

**Ronald Reagan UCLA Medical Center /Olive View-UCLA Medical Center Emergency Medicine Residency
Rotation Curriculum**

Rotation: **Medicine Cardiac Care (PGY1)**

Site: Ronald Reagan UCLA Medical Center (RRMC)
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Los Angeles, CA 90095

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Schedule: <http://amion.com>
Enter “ucla im” for the password. Click on the “My Schedule” icon at the very top of the page (the icon with the little person). Select your name under the “ER Rotator (R1)” dropdown menu. Select the month(s) you will be rotating and click on the “Create Schedule” button to view your schedule.

PGY1 residents take evening call every fourth night, admitting during the day and do not stay overnight. PGY1 residents each do a 5-day block during their rotation of night admitting, during which their admitting and cross-cover CCU patients overnight with resident supervision. Night admitting interns present new cases to attending physicians at the end of their shift to get feedback on management. PGY1 residents will have 4 days off per 4-week rotation.

Description of Rotation:

The UCLA CCU rotation is a 4-week rotation. EM residents provide care to seriously and critically ill cardiac patients in the state of the art, Cardiac Intensive Care and the Cardiac Observation Units. RRMC functions as both a community hospital serving metropolitan Los Angeles, and a tertiary care referral center, resulting in EM residents encountering a broad mix of common (Acute Coronary Syndrome, Congestive Heart Failure, Atrial Fibrillation with Rapid Ventricular Response) and unusually complex cardiac pathology including cardiac transplant patients, cardiomyopathy patients with left ventricular assist devices. RRMC operates a 24-hour cardiac catheterization laboratory and RRMC is an STEMI (ST Elevation Myocardial Infarction) receiving center. EM residents are provided the same opportunities and have the same responsibilities as PGY1 Internal Medicine (IM) residents assigned to the rotation. All activities are performed under the supervision of Cardiology Fellows and Faculty.

Responsibilities:

The CCU team focuses on diagnosis and treatment of acute cardiac disease. The team consists of an attending cardiologist, a cardiology fellow, four PGY2 IM residents, and five PGY1 interns. A separate observation team manages low-risk patients admitted for chest pain or syncope. Patients admitted for strictly post-procedural observation are typically admitted to a non-teaching service and do not require resident input. Duties include:

1. Admitting new patients (completion of initial history and physical examination and writing admission orders)
2. Daily rounds on their admitted patients with the resident team, fellows and attending physician.
3. Provision of care for admitted patients.
4. Discharging or transferring of patients out of the CCU.
5. Assisting in procedures.
6. Participate in all educational activities offered to the Internal Medicine residents.

Goals and Objectives:

The rotation provides trainees with the 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. Understand the role of vasopressor support in the care of the critically ill CCU patient.
2. Understand the enteral and parenteral needs of CCU patients.
3. Understanding the pathophysiology of common acid-base problems in the CCU setting.
4. Understand the pathophysiology of respiratory failure and the use of machine assisted ventilation.
5. Understand the role of non-invasive ventilation in the management of acute decompensated heart failure.
6. Be able to discuss some controversies in CCU management such as the role of vasopressor support in decompensated heart failure.
7. 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.
8. Understand the pathophysiology of heart failure.
9. Understand the pharmacology of the treatment of heart failure.
10. 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.
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 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 the 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 PGY1 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. PGY1 EM residents receive verbal feedback midway through the rotation from both the ward attending physician and senior medicine residents.