

**University Nebraska Medical Center
Department of Cardiology
Electrophysiology Fellowship**

DESCRIPTION OF ROTATION

The Electrophysiology service covers patients at NHS and VAMC, and, by its nature, covers both inpatient and outpatient services. Due to the changes in medical care, there has been a shift of a large portion of the care of patients with arrhythmias to the outpatient settings. The service generally consists of an attending, a fellow (when assigned), a second or third year resident when assigned, and medical students. The service also has two nurse practitioners, as well as a dedicated pacemaker staff. Patients are admitted primarily to the service from outpatient clinics or by referrals from NHS staff or outside cardiologists. Electrophysiology consults are often encountered from any other service in the hospital. The majority of the patients are on the 7N and 8N telemetry units. Patients rounds usually take place about 10 a.m. every morning. Rounds take approximately two hours. Rounding in the afternoon may also take place depending on the patient care needs such as new consults, which need to be staffed. Admissions are scheduled from the clinics at NHS or from the outreach sites. The patients are admitted for evaluation, initiation of new or different drug therapy, or for a specific procedure. The nurse practitioners are responsible for coordinating discharge planning. There will be other patients who will need history and physicals to be performed on admission under other circumstances. At any one time, the patient census is usually between 4-8 patients.

RESPONSIBILITIES FOR THE ROTATION

The fellow with the medical resident is responsible for the daily organization of the service. The electrophysiology faculty and staff meet every day to discuss all the patients. This is generally held in the fellow's library on the 6th floor in the Cardiology Section. The fellow is expected to be on rounds daily. The fellow will discuss patient triage with the fellow on general cardiology so those patients with certain diagnoses are assigned to the appropriate service. The fellow may be called to see patients in the ER as well. He or she can assign patients to the resident or student to make sure that everyone has a broad exposure to different types of patients. As on the general service, no clinical responsibility should prevent the fellow from attending scheduled conferences. Procedures such as cardioversion or temporary pacemaker placement require that a staff be present to supervise. Fellow are also expected to attending at least one pacemaker defibrillator clinic a week. These are available Tuesday and Thursday afternoons.

Supervision of Fellows

ADMISSIONS

Admissions can be emergent, urgent or elective for hemodynamic or EP and CHF services. All patients are to be worked up by one of the house staff. These patients care be either general ward, telemetry, AICU patients. It is expected that the H & P be dictated so that it is in the Lastword system.

DISCHARGE

All discharges are to be done in a timely fashion. Discharge summaries are required by Medical Records and are usually done by the house staff. A discharge summary must be completed within 24 hours of discharge. Care should be taken to plan the appropriate and correct follow-up, noting the condition at discharge. Referring physicians should receive copies of records. It is important that **all** the referring physicians receive copies, particularly the primary care/Internal Medicine physician.

HOSPITAL RECORDS

The hospital chart is a medical and legal document and allows for exchange of specific communication about the patients. We hope that your entries will be accurate, legible and respectful of the rights and privacy of the patient and other medical personnel. Carefully documented medical need for hospitalization will help to avoid difficulty with utilization review. In the same regard, do not indicate that the patient is ready for discharge until the day he/she actually leaves.

PERFORMANCE OF PROCEDURES

On all of the cardiology services, the fellow and staff discuss the clinical history, physical, examinations, and other objective data on all patients. The differentials are discussed as well as the treatment and follow-up plans. All procedures are conducted with the staff present. If there are invasive procedures, the staff and fellow are both scrubbed in and the supervising faculty instructs or observes the fellow performed the procedure. After hours on all, the fellow will discuss patients with the faculty over the phone. If both feel comfortable with the plan, the faculty may not see the patient until the next day. If there is any question or the fellow requests the faculty to come in to see the patient, the faculty on call is required to come into the hospital.

The patient's attending physician must be notified before informed consent is obtained from the patient or the appropriate individual representing the patient.

Minor procedures at other locations (eg. Ward, clinic, emergency room, intensive care unit) may be performed by the appropriate level fellow with the attending physician's knowledge and approval. Level of qualifications for procedures are as listed below.

PROCEDURES

	PGY1	PGY 2	PGY 3	PGY 4
1. Left Heart Catheterization	x	x	x	x
2. Right Heart Catheterization	x	x	x	x
3. Vascular Closure				x
4. Intra Aortic Balloon pumps	x	x	x	x
5. Right Heart Biopsies	x	x	x	x
6. Stent placement				x
7. Brachtherapy				x
8. Endocardial biopsy	x	x	x	x
9. Rotational Atherectomy (Rota Blator)				x
	PGY1	PGY 2	PGY 3	PGY 4

10.	Swan Ganz catheter placement		X	X	X	X
11.	Balloon angioplasty					X
12.	Transthoracic Echo (TTE)		X	X	X	X
13.	Transesophageal Echo (TEE)				X	
14.	Dobutamine/Pharmacologic stress echo (DSE)		X	X	X	X
15.	Exercise echo		X	X	X	X
16.	Exercise treadmill (ETT)		X	X	X	X
17.	Pericardiocentesis		X	X	X	X
18.	Contrast echocardiography		X	X	X	X
19.	Holter/Event recorder		X	X	X	X
20.	Transeptal Catheterization					X
21.	Cardioversion (CV)		X	X	X	X
22.	Temporary pacemakers		X	X	X	X
23.	Permanent pacemaker		X	X	X	X
24.	ICD implantation		X	X	X	X
25.	Electrophysiology studies (EPS)					X
26.	Head-Up Tilt Table (HUTT)		X	X	X	X
27.	EP ablation					X
28.	Extraction of PM leads					X
29.	Extraction of ICD leads					X
30.	Pacemaker Implantation (New)		X	X	X	X
31.	Pacemaker Generator Exchange	X	X	X	X	
32.	BiVent Pacemaker Implantation					X
33.	AICD Implantation (New)					X
34.	AICD Generator Exchange					X
35.	BiVent AICD Placement					X
36.	Intravascular Ultrasound					X
37.	PTCA					X
38.	Fractional Flow Reserve					X
39.	Percutaneous Transuminal Valvuloplasty					X