



I. Role of the Cardiology Fellow

1. The Cardiology Fellow will serve as a junior attending on the team with progressive responsibilities.
 - a. Rounds will be conducted under the co-leadership of the cardiology fellow and attending.
 - b. The cardiology attending will be acting primarily in an educational/advisory role.
 - c. At the end of each rotation the housestaff and Students/PAs will be evaluated by the cardiology fellow with input by the attending of record.
2. All admissions will be screened by the cardiology fellow under direction of the cardiology attending.
 - a. The fellow is responsible for notifying the attending of all admissions.
 - b. The fellow will assign patients to appropriate house staff on a rotating basis.
 - c. All admissions will be examined by the fellow and pertinent physical findings communicated to the assigned resident.
 - d. The fellow, acting as a junior attending, will write a brief summary note on all cardiology admissions.
3. The fellow will be informed of all consultation requests.
 - a. The fellow will assign consultations to house staff and/or Students/PAs on a rotating basis.
 - b. The fellow will notify the attending of all consultation requests.
 - c. The fellow should screen consults from the Emergency Department early and communicate with the attending with regards to a decision to admit the patient or remain as a consultant.
4. The cardiology inpatient fellow will assume primary responsibility for patients on the Heart Team post open heart surgery, initially as a consultant to the surgical team, until their care is transferred to the cardiology service as inpatients.
5. The cardiology consult fellow will see all consults at Children's and Women's Hospital and discuss them by phone with the attending. House staff are not expected to see cardiology consults at C&W.
6. The cardiology fellow should notify the on-call attending of any acute urgent/emergent changes in patients on the cardiology team. This includes recurrent chest pain requiring cardiac catheterization or emergent bypass surgery, hemodynamic instability, significant cath site bleeding or acute demise.
7. The cardiology attending of record may request direct notification of these developments as well. The fellow should follow guidelines established by the attending of record at the beginning of the month.
8. The fellow will over-read EKG's with house staff on a daily basis, and help administer the final EKG and Core Curriculum exams if needed.

II. Role of Internal Medicine and Family Practice Residents

1. The cardiology attending or fellow will assign cardiology admissions to the inpatient resident based on the current workload.
 - a. An inpatient history and physical will be performed by the admitting resident, entered in Cerner, and forwarded to the cardiology fellow and to the attending on the service.
 - b. The resident will discuss the clinical findings, assessment and plan with the cardiology fellow before presenting to the attending.
 - c. Exception: outpatients admitted to the cardiology team from the Cath Lab post PCI should have a completed pre-cath history and physical performed by the cath fellow. In this setting the admitting resident need only write a brief resident admit note.
 - d. The resident will evaluate patients on a daily basis, enter a note in Cerner, and discuss findings with the cardiology fellow, until patients are discharged. All notes should be forwarded to the cardiology fellow and attending for review and signature.
2. The cardiology attending or fellow will assign cardiology consults to the consult resident or intern based on the current workload.
 - a. A consult history and physical will be performed by the consult resident or intern, entered in Cerner, and forwarded to the cardiology fellow and to the attending on the service.
 - b. The resident or intern will discuss the clinical findings and assessment and plan with cardiology fellow before presenting to the attending.
 - c. Emergency Department consults should be seen and discussed early with the cardiology fellow to determine the suitability for cardiology inpatient admission.
 - d. The resident or intern will evaluate patients on a daily basis, enter a note in Cerner, and discuss findings with the cardiology fellow, until the service signs-off or patient is discharged. All notes should be forwarded to the cardiology fellow and attending for review and signature.
3. At the discretion of the cardiology fellow or attending, depending on the patient load on the cardiology inpatient versus consult service, residents or interns assigned to the cardiology consults service may be asked to take admissions, while residents assigned to the inpatient service may be asked to take consults.

III. Role of Medical Students and Physician's Assistant (PA)

1. Consultations and/ or admission, depending on the student's designated rotation, will be assigned to the student/PA by the senior medicine resident, cardiology fellow or cardiology attending on a rotating basis.
2. The student/PA will complete the consultation or admission history and physical under the direction of a supervising resident or the fellow.
3. The student/PA will discuss his/her findings and impression with the supervising resident and/or fellow prior to formal presentation to the cardiology faculty.
4. Students/PAs will be expected to follow their assigned patients until the team has signed off or the patient is discharged.
5. The student/PA will enter notes in Cerner according to the general rules set by the Department of Medicine. These notes will be discussed with the supervising resident/fellow and countersigned by the same.

IV. Daily Coverage and Call

1. House staff and students are expected to be available until 4:30pm each day. Any consultation or admission that arrives before 4:30 pm should be completed by the daytime house staff with oversight by the cardiology fellow or attending.
2. The Internal Medicine residents on the cardiology team will alternate weekend call.
 - a. Residents will round with the on-call attending and fellow on weekends (Saturday and Sunday).
 - b. The resident will be responsible for the current patients on the consult or inpatient service and for new consults or admissions received up until rounds with the attending are complete, as directed by the cardiology fellow or attending on call.
3. House staff will not be expected to take night call.
4. Interns and students will not be expected to take night or weekend call.
5. Family practice resident will participate in Family Practice call and will not participate in cardiology night or weekend call.
6. House staff and students will not be responsible for Heart Team patients or consults from Children's & Women's Hospital. The cardiology fellow will assume the primary responsibility on these patients.

V. Learning Experiences/Lectures/Conferences/Exams

1. All house staff members and students are expected to attend morning rounds on time, as designated by the cardiology attending, unless excused by the attending.
2. Didactic lectures are provided throughout the month, usually 2:30 – 3:30 PM. Attendance is mandatory unless the house staff member or student is in clinic or has an emergency admission or is officially excused.
3. Cardiology Grand Rounds are held on Fridays at noon in the main cardiology conference room in the Heart Center located in the basement of USA Medical Center. Attendance is mandatory unless the house staff member or student is in clinic or has an emergency admission or is officially excused.
4. House staff members and students are required to read 50 EKGs during the month.
 - 15-20 EKGs should be read on a weekly basis.
 - EKGs must be over-read by any cardiology faculty or fellow on a daily basis.
 - EKG interpretations are a requirement for this rotation and completion of this assigned task by the end of the rotation is mandatory.
5. Written ECG and Core examinations will be administered and graded at the end of the rotation. Results will be considered in the rotation evaluation. Everyone must take the exams on the scheduled date. Exceptions are to be approved by the program coordinator after consultation with the service attending and rotation director.
6. Interns and students assigned to the service are encouraged to observe non-invasive imaging modalities and cardiac catheterization procedures especially on patients assigned to them, including the performance and interpretation of echocardiograms, transesophageal echocardiograms, cardiac catheterizations, and DC cardioversions.

VI. Orientation

List of Handouts – 1st of each month

1. Didactic Schedule
2. Cardiology call schedule
3. ECG log – Residents/Interns/Students
4. Syllabus