General Cardiology Schedule

7:00 am – 8:00 am Residents receive overnight admissions, evaluate the patients and be prepared to present. See all current patients and review 24 hour events.

7:30 am – 8:00 am Electrophysiology teaching Friday AM CCU Conference room.

8:00 am – 10:00 am Work rounds and orders as a team in General Cardiology conference room. Top priority are urgent patients for possible cath and early discharge patients. Bedside rounds with entire team with attending before 10:00 when possible. Put in as many orders during work rounds as possible.

9:45 am – 10:00 am Team care rounds, CCU conference room must be attended by PGY2 resident or attending

10:00 am – 11:00 am Resident report

11:00 am – 12:00 pm Finish patient care work/teaching

12:00 pm – 1:00 pm Noon Conference

1:00 pm – 2:00 pm Finish patient care. Residents should pend discharge orders on patient expected to go home next day.

2:00 pm – 3:00 pm Didactic Cardiology talk CCU/Gen Cards

3:00 pm – 9:00 pm Patient care

4:00 pm – 6:00 pm Resident updates attending by phone or in person.

9:00 pm Residents home

Most of the patients have atrial fibrillation, ACS, (R/O MI), pericarditis, hypertension, etc.

In order to round out the Cardiology Clerkship, it is essential that additional topics are covered through semididactic lectures, student presentations and teaching.

Please spend 10 minutes each day reviewing ECG’s with the team. Several hundred ECG’s are loaded on the large screen computer in the General Cardiology conference room. Simply click an ECG on desktop for now. At the moment they are random but may be more organized in the future.

Revised: 5/4/13/JSS
Please schedule at least two student presentations per week 5-10 minutes. Since three attendings separately rotate during a residents/students rotation on Med304A, check with the students as to which topics have already been presented.

**Topic suggestions:**

1. Congestive failure (very important, since these patients are no longer in General Cardiology).
2. HTX Rx
3. Role of BB for HTN and POST MI
4. Review Plavix studies (eg PCI-CURE)
5. ACS of course
6. W/U of syncope
7. Percarditis
8. Risk factors for CAD
9. Pathophysiology of Atherosclerosis
10. Interactions of DM & CAD
11. Current targets for lipid Rx
   - Primary, secondary prevention
   - Special circumstances-MIRACL TRIAL, PRECATH, etc.
12. Role of imaging in differential diagnosis
13. Concept of cost/benefit ratio
14. Medication compliance issues in the practice of medicine
15. Atrial fibrillation-acute and chronic including new oral anticoagulation choices.
16. Ventricular tachycardia and VF “what to do”

**“Cost of Care” continues to be big with minimal action.**

1.) Please ask for update on running hospital bill tab.
   (Directions to locate in EPIC at end)
2.) Discuss the usual conflict between costs of tests to speed DX vs. hospital costs.
3.) End of life issues
4.) Initiate a review at the end of each presentation on work rounds-needleless tests and costs vs.
    essentials vs. optional eg. daily CBC, ECG, multiple TpN’s are low lying fruit.

    “How much does an additional day in the hospital cost?”

    Prevention of readmissions (bounce backs) is big right now and obviously conflicts with the
earlier discharge concept-more to come.

**Evaluations (Attendings)**

Please help complete evaluations in Medhub with narrative descriptive performance-not just “good”,
excellent, etc.”

- Evaluations of residents are on Medhub-Attending responsibility.
- Evaluations of student by JSS with your input.

**Discharge Objective**

1. Assure discharge summary to PCP plus any involved MD’s eg cardiologist.

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2. Preferably brief letter by you “discharge summary coming, call me with questions.”

**Steps to document severity of illness:**

1. Open **open chart** (easier before discharges).
2. Click **notes**
3. Click **new note**
4. Click **smart phrase “I have seen...”**
5. Type “.cdd” (about 20 descriptor come up regarding severity of illness).
6. Click “F2” on keyboard.
7. For each item, click correct descriptor, and then enter. It will move down auto to next descriptor.
8. When done, **click accept.**
   *If you make an error, move cursor to appropriate line and right click, & choose previous field, right click and go back but not very functional, easier to delete whole note and start again.*

I assume everyone knows how to populate their patient lists.

Blue billing cards still necessary