

INTRODUCTION TO CCU ROTATION

Welcome to the CCU rotation at Akron City Hospital. I hope this will be an enjoyable and intellectually stimulating month for you. The following contains some “ground-rules” for the rotation. These may change from time-to-time due to scheduling, holidays, emergency patients requiring attention, etc.

1. Administration

- a. Administrative Assistant: Samantha Fernandez, drewniaks@summahealth.org, 330-379-5770.
- b. Director of Coronary Care Unit: Kenneth Varian, MD, PhD, 95 Arch Street, COE, Suite 300, 330-375-4901. Cell: 614-578-3786, e-mail: variank@summahealth.org

2. Patients in the CCU

- a. See CCU Team Info

3. Attendings in the CCU

- a. Teaching attendings
 - i. 1 teaching attending each week.
 - ii. Teaching rounds will be in the mornings, no earlier than 8 am. Times will vary by attending cardiologist
- b. Clinical attendings
 - i. Every patient in the CCU must be followed by a cardiologist.
- c. Cardiology fellows
 - i. Fellows will round in CCU daily. A cardiology fellow is in house every night

4. Daily Routine:

- a. The team (interns, medical students, residents, fellow) should start rounding after sign out is completed approximately 6:30 a.m.
- b. Write progress notes on the **CCU Progress Note Form**.
- c. Follow-up on all pending test results that were not back when writing the progress note.
- d. End of shift: quickly round on patients in the CCU and sign out.

5. Conferences

- a. Friday Morning Cardiology Conference 7 am – 8 am weekly in PCS Pods (Basement) 55 Arch Street.
- b. Wednesday Internal Medicine Grand Rounds Noon – 1:00 pm am weekly in the Firestone Auditorium.
- c. 4th Tuesday of each Month Cardiology Grand Rounds – Firestone Auditorium 7 am – 8 am.

6. Keep a list of patients seen and their diagnoses as well as procedures.

7. Feedback & Evaluations:

- a. The residents should review the interns' progress with them each Friday. Intern deficiencies should be brought to the attention of the attending.
- b. The attending should review the residents' progress with them each Friday. Resident deficiencies should be brought to Dr. Varian's attention.
- c. If there are any problems, please contact Dr. Varian. Any complaints about Dr. Varian should be addressed to Dr. Chaffee or Dr. Sweet.
- d. Internal Medicine (also Transitional & Preliminary):
 - Please send an eval to 2 attendings approximately 1 week before the end of the month. The evaluations should be reviewed with you and returned to the Department office.
- e. Family Medicine:
 - Family Medicine program coordinators will distribute hard copies of an evaluation, along with instructions, to Family Medicine residents when they begin a CCU Rotation.

8. References:

- a. ACC/AHA Guidelines
 - i. Available at www.acc.org
- b. Textbooks Available in the "fishbowl" in the CCU
 - i. Braunwald's Heart Disease
 - ii. Harrison's Textbook of Internal Medicine, Cardiology Section
 - iii. Chou's Practical Electrocardiography
 - iv. Irwin's Intensive Care Medicine
- c. Up-to-Date
- d. MKSAP Cardiology section
- e. National Library of Medicine – PubMed and Medline for literature searches. www.nlm.nih.gov.

9. Lastly:

- a. This is not an academic exercise. You (the residents and medical students) are responsible for the treatment and care of the patients in the CCU.
- b. Take ownership of the management of your patients' care. Question everything. Read up on your patients' problems. Challenge what you do not think is right or may be done differently.
- c. Residents should dig deeply into patients' histories including contacting the PCP and cardiologists' offices for old records as well as the surgeons for old operative notes. Contact outside PCPs, outside cardiologists and family for more information.
- d. Complete physical examinations are required on patients being admitted. "RRR" is not acceptable as a cardiac exam documentation in a coronary care unit.
- e. A patient's chart is a method of documentation and communication to other health care providers about a patient's problems and plan of treatment. A breakdown in communication is one of the leading causes of errors in medical care.
- f. Professionalism toward the patients, your colleagues and the staff is expected at all times.
- g. Patient confidentiality is to be respected.

Kenneth Varian, MD, PhD