

Rotational Peripheral Vascular Disease (PVD) Guideline

Educational Purpose of the Rotation

The peripheral vascular disease (PVD) rotation is a one to two month rotation, which generally takes place during the second and/or third year of the training program. This rotation permits the sub-specialty residents the opportunity to experience both clinical and surgical approaches to the evaluation and management of peripheral vascular disease.

Rotation Attendings

Joel Cohn MD (rotation physician coordinator)
Dale Lefler DO

Alonzo Colliar MD
Carlos Fernandez DO

Resources

This rotation occurs at Sparrow Health System and McLaren Greater Lansing. Each site has extensive inpatient and outpatient facilities for the diagnosis and treatment of peripheral vascular disease including vascular laboratories, outpatient facilities and surgical suites. Utilization of the facilities allows for effective diagnosis and management of a variety of peripheral vascular pathologies either as an outpatient or inpatient.

Referrals to this service occur via cardiologists (both MSU and private), primary care physicians and other services. The patients consist of both genders, diverse ethnicity and socioeconomic backgrounds.

Responsibilities

This is a required rotation occurring during the second or third year. During this rotation the sub-specialty resident is expected to:

1. Spend two weeks in the non-invasive vascular lab and two weeks in endovascular/surgery.
2. Perform diagnostic catheterization of the peripheral vascular system under the direct supervision of an attending physician.
3. Conduct clinical evaluation of patients with peripheral vascular disease on both the clinical consultative service as well as in the outpatient clinic setting.
4. Discuss cases with the attending physician including diagnostic impressions and management plans including medical and surgical options in a organized and timely manner.
5. Perform hands on non-invasive evaluations of the peripheral and venous system including: carotid ultrasound, venous ultrasound (plethysmography), ankle brachial index (ABI), renal ultrasound and upper and lower extremity arterial ultrasound.
6. Perform hands on renal artery duplex scanning.
7. Scrub in with the vascular surgeons and assist in intraoperative and perioperative management.
8. Interpret, discuss and dictate the results of various vascular disease testing.
9. Be prepared to discuss relevant literature references and assigned literature.

Objectives

At the conclusion of the peripheral vascular training the sub-specialty resident will be able to:

1. Understand atherosclerotic disease of the lower extremities including diagnosis, clinical manifestations and treatment options.
2. Understand the dynamics of renovascular disease including diagnosis, management and treatment options.
3. Diagnose and manage visceral ischemia. .
4. Diagnose and manage aneurysmal disease including infrarenal AAA, thoracic aortic aneurysm and iliac and popliteal aneurysm.
5. Diagnose and manage patients with extracranial cerebrovascular disease, venous disease and vascular disease of the upper limbs
6. Know the endovascular and surgical outcomes of peripheral vascular arterial disease.
7. Relate all of the above peripheral vascular disease states to their correlation with morbidity/mortality, coronary artery disease, atheromatous embolization and endovascular vs. open surgical treatment options.
8. Perform non-invasive peripheral vascular testing independently.
9. Understand the complexity of duplex imaging in the carotid, renal and lower extremities and venous imaging.

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Instructional Methods

Attending physicians participating in this rotation will:

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 sub-specialty residents with ongoing feedback regarding the progression of skills.
4. Provide structured teaching opportunities including appropriate literature references/citations for review and discussion.

Evaluation Process

At the conclusion of each rotation:

1. Attending physicians will summarize and accurately describe the subspecialty resident's performance on the provided evaluation form. The attending physician will review this evaluation with the sub-specialty resident and both will sign their acknowledgment and return the form to the Program Office for review by the Program Director and inclusion in the file.
2. The sub-specialty resident will summarize and accurately describe both the faculty performance as well as the relative value of the rotation on the provided form and return it to the Program Office. In order to insure anonymity, these comments are entered into a database program and the original forms are destroyed.

Readings: As assigned and: Peripheral Vascular Diseases Young, J., Olin, J., Bartholomew J. 2nd edition, 1996.
Chapters 1 page 3, 2 page 18, 3 page 33, 5 page 89, 11 page 208, 12-14, 16 page 288, 17-20, 28 page 491, 39 page 680

Schedule: Please refer to master sub-specialty resident rotation schedule. A log must be kept on all PVD procedures.