VA Inpatient Rotation Objectives

Knowledge

- The trainee should have an understanding of the pre-operative, anesthetic, surgical, and early post-operative care of the cardiac surgery patient, including understanding of medications, ventilation, hemodynamic patterns, pacemaker function, arrhythmias, bleeding, tamponade, low output states, and ventricular dysfunction.
- The trainee should understand the role of risk factor modification (hypertension, dyslipidemia, diabetes, exercise, smoking cessation) in the secondary prevention of cardiovascular diseases.
- The trainee should understand the role of immunosuppression in the management of the post-cardiac transplant patient. He or she should have an understanding of the indications, side effect profile, and dosing of the most commonly used immunosuppressives including corticosteroids, cyclosporine, tacrolimus, azathioprine, mycopholate mofetil, and sirolimus.
- The trainee should know the basic principles of allograft rejection surveillance and treatment of cellular and humoral rejection.
- The trainee should have an understanding of the risk factors, prevention of, detection, and treatment of coronary allograft vasculopathy.

Skills

- The trainee should be able to provide traditional cardiac rehabilitation (i.e., counseling on diet, exercise, nutrition, stress reduction, and pharmacologic treatment of hypertension and dyslipidemia) services in the secondary prevention of cardiovascular disease.
- The trainee should be able to manage chronic complications resulting from the immunosuppression of post-transplant patients, including hypertension, dyslipidemia, diabetes, renal insufficiency, and osteopenia.
- The trainee should be able to serve as a consultant to the Cardiac Surgery service and provide recommendations regarding management of heart failure and arrhythmias during the immediate post-operative period.

Teaching Methods

- Discussion of inpatient work-up (for patients being evaluated for invasive cardiac procedures) with the Cardiac Catheterization Laboratory and EP Attendants.
- Discussion of patients during Cardiac Surgery Rounds.
- Observation and direct patient care in the Cardiac Rehabilitation Clinic.
- Participation in Consult Rounds as they pertain to patients co-followed by the Heart Failure and Cardiac Transplant service.
- Participation in the Cardiomyopathy and Cardiac Transplant clinic management rounds.
- Self-paced reading of the Active Partnership for the Health of Your Heart booklet provided at the start of the rotation.
Methods of Evaluation:

- Direct interaction with the Cardiac Surgery attending during surgical rounds.
- Direct observation of performance by the VA Cardiology faculty.

References

- An Active Partnership for the Health of Your Heart. American Heart Association, Dallas, TX 2002.
- AHCPR Clinical Practice Guideline for Cardiac Rehabilitation. Department of Health and Human Services, Bethesda, MD 1996.