

# Rotational Clinical I Guideline

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## Educational Purpose of the Rotation

During the Clinical I rotation sub-specialty residents are provided with a broad exposure to various cardiovascular pathologies. The clinical service is conducted at Sparrow Health System and McLaren Greater Lansing, which provides primary and tertiary acute patient care. This rotation allows the sub-specialty residents to gain experience in the evaluation and management of patients including critical care (CCU/ICU), telemonitored, Emergency Department and ward patients. This includes a focused physical examination, appropriate utilization of diagnostic studies and integration of data into a well communicated, well thought out consultation. Continuing management of patients is provided via daily rounds with the teaching attendings with sub-specialty residents providing management plans which are then discussed and agreed upon with the attending physician.

## Rotation Attendings

George Abela MD	Edward Helble DO	Richard Pinke DO
Appa Bandi MD	Todd Hickox DO	David Rhine MD
Thomas Brown DO	John Ip MD	James Schafer MD
Mark Castellani MD	Michael James DO	David Strobl DO
Nam Cho DO	George Kleiber DO	Joni Summit DO
Joel Cohn MD	Kirk Laman DO	Ranjan Thakur MD
Christopher D'Haem	Dale Leffler DO	Ronald Voice MD
Gaurav Dhar MD	Chad Link DO	Mathew Wilcox DO
Carlos Fernandez DO	Daryl Melvin MD	Peter Yoo MD
Ibrahim Shah MD	Mohan Madala MD	Omar Bakr MD
Majid Mughal MD		

There is at least one and occasionally two sub-specialty residents assigned to the clinical service during any given rotation. In addition residents from the Internal Medicine program as well as other residency programs (Family Practice, Psychiatry, etc.) and medical students are rotating on this service. It should also be noted that residents from outside programs are accepted onto this rotation as well.

## Resources

The site for this rotation are Sparrow Health System and McLaren Greater Lansing, which provides modern monitoring equipment and highly skilled nursing and technical support. Patients are admitted to the clinical service via various sources. These include direct admissions from the outpatient offices, consultations from the Internal Medicine Residency program, other residency programs, MSU Health Team referrals, private physician referrals or transfers from outlying hospitals.

This facility provides coronary intensive care, post-surgical, telemetry and extensive patient testing units. The catheterization laboratories have been and continue to undergo updating and revisions to maintain a technological cutting edge standard. In short, sub-specialty residents are provided with the tools required to not only provide high quality patient care but also to learn in an advanced technology environment.

A significant mix of patient population is served at this site. Pathologies include ischemic heart disease, valvular heart disease, congenital heart disease, heart failure, cardiomyopathy, cardiac tumors and constrictive physiologies. While primary focus falls to the adult cardiology patient there are pediatric patients as well. Patients include both gender groups as well as individuals of a broad spectrum of ethnic, racial and socioeconomic backgrounds.

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## Responsibilities

The expectations and responsibilities of this rotation apply to all subspecialty residents (this is a required rotation):

1. Obtain a complete and focused history and physical examination for presentation to the attending physician in a logical and timely manner.
2. Assume daily responsibility for patient follow up care include appropriate documentation in the medical record, formulation, initiation and continuing care plans.
3. Be prepared to present and discuss all significant patient findings with the attending physician.
4. Conduct in-patient rounds with the attending physician each weekday and on assigned weekends. Additionally, the sub-specialty resident must assume responsibility in ensuring that significant events of the night and all transfer activity are completed and shared with the attending physician to insure adequate continuity of care.
5. Actively participate in the continuing education of residents and students rotating to the service.
6. Prepare and present case studies including all pertinent findings, testing results and appropriate literature references during conferences (Cardiology Grand Rounds) and attend other conferences as required by the program.
7. Assume increasing responsibility for the insertion of central lines, temporary pacemakers, hemodynamic monitoring and bedside right heart catheterizations as skill levels progress.
8. Review and be prepared to discuss relevant literature references.

## Objectives

This is a continuing rotation throughout the three years of sub-specialty training. As such, it is expected that the sub-specialty resident will progress through levels of competency throughout the training program and by the conclusion of training will:

1. Demonstrate the ability to complete an efficient and focused Cardiovascular workup including history and physical, identify and request appropriate procedures, formulate, initiate and provide continuity of care plans, problem lists and working diagnoses.
2. Follow assigned patients, making appropriate adjustments to treatment based upon updated and ongoing information obtained by continuing physical examinations, testing and symptomatology.
3. Review studies, laboratory data and procedural results to effectively manage patients.
4. Provide patients with discharge instructions including appropriate follow up appointments, care and testing requests.
5. Provide adequate, concise and clear documentation in the medical record in a timely manner.
6. Work effectively with other members of the health care team, communicate effectively with patients, families, referring and consulting physicians.

## Instructional Methods

It is the responsibility of the attending physician on this service to:

1. Supervise and instruct the sub-specialty residents in accordance with the Supervision Policy.
2. Provide an atmosphere allowing for responsible patient care while encouraging sub-specialty residents to assume more primary responsibility as their skills progress.
3. Provide the sub-specialty residents with ongoing feedback on performance and interpretation skills.
4. Provide structured teaching opportunities including appropriate literature references/citations for review and discussion.
5. Conduct working rounds in an organized and professional manner.

## Evaluation Process

At the conclusion of each rotation attending physicians and sub-specialty residents will:

1. Faculty members will summarize and accurately describe the sub-specialty resident performance on the provided evaluation form. The faculty member will review this form with the sub-specialty resident, both individuals will sign their acknowledgement and the evaluation will be returned to the program office. This information will be included in the sub-specialty resident file for Program Director review.
2. Sub-specialty residents will summarize and accurately describe both the faculty performance and the educational benefit of the rotation and return this evaluation to the program office. In accordance with the provision for subspecialty resident anonymity, these rankings are entered into a spreadsheet program for tabulation and the original forms are destroyed.