

Heart Failure & Transplantation

ME 410.99

General Information

COURSE CHAIR: Michelle M. Kittleson, MD, PhD

STUDENT COORDINATOR'S CONTACT INFORMATION EMAILI: Group Cardiology HI Med. Student Electives

STUDENTS/PERIOD: Max: 2 Min: 1

DURATION: Three weeks

Please visit our VSLO catalog for dates and to submit your

application.

Description

Students will gain an understanding of the physical examination, diagnosis- and management of patients with advanced heart failure, inkling the role of evidence-based therapies, pulmonary artery catheterization-and heart transplantation. They will also learn to manage the long-term complications of patients post heart transplantation.

Course Objectives

- 1. Gain knowledge in the pathophysiology, natural history, appropriate diagnostic evaluation, and therapeutic approach to heart failure.
- Demonstrate proficiency in the physical exam findings of decompensated heart failure.
- Apply evidence-based medicine to the treatment of decompensated heart failure.
- Use hemodynamic data from pulmonary artery catheterization to guide therapy of patients with decompensated heart failure or heart transplant rejection.
- 5. Develop a basic understanding of the interpretation of echocardiogra.ms, pulmonary artery catheterization, and coronary angiogra.ms.
- 6. Identify the indications and contraindications to heart transplantation.
- 7. Understand the pharmacology of immunosuppression therapy and treatment of heart transplant rejection.
- Gain knowledge of the common short and long term complications of heart transplantation.

Student Experiences

COMMON PROBLEMS/DISEASES:

- · Acute decompensated heart failure
- · Cardiac arrhythmias
- · Myocardial infarction
- Heart transplant rejection
- · Opportunistic infections after transplantation

INPATIENT: 100% **OUTPATIENT:** 0%

CONSULTATION: 10% PRIMARY CARE: 90%

CLOSE CONTACT WITH

- · Full-time faculty
- · Clinical faculty
- Fellows
- Residents
- Interns
- Nurse practitioners and pharmacists



Cardiology: Heart Failure & Transplantation

Typical Schedule

Approx. # of Patients Evaluated Each Week by Student	10-15
Week by Student	
Approx. # of Patients Evaluated Each Week by Service	50-70
Typical Monday	7:30 a.m. – Pre-rounds with resident/intern 9-10:30 a.m. – Rounds with attending and fellow 10:30-11 a.m. – Didactic teaching with attending 11 a.m noon – Follow up Noon-1 p.m. – Noon conf. 1-4 p.m. – Admissions, follow up of patients, bedside teaching with fellow, review of studies 4-5 p.m Sign-out rounds with resident/fellow
Typical Tuesday	7:30 a.m. – Pre-rounds with resident/intern 9-10:30 a.m. – Rounds with attending and fellow 10:30-noon – Follow up of patients noon-1 p.m. – Noon conf. 1:00- 4 p.m. – Admissions, follow up of patients, bedside teaching with fellow, review of studies 4-5 p.m. – Sign out rounds with resident/fellow
Typical Wednesday	7:30 a.m. – Pre-rounds with resident/intern 9-10:30 a.m. – Rounds with attending and fellow 10:30-11 a.m. – Didactic teaching with attending 11 a.m.–noon – Follow up noon- 1 p.m. – Noon conf. 9- 4 p.m. – Admissions, follow up of patients, bedside teaching with fellow, review of studies 4-5 p.m. – Sign-out rounds with resident/fellow
Typical Thursday	 7:30 a.m. – Pre-rounds with resident/intern 9-10:30 a.m. – Rounds with attending and fellow 10:30 a.mnoon- Follow up of patients noon-1:00 p.m. – Noon conf. 9- 4 p.m. – Admissions, follow up of patients, bedside teaching with fellow, review of studies 4-5 p.m. – Sign out rounds with resident/fellow
Typical Friday	7:30 a.m. – Pre-rounds with resident/intern 9-10:30 a.m. – Rounds with attending and fellow 10:30-11 a.m Didactic teaching with attending 11- noon - Follow up 12pm - 1 p.m Noon conf. 1-4 p.m Admissions, follow-up of patients, bedside teaching with fellow, review of studies 4- 5 p.m Sign-out rounds with resident/fellow
On-Call Schedule	NONE
Weekend Activities	One weekend day per week
Additional Comments/Special Requirements	NONE