**General Cardiology Rotation Primer**

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Rotation Description:

This is a 2-4 week rotation on the general cardiology service, which includes 1 week of outpatient cardiology clinic and the remainder on the inpatient General Cardiology service. Learners will receive an introductory email from the coordinator with their rotation schedule prior to the rotation. Additionally, each week an email will be sent to learners and faculty for the following week’s activities. Please communicate any anticipated absences from rounds (vacation, didactics, clinic, etc) to our coordinator and paired faculty as soon as possible prior to the rotation.

Please see separate Clinic Orientation Primer for further outpatient clinic details.

The inpatient service consists of primary cardiology patients and consultations. It is comprised of various learners (medical students, IM and ED residents), APPs (NP and PAs), and an attending cardiologist. The attending cardiologist rotates on a weekly basis and oversees the service, rounds on teaching patients covered by learners, stays informed about non-teaching patients followed by the APPs, and participates in learner education.

Daily schedule (specific times subject to change based on attending preference):

7a – meet with entire team in the 4th floor education room (Rm #), nighttime APP will sign-out any overnight admissions/consults, team will run the list and lead APP for the day will divide up patients among the team with a preference to patient care continuity

8-930a – round on your assigned patients, write notes

930-1130a – morning teaching rounds with the attending cardiologist

1-2p – round on any new patients

2-4p – meet with attending for teaching and afternoon teaching rounds (new patients, updates)

4-5p – wrap up, finalize notes, sign out any pending patient issues to APP team

Expectations:

1. **You are the patient’s provider.** Patient safety and well-being is the most important objective. Take ownership over your patient. Make sure they understand your role on the team and who is overseeing you (the attending cardiologist). Connect with them, understand them, connect with their loved ones and other providers. Not only is this one of the most important jobs we have in holistic patient care, it will make you feel more fulfilled as a provider. Alert the team to potential patient safety concerns. When in doubt, bring concerns to the attending cardiologist.
2. **Work as a team**. Every single person on the team has a unique perspective and information that others can learn from. On our direct team, this includes you, your fellow learners (students, residents, APP students), APPs (uniquely experienced in the field of cardiology), and attending cardiologist. On this rotation you are learning not only how to care for cardiac patients, but also how to work as a team to provide the best care possible, which will be a skill you continue to use throughout your career. Don’t forget how important and helpful Atrium staff can be including nurses, MAs, ECG techs, echo sonographers, social workers, and pharmacists. Please note that APPs on this rotation will not be responsible for educational content or evaluations; these will come from your attending cardiologist only.
3. **Read about your patients.** See a diagnosis, treatment, or acronym you don’t know? Use that opportunity to research this. Read as much as you can about your patients and their diagnosis/treatments so you can apply it to their care and also solidify your learning. Your future board scores will thank you for this tip! Of course you can always ask members of the team, but don’t miss the opportunity for some independent learning, which can help better inform your questions and follow-up discussions with the team. Did you look something up about your patient and want to share that knowledge with the team? Please do! We are all constantly learning from each other and it is good for the team to know you are actively learning and researching for patient care. Capitalize on asynchronous learning from the resources listed below.
4. **Each learner will have different goals and expectations from the rotation.** I recommend communicating 1-2 personal goals of the week with each new attending at the beginning of the week. General expectations from faculty are taken from the RIME framework (see attached). Patient distribution will also depend on learner level of training:
	1. M3 1-2 patients, paired with intern/resident
	2. M4/SubI 2-4 patients
	3. Intern/Residents 3-5 patients

We will limit the number of teaching patients to ≤ 12 patients.

1. **Presentations.** Be engaged on rounds, where we will help you with your presentations and their content. Communicate with your attending cardiologist at the beginning of the rotation and find out which type of presentation style they prefer. In general, be prepared to present in the standard format:

New Consults Follow-up Consults

* 1. Chief complaint a. Overnight events
	2. HPI b. Subjective
	3. ROS c. Objective data
	4. Vitals, physical exam d. Assessment
	5. Labs/Imaging e. Plan
	6. Assessment/Plan
1. **Notes.**
	1. Open new note
	2. Select note type
	3. Select service: Cardiology, general
	4. Check “Cosign Required” box
	5. Insert SmartText Note Template “AH IP SHVI H&P NOTE” for new consults or “AH IP SHVI PROGRESS NOTE” for progress notes
	6. Route to attending cardiologist
	7. Please sign notes in a timely fashion
	8. Faculty attestations
		1. .ATTESTMEDSTUDENT

I personally was present and performed or reperformed the history, physical exam, and medical decision-making activities of this service, and have verified that the service and findings are accurately documented in the student's note.

* + 1. .ATTESTRESIDENT

I saw and evaluated the patient. Discussed with resident and agree with resident's findings and plan as documented in the resident's note.

1. **Dress code**. Scrubs or business casual.
2. **Evaluations**. Please send your evaluations to the attending cardiologist for the week, ideally on the last day of the week. Feel free to seek verbal feedback in the middle of the rotation or at the end from your attending if they do not offer it first! Faculty are required to submit learner evaluations within 2 weeks.

Conference

Participation in the Sanger Cardiology Clinical Education Conference is expected. These conferences occur from 715-800 am on the 1st and 2nd Thursdays of the month from September until June.

When on the inpatient rotation, you should be able to view this conference with your team in the 4th floor education rounding room.

When on clinic rotation, please come to the SHVI auditorium located on the 1st floor of the Kenilworth Office Building I.

Resources

SHVI Cardiology SharePoint: webpage with Sanger curated lectures, topics, presentations

[SHVI Education Group - Home (sharepoint.com)](https://carolinashealthcare.sharepoint.com/sites/SHVIEducationGroup)

Uptodate

American College of Cardiology (ACC) Clinical Topics: Guidelines for cardiovascular conditions

[ACC Clinical Topics](ACC%20Clinical%20Topics)

CardioNerds: Podcasts, journal clubs, and infographics organized by cardiology fellows

[CardioNerds](CArdioNerds)

Common cardiology acronyms



(Ballweg’s Physician Assistant: A Guide to Clinical Practice, 7th Edition 2022)

**The RIME Framework: A Tool For Describing and Monitoring Student Progress**

The RIME framework provides terminology for describing the professional growth of medical students. It is used in many clerkships across the country. Students can use it to monitor their own progress and residents and faculty can use it to monitor student progress and to provide appropriate feedback.

The progression of student development during the clinical years is probably best conceptualized by the RIME framework. The RIME framework for describing student progress was developed by Dr. Louis Pangaro, an internist and medical education expert at the Uniformed Services University of the Health Sciences. As students grow in knowledge, skills and attitudes, they generally progress through four stages: Reporter, Interpreter, Manager and Educator. Each stage requires an integration of knowledge, skills and attitudes. The more advanced stages require a higher degree of sophistication and confidence. Attributes of each level include:

**Reporter (H&P)**

Reporters can accurately and reliably gather clinical information on each of their patients. Reporters can communicate clearly (both verbally and in writing) the clinical information they have obtained. Reporters are able to distinguish important information from unimportant information and are able to focus data collection and presentation on central issues. It is expected that all students will function as master Reporters (and be transitioning into beginning Interpreters) by the end of the clerkship.

M3

**Interpreter (Differential Diagnosis)**

Interpreters are able to identify problems independently and to prioritize problems, including new problems, as they arise. Interpreters are able to develop a differential diagnosis independently and to make a case for and against each of the important diagnoses under consideration for a patient’s central problem(s). Helping students make the transition from Reporter to Interpreter is one of the focal efforts of the clerkship. All students are expected to show significant progress in this area; students should continue making progress in this stage during the rest of their 3rd year clerkships.

**Manager (A&P)**

Managers are able to develop and defend a diagnostic and a therapeutic plan for each of their patients’ central problem(s). Managers are able to utilize their growing clinical judgment to decide when action needs to be taken. Managers can analyze the risk/benefit balance of specific diagnostic and therapeutic measures based on an individual patient’s circumstances. While some students will acquire sufficient knowledge, skills, and confidence to function as Managers for some of their patients in the latter part of the clerkship, not all will make this transition. The transition from Interpreter to Manager is one of the goals of the fourth year Acting Internship.

M4

**Educator**

Intern

Resident

Educators have mastered the fundamental skills described above. Educators have the insight to define important questions to research in more depth, the drive to seek out the evidence behind clinical practice, and the skills to scrutinize the quality of this evidence. Educators take a share in educating the rest of the team. The transition from Manager to Educator is usually completed during Internship and Residency.

**Summary**

The RIME model provides a framework and terminology for describing the professional growth of medical students. Students should use it to monitor their own progress and residents and faculty should use it to monitor student progress and to provide appropriate feedback.