 6) Describe the indications and contraindications for cardiac catheterizations.
- 7) Describe the management of refractory angina.
- 8) Describe the assessment and surgical management of Aortic Stenosis.
- 9) Describe the indications for AICD placement.
- 10) Describe the evaluation and management of cardiogenic shock.
- 11) Describe the utility of the Swan-Ganz catheter and be proficient at obtaining hemodynamic data at the bed side.
- 12) Describe the treatment of acute hypertension.
- 13) Describe the indications and contraindications of pharmacologic stress tests..
- 14) Describe the indications and contraindications for cardiac echo tests.
- 15) Describe the auscultatory findings in various forms of structural heart disease.

"White Service"

1. Patients admitted to CCU under the UT attending and Drs. Rosales and Nishikawa will be admitted by residents.
2. The residents will continue to cover only those of the designated UT teaching attending of the month. The White service will be covered by the fellows/NP. UT faculty who choose to admit their patients to themselves will be covered by fellows/NP. Resident coverage on the floor will be limited to the designated UT faculty of the month.
3. White service admissions to the floor during the day (prior to 6 pm) will be covered by the individual attending/fellow.
4. White Service admissions (for Dr. Rosales and Dr. Nishikawa) to the floor at night (after 6 pm) will be covered by the admitting residents that night only, and handed off to the private team in the morning.
5. White Service patients will have overnight cross-cover by the on-call CCU Fellow
6. Patients admitted overnight to the Heart failure or EP serviced will be seen by residents/interns and checked out to the respective service the following day. Residents/interns will not follow these patients daily, unless the attendings are rounding with the residents/interns and not disrupting rounds with the CCU team.