

TERM DESCRIPTION

CARDIOLOGY

DOCUMENT VERSION: 06 June 2018															
FACILITY: Calvary Health Care Bruce (CPHB)															
TERM NAME: Cardiology															
TERM SUPERVISOR: Dr Peter Scott, Director of Cardiology															
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>		<p>There are currently three cardiologists working at CPHB, admitting to the six bed Coronary care unit, in addition patients may be admitted directly to the wards of either CPHB or Calvary Private and discharged from there. Except in an extreme emergency, you are not required to see patients in the private hospital but you may attend at any time with the cardiologist who is caring for the patient.</p> <p>Three of the Cardiologists work at CPHB; those are Drs Scott, Alasady and Hii. Dr Hii is a VMO; the other doctors are part-time staff specialists. As well, Drs Alasady and Hii also admit patients to the National Capital Private Hospital, and Calvary John James Hospital and Dr Alasady also does at least one session per week at the Canberra Hospital, implanting devices. All of the doctors are contactable through the switchboard at CPHB; in addition there immediate contact details and mobile telephone numbers are available in the Coronary Care Unit through switchboard on 6201 6111.</p>													
ACCREDITED TERM FOR :		<table> <tr> <th></th><th><i>Number</i></th><th><i>Core/Elective</i></th><th><i>Duration</i></th></tr> <tr> <td>PGY1</td><td>0</td><td></td><td></td></tr> <tr> <td>PGY2+</td><td>1</td><td>Medicine</td><td>13 Weeks</td></tr> </table>			<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	PGY1	0			PGY2+	1	Medicine	13 Weeks
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OVERVIEW OF UNIT OR SERVICE		<p>As the RMO in the Coronary Care Unit, you will be working as a member of a team which comprises of cardiologists and an advanced trainee in cardiology, who is seconded from the Cardiology Department at The Canberra Hospital and Health Services (CHHS). On a day-to-day basis you will be working closely with the registrar, doing ward rounds and performing procedures as required. You will also receive the support to the Coronary care nurse; many whom are quite senior and experienced in coronary care matters and procedures; in addition you work closely with the Intensive Care Unit and intensive care registrars who are often available as resource people for advice and also support in emergencies. The Coronary Care Unit and the Intensive Care Unit are co-located within the same building and share many of the nursing staff on a rotational basis.</p> <p>The Coronary Care unit at CPHB is a level IV Coronary Care Unit, which means it does not admit patients with acute ST segment elevation myocardial infarction (STEMI). These patients are generally transferred directly from the community if they summon an ambulance and</p>													

are diagnosed as having an acute ST segment elevation myocardial infarction. If they do present to the Emergency Department at CPHB, once assessed and identified as having ST segment elevation myocardial infarction (STEMI) they are also transferred to CHHS for primary angioplasty. Patients in the wards of CPHB or Calvary Private Hospital for other medical or surgical problems, who also satisfy the criteria, may also need to be transferred to CHHS. There are protocols in place as to how to organise this. It is possible that at some stage in their immediate convalescence following the primary angioplasty, the patients may be transferred back to CPHB for ongoing care. All other admissions cover the full spectrum of adult cardiology, including acute and chronic heart failure, arrhythmias, (both ventricular and supraventricular) and many patients are admitted for monitoring following an unexplained episode of syncope. Many patients are admitted with chest pain syndrome which may include definite cardiac causes such as unstable angina/non-ST segment elevation myocardial infarction (non-STEMI), and these patients may be subsequently referred for angiography either at private or public hospital. For patients who may be covered privately, this procedure may be carried out by any of the cardiologists who are credentialled to do this at the National Capital Private Hospital (NCPH). Prior to being transferred the ward clerk at the National Capital Private Hospital will do a fund check to make sure the patient is eligible for the procedure and there will be no significant out of pocket expenses. The correct procedure to initiate this is either to inform Dr Chris Hii who can then speak directly to the appropriate personnel at NCPH or to contact the NCPH directly. At the request of the administration of NCPH the ward clerk in the Coronary Care Unit at CPHB no longer does this. These procedures will be explained to you both by the cardiologists and the registrars at the time. In terms of the number of admissions per day to the Coronary Care Unit, this is variable but rarely exceeds three or four patients, often one or two. The unit does have a high turnaround of patients and on average would admit about 80 patients per month.

Other patients with undiagnosed chest pain who have been admitted to “rule out ischaemia” maybe subsequently referred for an exercise test, this is carried out at CPHB currently the exercise treadmill is located in the Emergency Department and a telephone referral is made to the supervising doctor. There is also a proposal to develop a cardiac diagnostic area and this will mean that the exercise machinery will be relocated to an area closer to the Coronary Care Unit.

In terms of procedures that are carried out in Coronary Care these can include, but are not limited to transthoracic echocardiography (carried out by the echocardiographic technician) Trans-oesophageal Echocardiogram (T.O.E) which may be carried out by the consultant and/or the advanced trainee registrar in cardiology, cardioversions which are generally carried out as elective procedures with patients admitted through the day care unit. Occasionally cardioversions may also be carried out in the Coronary Care Unit for patients admitted with acute arrhythmias who require urgent restoration of sinus rhythm.

In addition patients may be electively admitted for investigation of possible causes of syncope the two common tests are carried out on this group of patients are the flecainide challenge test and the adrenaline challenge for which protocols are available in the Coronary Care Unit. Throughout the term in the Coronary Care Unit you may also see patients who have pacemakers and or cardiac defibrillators and if so, there will be an opportunity for education and discussion regarding these devices. There are also instructions available as to how to organise either an elective or urgent interrogation of these devices by contacting the representatives of the pacing companies. However, prior to contacting these representatives, it is always advised that either the cardiologist and/or the advanced trainee in cardiology review the patient to see if an interrogation of the device is required.

At other times, patients who are originally admitted under a general medicine team or a surgical team may be transferred for monitoring to the coronary care unit. Once stable, these patients may remain under the care of a cardiologist if this is deemed appropriate or

	in the majority of cases transferred back to the original admitting team. In the latter instance it is considered very important that clear and concise information is given to that ward-based team, who will now be looking after the patient regarding their time in coronary care and advice for future management and cardiological follow-up if required.
REQUIREMENTS FOR COMMENCING THE TERM:	There are no prerequisites for commencing this term.
ORIENTATION:	During orientation on the first day of term the Director of Cardiology presents a session on all of the resident medical officers, who may at times rotate through the Coronary Care Unit after hours, on a number of issues, including Metavision the Clinical IT system used in the Cardiology Unit. Within the first few days of term the PGY2 will meet with the Director of Cardiology/Term supervisor and the Advanced Trainee to discuss whether or not there are any immediate issues that require further clarification. The Director of Cardiology/Term supervisor paperwork which include duty statements, orientation on the expectation of the term for the PGY2 and the Advanced Trainee. Certainly, if you have any questions or concerns at any time during the term you are encouraged to discuss this with any of the cardiologists, especially the Director, so that these issues may be addressed or problems fixed.
JMOs CLINICAL RESPONSIBILITIES AND TASKS:	<ul style="list-style-type: none"> • To ensure continuity of patient care by handing over relevant clinical details to the JMO on the next shift and receiving handover information from the JMO on the previous shift. In coronary care at the end of the normal working day the advanced trainee is requested to pass on all relevant information regarding inpatients in the unit, to the after-hours medical registrars who will assume responsibility for managing patients in the Coronary Care Unit, in conjunction with the patients cardiologist and the on-call cardiologist until the following morning, • To admit patients not arriving through Emergency Department and to participate in their investigation and care, during their time in coronary care. These patients may be admitted directly for investigations such as flecainide challenge test and or Adrenaline challenge. • To provide continuing care of all patients on your team under the supervision of your registrar and the cardiologist both in coronary care and once they have been transferred to the general medical ward until discharged back to the community. • To ensure appropriate documentation is up to date including a daily review of the patient's condition, a review of current management and outlining future plan. These must be legible and most importantly signed in a legible manner. • Electronic Discharge Referrals should be up to date and preferably a copy given to the patient on discharge to take to their GP; in other cases they must be completed within three days of discharge. The referral must include a complete list of medications on discharge and arrangements for follow-up when appropriate, with either the cardiologist and/or other specialists if necessary. • To attend ward rounds. This includes medical patients, consults, ICU and CCU patients. • To attend patient conferences & to assist in careful discharge planning. • To ensure that all fluid charts and medication sheets are up to date.

	<ul style="list-style-type: none"> • To arrange investigations and follow up results. Ensure the registrar is aware of abnormal results. • To attend and participate in Grand Rounds with case presentations etc as requested. • Where possible to participate in the Thursday cardioversion sessions. These are (currently) performed in the Endoscopy Unit on Level 2. These procedures may be supervised and/or carried out by the cardiologist or the advanced trainee in cardiology. During this session not only will you have an opportunity to be involved in the cardioversion, there may also be some tuition by the anaesthetic team in airways management. • To participate in the after-hours ward roster as required. <p>The JMO is responsible for the effective handover at the end of the term to the incoming JMO on rotation.</p>
SUPERVISION:	<p>IN HOURS:</p> <p>JMOs are supervised by their registrar & cardiologist during the day and the Medical Registrar after-hours. You will be informed of the lines of communication which are available to you in hours and after hours for routine matters and also in an Emergency. Most importantly, in an Emergency situation, where you feel that you are “out of your depth” you should never hesitate to call the registrar, the patient’s cardiologist, the cardiologist on-call or the Director of Cardiology or as a last resort, the Director of Medical Services or Executive Team Member on call if you are in a situation where help is urgently required. In an extreme emergency, advice can be sought from the Intensive Care team or medical emergency call (MET call) should be initiated, if help is not forthcoming.</p> <p>A Medical Registrar on call is available 24 hours a day and can be paged via switchboard.</p> <p>Physicians and cardiologists are happy to be called, at any time, if there is a problem and can be contacted via switchboard.</p>
	<p>AFTER HOURS:</p> <p>After hours other senior medical staffs are always on site to provide assistants, support and advice, in the Emergency Department, ICU and the Anaesthetic department.</p> <p>The hospital also operates a 24 hour Medical Emergency Team (MET Team), and you will receive instruction as to how to initiate a MET call.</p> <p>After hours Ward JMO shifts are as per the roster distributed by Medical Administration.</p>
STANDARD TERM OBJECTIVES:	<p>CLINICAL MANAGEMENT:</p> <ul style="list-style-type: none"> • To become proficient in history taking, ensuring all relevant information is obtained and recorded in the patient’s notes in a legible fashion. • To perform a thorough physical examination and be able to identify appropriate normal and abnormal physical signs. In addition we hope that you will acquire skills in the interpretation of ECG’s as well as understanding the use and especially in the limitation of this very commonly requested investigation. • To develop a provisional plan of investigation and management based on a sensible provisional diagnosis and differential diagnosis.

	<ul style="list-style-type: none"> • To use laboratory and radiological investigations for clearly specified purposes keeping the cost in mind. • To develop organisational skills and effective time management.
	<p>COMMUNICATION:</p> <ul style="list-style-type: none"> • To be able to communicate with patients and their relatives about the patient's illness and future plans for managing that disease and the patient. At times you may also be required to contact the patient's general practitioner, to inform the Doctor that the patient is in hospital and why, possibly to ask for further information or to pass on information regarding the patient, prior to discharge. • To be able to communicate with other medical colleagues about the patient and to ensure that provisions are made for appropriate and timely follow-up on discharge, as far as possible, and the patient is informed of these matters. These other colleagues include consultants who may be asked for an opinion and /or consultation and allied personnel. external medical and paramedical staff, including the GP, about the patient and to ensure good follow up care on discharge. • To communicate effectively with hospital staff who may also be involved with the patient during the admissions, (or during previous admissions, or who have knowledge of the patient's other medical problems), including the other physicians and the registrars to whom the cardiologist may ultimately transfer care, if appropriate, once that patient has been discharged from the Coronary Care Unit. • To be able to communicate effectively via the written medical record with appropriate documentation of clinical findings, test results and the clinical plan and updating paperless notes utilising the Metavision system and a paper based medication chart. In using a paper based medication chart, you are strongly advised to use generic names rather than tradenames for all medications, to print legibly then to write in longhand and to date & all prescriptions. In adjusting doses, or timing of doses, it is advisable to entirely cross out the original prescription and rewrite the new prescription. All staff will receive training and help in using MetaVision and where problems are identified these issues will be addressed and modifications made. In addition, dedicated IT support staff are available for help and advice.
	<p>PROFESSIONALISM:</p> <ul style="list-style-type: none"> • To show enthusiasm and initiative for learning. • To be willing to teach and assist other staff. • To demonstrate a desire for self directed learning. • To be punctual, reliable and honest and behave in an ethical manner to patients and staff, with respect for confidentiality. • To be prompt and efficient in the management of work and show good prioritization of tasks. • To be committed to good patient care and good relations with other staff.

INSERT TIMETABLE *(the timetable is not intended to be a roster but rather a guide to the activities that the JMO should participate in during the week)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	0800 handover round daily round with cardiology consultant	0745 handover round if possible	0800 handover round daily round with cardiology consultant	0800 handover round daily round with cardiology consultant	0800 handover round daily round with cardiology consultant	0800 handover round daily round with cardiology consultant	0800 handover round daily round with cardiology consultant
		0800 Division of Medicine Clinical Meeting preceded by or followed by daily round with cardiology consultant					
PM			1200 - 1245 Grand Rounds 1pm- 1.30pm echo meeting and AT teaching				
		1330-1500 Education Program at CPHB		Once per month, from February until November, on the last Wednesday of the month a Cardiology education meeting is held in the education room of CCU commencing at 1pm.			

PATIENT LOAD:

12-18 patients. The cardiologist on call may have one or two admissions per day and there may be a few patients in the step down ward of the Emergency Department and there may be patients in the general medicine ward receiving treatment, who at no time had ever been in coronary care.

At times, when CCU is full and there is spare bed capacity available in the Intensive Care Unit, coronary care patients may be admitted to the intensive care unit, under the bed card of the cardiologist. The cardiac team will be responsible for the day-to-day review and treatment of the cardiology patient in the Intensive Care Unit. However, only the

	cardiologist will have prescribing rights in the Intensive Care Unit for this patient. If necessary the intensive care registrar and/or resident can also help with prescribing of medications.
OVERTIME <i>Average hours per week</i> ROSTERED: 4.6 hours. UNROSTERED: Average of 4 hours per fortnight which can change due to seasonal changes or activity.	
EDUCATION:	<p>JMOs are encouraged to attend as many educational events as possible.</p> <ul style="list-style-type: none"> • Tuesday morning Physician meetings: the JMO will be encouraged to present at these. • Tuesday afternoon teaching at Calvary. This is protected time for the residents, and at least 80% attendance is expected. You may be excused from attending, if involved in urgent patient care. However, when you are able to attend, the cardiology resident should ask the advance trainee in cardiology to carry the cardiology resident's page and deal with the matters that arise. • Wednesday lunchtime Grand rounds at CPHB. • Monthly cardiology education meeting, alternating with a Major Business Meeting, on the last Wednesday of the month, from February until November, commencing at 1 PM in the education room of the Coronary Care Unit. • In the last week of the registrars term, a cardiology morbidity and mortality meeting will be held either on the Tuesday afternoon or Friday afternoon. • Echo teaching on Wednesday lunchtime (every month) • You should receive advance notice by email of all educational activities involving the cardiology team.
ASSESSMENT AND FEEDBACK:	<p>The Term Supervisor will provide formal assessment and feedback using the one 45 system assessment forms at mid-term and at the end of term. In completing the Assessment Form, the Term Supervisor will consult with other members of the team (AMOs, registrars, nurses and other professional staff).</p> <p>It is the JMO's responsibility to ensure that the term supervisor completes a mid-term and end of term assessment.</p>
ADDITIONAL INFORMATION:	<p>Scope of Practice:</p> <p>http://connect.calvarycare.org.au/committees/CHCBrucePolicyCommittee/layouts/15/WopiFrame.aspx?sourcedoc=/committees/CHCBrucePolicyCommittee/Shared%20Documents/Health%20Professional%20Credentialling%20policy.docm&action=default&DefaultItemOpen=1</p>

Term Supervisor Signature:

Date:



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