



Educational Goals and Objectives for Rotations on: Critical Care

I. Educational Purpose and Goals

- Management of hospitalized patients remains essential for the practice of cardiovascular medicine. The general medicine rotation at Northeast Georgia Medical Center – Gainesville allows residents to refine history and physical exam skills, develop experience in selection of diagnostic tests and learn management of a wide variety of diseases. These experiences provide exposure to common medical problems of hospitalized patients and allow residents opportunities to develop discharge care plans. Additionally, residents are exposed to uncommon medical conditions and can interact with subspecialists while managing patients with complex conditions.
- This rotation provides internal medicine residents with direct experience in history and physical exam skills with attention to the cardiovascular system, the selection and interpretation of common diagnostic tests (ECG, echocardiography, and cardiac catheterization), and management of a variety of acute and chronic presentations of cardiovascular diseases in the setting of a coronary care unit.
- These residents will be under direct supervision by board certified cardiologists including those with added qualifications in imaging, interventional cardiology, advanced heart failure, and electrophysiology.
- All residents will gain experience and exposure in evaluating and managing cardiac cases including interactions with other specialties involved in the management team. Interaction between residents and fellows is designed to enhance the educational experiences at various levels of training in medicine.
- Residents are also taught the critical concept of team care in the in-patient environment with the central role of nursing, consultative services, social services, and a variety of other groups involved in the process of care. The common thread on this rotation is the patients are unstable and a team based approach is essential and care must be timely.
- Finally, a major goal of the rotation is for residents to understand the principles of evidence-based medicine, the large repository of randomized clinical trials that guide cardiovascular care, and the use of guidelines, pre-printed orders for specific cardiovascular syndromes, and the metrics of quality of care in the hospital setting. Residents should enhance their apps and skills in literature searching and study interpretation prior to the start of this rotation.

II. Principal Teaching Methods

- Residents work directly with the attending cardiologists in the CCU known as the “Ronnie Green Heart Center”. Residents will be expected to obtain a focused problem-based history and physical examination on acutely ill cardiac patients. The resident may



interact with numerous cardiologists as the patient moves through various scenarios. Residents are expected to read on patient's problems every day and present an overview of specific disease processes, with emphasis on pathophysiology, presentation, differential diagnosis, diagnostic testing, and therapies.

VII. Rotation Specific Competency Objectives:

- By the conclusion of this rotation the resident will:
 - Professionalism
 - Reflect compassion, commitment, integrity, and responsibility throughout his/her interactions.
 - Reflect sensitivity to patients of all ages, genders, religious,
 - Show leadership and selflessness in giving of time to the patient and their family in this time of anxiety.
 - Demonstrate respect for all team members in communicating especially during critical moments.
 - PGY-1 residents will not participate in the CCU rotation.
 - PGY-2 residents will be expected to demonstrate this always.
 - PGY-3 residents will be expected to demonstrate this always but are not expected to do the rotation.
 - Patient Care
 - Demonstrate the ability to provide a problem focused history and physical examination.
 - Demonstrate reinforced skills in cardiopulmonary resuscitation, phlebotomy, central line placement, and hemodynamic monitoring.
 - Demonstrate increased ability in the assessment and management of critically ill cardiac patients including formulation of a working diagnosis and plan.
 - Review studies, data and procedural notes to more effectively manage patients.
 - Provide clear and concise documentation in the medical record.
 - PGY 1 residents are not expected to participate in this rotation.
 - PGY 2 residents will be expected to participate in all patient care and shows proficiency in common conditions.
 - PGY 3 residents are expected to participate in outpatient care and show proficiency in the basics as well as some acute situations that require immediate actions. PGY three residents are expected to be able to cite literature and studies which guide the decisions that they are recommending and making.
 - Evaluation method:
 - review of today's daily notes
 - direct observation of presentations on rounds
 - global and rotation assessment tool.
 - Medical Knowledge
 - Demonstrate knowledge of fundamental approaches to the evidence-based care of acute myocardial infarction, congestive heart failure, unstable arrhythmias, and other cardiovascular problems.



- Demonstrate knowledge of fundamental elements of cardiac anatomy, physiology and pharmacology, as well as the manifestations of common forms of cardiac pathophysiology through the cardiac history, physical exam, and diagnostic testing.
- Correctly interpret common electrocardiographic findings including:
 - atrial and ventricular rates
 - common regular and irregular rhythms
 - p wave axis and morphology
 - QRS axis and duration
 - P-QRST morphology including patterns for hypertrophy, conduction delays and blocks, ischemia, acute infarction, pericarditis, electrolyte abnormalities, and common drug effects.
 - PGY 1 residents will not participate in this rotation.
 - PGY-2 residents are expected to show medical knowledge that is more consistent with them having been a manager for the last one year. PGY two residents should be able to understand and articulate the treatments needed for most common acute conditions such as shock and acute chest pain. PGY two residents are expected to be demonstrating and need to read studies and journal articles which guide therapies in the CCU.
 - PGY 3 residents (not expected to be on the rotation) are expected to show mastery of all common conditions patients seen in cardiology such as CHF, atrial fibrillation, acute coronary syndromes, acute chest pain, acute MI cardiogenic shock, and sudden cardiac arrest. The PGY three resident is expected to be showing leadership within the stabilization process. The PGY three resident is expected to be able to explain the rationale from the literature as to what interventions are done in cardiology.
- Evaluation Methods:
 - Direct observation during multidisciplinary rounds
 - Review of assessment and plans written in notes
 - End of rotation quiz
 - Rotation global assessment evaluation
- Interpersonal and Communication Skills
- Demonstrate empathy always with the patient and families
- Demonstrate leadership communication skills such as use a questioning attitude (humble inquiry), use safety toolkit items like ask clarifying questions, and SBAR when handing over patients at shift changes or when new attendings/consultants join the case of your patients.
- Demonstrate leadership communication skills such as 5 to 1 positive and negative feedback. Catch people doing things right and complement them. Demonstrate an attitude of gratitude with team members.
- Provide supervision by the PGY2 resident for the PGY1 resident participating in this rotation (in the unlikely event that there is one) under the supervision of a specialty attending physician
- Follow assigned patients while under the direct supervision of a specialty attending interacting productively in a team care approach.



- ethnicities, and sensitivity to the dignity of critically ill and/or terminal patients.
- Evaluation methods:
 - Direct observation during multidisciplinary rounds
 - Direct observation during rapid responses and critical responses to patient decline
 - Rotation global assessment tool
- Practice Based Learning and Improvement
- Demonstrate improving ability to access and critically appraise cardiac literature appropriate to the care of patients, discussing such information as appropriate during cardiology attending rounds case discussions and at Morning Report.
- Assist in the achievement of performance improvement projects and goals identified by the cardiology services, including current projects targeting the care of patients with myocardial infarction and acute coronary syndromes.
- Proficiency by Levels:
 - We do not anticipate any PGY 1 residents on this rotation.
 - PGY 2 residents are expected to be working at the manager level and showing ownership of the patients assigned to them. PGY two residents are expected to show intellectual curiosity for the literature and rationale behind treatments and cardiology. PGY 2 residents are expected to ask more questions about what are the outcome measures which the CCU is not measured on. PGY 2 residents should be inquiring as to how they can better help the CCU achieve targeted interventions and achieve goals and outcomes for the unit.
- Evaluation methods:
 - direct observation of quoting the literature during attending rounds
 - direct observations of discussions held after rounds and on down time about goals and objectives, and of rotation global assessment to
- System-based practice
 - Demonstrate an attitude of inquiry regarding the systems that that are in place to help support the critical cardiovascular patient.
 - Can list the proper support within the system that needs to be activated early in the care of the patient to align the patient with the proper support after discharge for success and to prevent readmission.
 - Apply information learned in the intern rotation transitions of care medicine to design a treatment program that utilizes all the best supports within the Northeast Georgia region for this to help patients maintain success following their acute cardiovascular crisis. Examples such as Visiting nurses, Paramedicine, 3 Day follow ups, etc.
 - Activate system based resources such as consulting cardiologists, other specialty physicians, palliative care, spiritual care and other resources within the health system to achieve timely care and best outcomes.
- Proficiencies bilevel:



- PGY 1 residents will not be participating in this rotation now.
- PGY 2 residents are expected to demonstrate a solid understanding of the system resources for common conditions but may find themselves still unaware of certain resources for highly specialized care. This rotation will bring to light some of those gaps in knowledge.
- PGY 3 residents (not expected to do the rotation) are expected to demonstrate mastery of the systems resources and can apply them to design a comprehensive care plan that helps the patient and family achieve success and stay well following the CCU study.
- Evaluation methods:
 - Direct observation of care plans designed and discussed during attending rounds,
 - Direct observation of care plans written in notes
 - Global end of rotation assessment tool.