



Faculty

Brenda Hott, MD **Heart Failure Team**
Prad Tummala, MD **Interventional Cardiology Team**
D. Janup, MD **Electrophysiology**
Salem Sayer, MD **Electrophysiology**
Alok Gambhir, MD **Electrophysiology**
Steve Prater, MD **Electrophysiology**
Abi Gaur, MD **Non-invasive Cardiology Team**

Heart failure team: Brenda Hott, MD

The heart failure team is advanced multidisciplinary team which sees patients with congestive heart failure. There are several types of heart failure that will be encountered on this rotation. The resident is expected to have already seen many cases by this level of training and this rotation will provide a more in-depth look at what are the best evidence-based practices for helping patients successfully live with congestive heart failure.

Interventional Cardiology Team: Prad Tummala, MD

The vision for one-week participation with the interventional cardiology team as part of a PGY 3 resident experience is that the internal medicine resident needs to have additional time and focused learning on the numerous types of cardiology interventions which are currently available. Cardiovascular disease is a leading disease in our society. The general internist needs to understand the rationale for tests being done, the sensitivity and specificity of those tests, and the potential harms and risks of the tests. Internal medicine physicians need to provide information and reassurance to patients and families as are the trusted authority for the patient. This one week and the additional elective are designed to improve the confidence in medical knowledge and patient care as well as understanding of the system of care for the resident who is nearing the end of residency and about to enter independent practice. The resident will work for one week with the interventional cardiology team. This will include numerous cardiologist who do interventional work. There are numerous people involved in the care of cardiac patients and through interactions with these care team members plus the patient and her family the resident is expected to learn how to help the patient navigate the and understand the complex world of interventional cardiology.

Electrophysiology: D. Janup, Salem Sayer, Alok Gambhir, Steve Prater

The vision for this one week with the EP team as part of a PGY-3 resident experience is that the internal medicine resident needs to have additional time and focused learning on the numerous types of EP interventions which are currently available.

The goal of the electrophysiology service experience is to develop the ability to diagnose and manage arrhythmias (bradycardia and/or tachycardia). The resident is expected to learn about the HRS/AHA/ACC guidelines on such topics as pacemaker and ICD implantation, as well as drug therapies for arrhythmias. The resident's role on the EP service should be to work in concert with the EP attending and team to assess and intervene on a series of challenging arrhythmia patients.

Non-invasive Cardiology Team: Abi Gaur, MD

The one-week noninvasive cardiology experience as a subset of the cardiology combination month was created with the idea that residents in internal medicine need an in-depth



understanding of echo findings as well as how to correctly identify when to order and interpret noninvasive stress testing of the various methodologies that are currently available. This rotation is designed to enhance the knowledge and improve confidence in ordering the right tests and diagnosing patients correctly with cardiac conditions.

During this week, the resident will work directly under the cardiologist that is most signed during that week for noninvasive cardiac testing. The resident is expected to enhance their knowledge about the prerequisites and indications for various noninvasive cardiac tests. They will learn the sensitivity and specificity of various cardiac tests such as echo and stress testing. They will also be able to observe and see various types of cardiac testing including transesophageal echoes, echocardiograms, nuclear stress testing, exercise stress testing, and stress testing in combination with echo.

The resident will function in various settings and will encounter many different types of professionals on this rotation. Because the rotation is highly consultative in nature on the successful resident will master great communication skills with the consulting attendings and residents. The successful resident for this rotation will also spend a great deal of time in the testing labs observing learning how to read and interpret various tests. Because the skills required to do these individual tests are require a cardiology fellowship the residents are not expected to directly do any of the procedures that are described above.

Residents on this rotation will most likely have seen and experienced many of these tests being ordered and reported during previous ward and ICU months. Being on this rotation is designed to help enhance the knowledge related to the correct ordering an interpretation of such tests and relations to the patient's risk factors. This experience will enhance their ability to correctly determine the right answers on board questions as well as to provide cost-effective care that is highly reliable and high-quality with the least amount of cost when in independent practice. This is not an easy task to master and therefore this 1 week of extra in-depth exposure is designed to help the resident in the PGY 3 level to solidify their understanding of these concepts of diagnostic decision making and therapeutic interventions.

Site

The Heart Center, Wisteria Building

Schedule

The schedule for each subspecialty group will follow the following time line for AM and PM slots:

Interventional Cardiology – Rounds on Patients in the AM, procedures (acute and chronic) PM or clinic PM

Electrophysiology(EP) – Rounds in the AM, Procedures (acute and chronic) PM or Clinic PM.

CHF Team – Rounds in the AM, Clinic PM

Non-invasive Cardiology – Stribling all day with some The Heart Center Office