

4. Discharging or transferring of patients out of the CCU.
5. Performing and assisting in procedures.
6. Participate actively in the CCU rounds, and attend Medicine Grand Rounds and Medicine Noon Conference.

Goals and Objectives:

To provide trainees an opportunity to participate in the management of comprehensive care of critically ill patients admitted to the CCU service and to teach them to understand the differential diagnosis, diagnostic approach, and appropriate treatment plan for a variety of conditions.

A. Patient Care.

1. Perform a resident level CCU history and physical examination with a treatment plan organized by organ systems.
2. Manage a complex resuscitation as team leader with assistance.
3. Perform with supervision critical care procedures including endotracheal intubation, thoracentesis, tube thoracostomy, pericardiocentesis and ultrasound guided central venous catheter access.
4. Be able to manage ventilator emergencies with assistance.
5. Be able to interpret and treat common acid-base disturbances based on the Arterial Blood Gas (ABG).
6. Be able to manage a patient with decompensated heart failure.
7. Recognize and manage the complications of cardiac transplantation including immunosuppression.

B. Medical Knowledge

1. Demonstrate an understanding of the management of common problems encountered of medical ICU patients in the CCU setting including Diabetic Ketoacidosis, Alcohol Withdrawal, Chronic Obstructive Pulmonary Disease, Respiratory Failure, Adult Respiratory Distress Syndrome, Sepsis and Post Operative Care.
2. Understand the role of vasopressor support in the care of the critically ill CCU patient.
3. Understand the enteral and parenteral needs of CCU patients.
4. Understanding the pathophysiology of common acid-base problems in the CCU setting.
5. Understand the pathophysiology of respiratory failure, and the use of machine assisted ventilation.
6. Understand the role of non-invasive ventilation in the management of acute decompensated heart failure.
7. Be able to discuss some controversies in CCU management such as the role of vasopressor support in decompensated heart failure.
8. Understand the electrocardiographic manifestations of acute coronary syndromes including acute myocardial infarction, bundle branch blocks, heart blocks, ventricular tachycardia, supraventricular tachycardia, atrial fibrillation, and atrial flutter.
9. Understand the pathophysiology of heart failure.
10. Understand the pharmacology of the treatment of heart failure.
11. Understand the indications for activation of the cardiac catheterization laboratory in the setting of acute coronary syndromes.

C. Practice Based Learning

1. Accesses medical literature to answer clinical questions to support decision-making and shares with team.

2. Apply scientific evidence to decision making.
3. Obtain feedback from supervising faculty.

D. Professionalism

1. Responds promptly and appropriately to clinical responsibilities including but not limited to calls and pages.
2. Models appropriate professional behaviors in supervising and teaching medical students and PGY1 residents.
3. Learn communication techniques with patients and families of different cultural backgrounds who possibly speak little English.

E. Interpersonal and Communication Skills.

1. Effectively teach and supervise PGY1 residents and medical students assigned to CCU team.
2. Demonstrate communication skills necessary for leading discussions with family members on end-of-life issues including code status.
3. Communicate with respiratory therapists initial ventilator settings based on a patients' pathophysiology and respiratory status.
4. Work effectively as an interdisciplinary team member in the CCU with respiratory therapists, nutritionists, social workers, fellows, medical students, nursing staff and subspecialty consultants.

F. Systems Based Practice

1. Appreciate the complex interactions that go on between hospitalists, surgeons and anesthesia, cardiologists and EM in the overall CCU management of these complex patients.
2. Learn the cost of the drugs, monitoring equipment and procedures involved in a CCU setting.

Assessment:

Monitoring of the accomplishment of the stated objectives will be performed using the following methods:

1. Global Rating: At the end of the CCU rotation PGY2 EM residents receive a formal written evaluation from attending physicians, and senior medicine ward residents. Medical students, nursing staff, and sub-specialty consultant feedback is utilized. Written Evaluations are based on the 6 ACGME Core Competencies. Attendings and senior medicine ward residents are instructed to focus formative feedback on teamwork, communication skills, teaching, and sensitivity to cultural and socioeconomic issues on this rotation. Evaluators are also required to write a narrative evaluation in addition to numerical ratings.
2. PGY2 EM residents receive verbal feedback midway through the rotation from the CCU attending and fellows.