

University of South Alabama
Cardiovascular Disease Residency Training Program
Training Level: PGY 4, 5 & 6

JOB DUTIES

I. Clinical Diagnosis and Management:

- A. The Coronary Care Unit Team (CCU)
The cardiovascular disease resident serves as junior faculty on the CCU Team. The cardiovascular disease resident in association with assigned housestaff, are responsible for completing a comprehensive cardiac history and physical and initiating diagnostic evaluations and therapeutic interventions. After the cardiovascular disease resident formulates his/her management plan he/she reviews it with the faculty attending assigned to the team who accepts it or suggests modifications if necessary. As the cardiovascular disease resident advances faculty input is related primarily to major diagnostic and therapeutic issues.
- B. The Cardiology Consultation Service
The cardiovascular disease resident in association with assigned housestaff and senior medical students synthesizes data collected from a cardiac directed history and physical and formulates a consultative response. This information is presented to the faculty attending who modifies the response if necessary. By the second year of cardiovascular disease training the final recommendation represents a synthesis of the opinion of the cardiovascular disease resident and faculty attending.
- C. Outpatient Cardiovascular Disease Clinic
Cardiovascular disease residents perform a cardiac directed history and physical examination on all new patients and analyze the data from previously ordered tests. Based on the aforementioned information the cardiovascular disease resident makes a provisional diagnosis, decides whether further tests are needed and formulates a treatment plan. First and second year cardiovascular disease residents present the case to an on site faculty preceptor who reviews the data and examines the patient. Following input from the faculty preceptor, the cardiovascular disease resident orders necessary diagnostic tests, counsels the patient regarding findings and when appropriate initiates therapy. In the third year of cardiovascular disease training an on site faculty preceptor is available. The third year cardiovascular disease resident may consult the faculty preceptor as needed for new patients. The faculty preceptor is available for discussion of any or all follow up patients.

II. Non-Invasive Training

The cardiovascular disease resident interprets resting electrocardiograms, ambulatory electrocardiograms and performs and interprets all forms of pharmacologic and nuclear stress tests under the direction of an assigned faculty member. The interpretations by the cardiovascular disease resident are reviewed by a faculty member until the director of the non-invasive laboratory deems the cardiovascular disease resident competent at these procedures. Thereafter, faculty review is available from a non-invasive attending, but is not required.

Cardiovascular disease residents perform a minimum of 150 transthoracic echocardiograms and interpret a minimum of 450 transthoracic echocardiograms over a three year interval.

Echocardiogram interpretations provided by cardiovascular disease residents are reviewed by faculty throughout the first and second year of cardiovascular disease training. During the third year of training cardiovascular disease residents may be deemed competent to provide such interpretations independently by the director of the echocardiography laboratory.

Cardiovascular disease residents are trained in the performance and interpretation of transesophageal echocardiograms. Faculty are present and directly supervise all of these procedures.

III. Invasive Cardiac Training

Over a three year period cardiovascular disease residents are trained to perform and interpret right heart catheterizations, left heart catheterizations and basic electrophysiology studies.

Cardiovascular disease residents perform right heart catheterizations, temporary pacemaker insertions, permanent pacemaker insertions, pericardiocentesis, and intra-aortic balloon pump placement. A faculty member is present during and directly supervises all invasive cardiac procedures performed by cardiovascular disease residents. The only exceptions are right heart catheterizations and temporary pacemaker insertions. These procedures may be performed independently with faculty back-up on call after the cardiovascular disease resident has received clearance from the director of the cardiac catheterization laboratory. The level of faculty involvement in individual cases diminishes progressively as the cardiovascular disease resident acquires increasing skills.

**University of South Alabama
Cardiovascular Disease Residency Levels of Care**

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Clinical Diagnosis Management	Clinical Non-Invasive Management	Clinical Invasive (Operative Management)
<ul style="list-style-type: none"> • Perform and document a comprehensive cardiac history and physical • Complete the clinical assessment and develop and document a differential diagnosis and treatment plan • Order appropriate diagnostic tests • Interpret laboratory data • Order medications when appropriate • Perform ACLS protocols 	<p>Order appropriately and interpret:</p> <ul style="list-style-type: none"> • Resting electrocardiograms • Ambulatory Electrocardiograms • Stress tests: Exercise and graded treadmill stress tests, pharmacologic and nuclear stress tests Optional: Exercise and pharmacologic stress echocardiograms • Echocardiograms: transthoracic and transesophageal 	<p>Perform and interpret:</p> <ul style="list-style-type: none"> • Right heart catheterizations • Left heart catheterizations • Basic Electrophysiology studies • Temporary Pacemakers • Permanent Pacemakers • Intra-aortic balloon pump placement • Pericardiocentesis