

# Orientation Manual

## UBC Cardiology Residency Program

### Specialty Training Requirements

Please refer to full manual on website

[www.ubccardio.com/postgrad-program](http://www.ubccardio.com/postgrad-program)

### Administration

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### Rotation Contacts

Rotation	Contact (Head and Assistant)	
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## Cardiology Resident On-Call Guidelines

C-1: 1 in 7 overall (In-House first 6 months).

C-2: 1 in 8 overall approximately

C-3: 1 in 9 overall approximately

Once the call schedule is finalized it is the responsibility of the residents to make call trades amongst themselves and notify Dr. Wong's (Sherry Mark; [drgwong@telus.net](mailto:drgwong@telus.net)) and Dr. Ramanathan's (Amanda Murphy; [amurphy@providencehealth.bc.ca](mailto:amurphy@providencehealth.bc.ca)) assistants and Annamaria (program assistant; [postgrad.cardiology.ubc@gmail.com](mailto:postgrad.cardiology.ubc@gmail.com)) about that trade. It is the responsibility of the residents switching to **update the master schedule on dropbox**.

Back-up call: requires you to be available in the event of an emergency. Preferable for the absent fellow to make arrangements for switches but this system is available for emergencies.

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## Hand-Over

The person on-call should be physically available for hand-over in the CCU at 17:00 unless alternate arrangements have been made.

## Communication

The on-call cardiologist should be informed in the case of:

- (1) A significant unexpected change in a patient's clinical status (including changes requiring involvement of a subspecialist/cardiac surgeon)
- (2) The following procedures: intubations, transvenous pacemaker insertion, electrical cardioversion, PA catheter insertion and pericardiocentesis
- (3) Outside calls requesting advice or patient transfer, as well as urgent ECG interpretations when residents are unsure and require assistance. All BC Bedline calls should be directed to the attending cardiologist.
- (4) Discharging patients from the emergency room
- (5) All echocardiograms in which the results will dictate patient management

## Review with Residents

Residents on weeknight call are expected to physically review all patients until 2200 hrs. All patients are then to be discussed with the cardiology resident after 2200 hrs. The cardiology residents are expected to physically review all patients who can be potentially discharged, all acutely ill patients, and must be available to supervise invasive procedures performed by more junior residents.

At Saint Paul's Hospital, the fellows are expected to perform "night rounds" on the CCU between 20:00-22:00 with the cardiology resident and nurses.

In all cases of uncertainty, cardiology residents should err on the side of caution and review management with the on-call attending staff. If after repeated attempts you cannot reach the on-call cardiologist, you should try to reach a sub-specialty cardiology attending on-call (eg. Echo, Intervention, etc.) and explain your situation.

## Evaluation Methods

All cardiology residents will receive written evaluations at the end of each rotation through WebEval at [www.one45.com](http://www.one45.com). Verbal evaluation should also occur at the mid-point and completion of a rotation. Evaluations of the attending's must also be filled out by the resident before a rotation deemed completed.

It is the responsibility of residents to get a completed evaluation from each rotation, and also to keep their reverse evaluations up to date. If evaluations are not kept up to date, the residents will not be reimbursed for expenditures or conferences.

Methods of evaluation:

1. Rotation evaluations
2. Bi-Annual review with the program director

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3. Annual Clinical OSCE
4. Graphics OSCEs
5. CCU 360 Degree evaluation – evaluation by Attending and Allied Health Staff

## Intimidation and Harassment

Intimidation and Harassment are not tolerated at UBC. In situations where residents feel that they are not being treated fairly, or where personality conflicts may arise, residents are encouraged to speak to the program director. If the problems remain unresolved, residents are encouraged to discuss this with the Head of Cardiology.

Please refer to the Faculty of Medicine, Postgraduate Medical Education Deans' Office, Resident Policies and Procedures Manual

[UBC PGME Policies and Procedures Manual](#)

## Parking Information

Annamaria is to arrange parking passes for VGH after hours parking hangers. This parking pass allows parking at the VGH courtyard for after-hours and weekends on call. Your information has been collected and hangers will be delivered to the office. Annamaria will contact you once they are ready to be picked up. Note the restrictions for their use. If you get any violations the program is not responsible for paying any fines.

For SPH, you need to apply for a green staff parking hanger and use pay Staff Parkade (entrance on Burrard) or street parking. There is also a lot in the Century Plaza Hotel that offers a discount staff rate with the staff hanger.

## Royal College Examination in Internal Medicine

5 business days off duty in total for examination days. Please inform the services as early as possible. On these rotations there can not be additional vacation booked as it is UBC policy that at least 80% of a rotation must be completed.

## Logistics

- Identification cards
- To be obtained from VGH:
- Photos are taken at VCH Photo ID in Room 17, in the basement of the Doctors Residence Building, 2775 Heather Street, Vancouver General Hospital, and cards will be mailed to the office.
- Hours of Operation for Photo Capture are Monday to Friday 0800-1600 (Excluding Statutory Holidays))
- Pagers to be distributed by Annamaria
- Office key to fellows room to be distributed by Annamaria
- **Locker Locations:**

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- **VGH:** Cath lab changeroom
  - Female (3-4-1):Locker #1 (straight in last locker on right) 36-58-24
  - Male (5-4-2): Locker #2 - 04-22-28 [first number, two full turns R, one full turn L, then R]
  - **SPH:** Cath lab changeroom
    - Female (9-4-7-5):Locker #26 (first bottom LEFT locker in the right aisle) 38-16-1
- **Sleep Rooms**

**SPH:** While on a CCU rotation at SPH, the sleep room is close to the CCU in the Obs/Gyn call room block. Information for this room can be obtained by the CCU staff.

**VGH:** While on CCU rotation at VGH, the sleep room is in the Doctor's Lounge, 2nd floor Centennial Pavilion  
Rm 290A – code #3137

Access to be arranged prior to start, Annamaria will facilitate.

- PCIS/WebDI (VGH)
- Sunrise/SCM (SPH)
- Inteleviewer (login:csicu, password: csicu1)
- MuseView for ECG viewing (Sarbjit Brar; sarbjit.brar@vch.ca)
- CareConnect (careconnect@phsa.ca)
- iClinic (support@iclinicemr.com, Faisal Aziz; faisal.aziz@vch.ca)

## Vacation and Conference Policy

- 4 weeks total (2 weeks max on a 2-block rotation)
- Notify rotation contacts prior to start of rotation
- Notify Annamaria to add to one45

Conference time:

- Cannot be taken in conjunction with a block that you are also taking vacation.
- One day of travel prior and a day after event (total allowable 5 working days)
- Notify rotation contacts prior to start of rotation

Conference Money:

- \$1500 total yearly conference fund
- Program support attendance to **WECREEP** (Western Cardiology Residents Education Program- March)
- Contact Annamaria for details of reimbursement

## Academic Schedule

Monday	7AM – Cardiology Fellow Teaching (mandatory unless vacation or excused)
Tuesday	7AM – Cardiology Fellow Teaching (mandatory unless vacation or excused)

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	excused) 12PM - CCU Resident teaching by assigned fellow – SPH ICU Conference Room (teaching scheduled in dropbox)
Wednesday	12PM – Echo/PACH Rounds - SPH 5C/D Conference Room (mandatory for those on Echo/PACH at SPH)
Thursday	7-9AM – Combined Rounds and Cardiology Grand Rounds – VGH/SPH (mandatory unless vacation or excused) 1:30-4:30PM – Cardiology Academic Half-Day (mandatory unless vacation or excused)
Friday	7-8AM – CCU resident teaching by assigned fellow – VGH Taylor-Fidler Room 7:15-8AM – SPH M&M Rounds (mandatory if based at SPH)

If you are unable/excused from attending Monday AM, Tuesday AM, or AHD teaching please contact the chiefs (preferably the day before). Teaching may be cancelled out of respect for the presenters if there are insufficient numbers.

## Additional Events:

- Saturday ECG Symposium (Dr.Yeung): (Saturday, July 23, 2016) SPH, Providence, Lvl 5, Conf Room 5C/D
- Sports day: Fall 2017 – date TBD
- Welcome BBQ (August 9, 2016): Hosted by Dr. Nair (business casual attire) C-1s must attend. Call trades if necessary
- Advocacy Event: during the year
- Device AHD: 3 sessions spread throughout the year
- WECREEP (Western cardiology fellows' conference): February TBC
- National Review Course (Toronto; C-3): April
- Medicine and Beyond: 3 sessions total throughout year (dinner)
- Distinguished speaker at AHD, every 2-3 months the invited speaker will come for the fellow AHD. Please be sure to attend.

## Textbook

- Uptodate (Accessible on hospital computers and can be used on personal device and computer)
  - To access the “free” account
  - Resident is to access UpToDate on a hospital computer (VGH and SPH) and create a new account/username and password
  - This username can then be used as a normal subscription would

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- The only catch is that this requires logging in on an actual hospital computer every 90 days to maintain the account.
- Expertconsult
  - Braunwald
  - Otto
  - Interventional Cardiology  
<https://expertconsult.inkling.com>  
login: [ubccardiology@gmail.com](mailto:ubccardiology@gmail.com)  
password: Cardiology
- Dropbox
  - CCU resident teaching powerpoints
  - Mayo Clinic Videos
  - Guidelines
  - Previous academic half day slides
  - On-call SchedulesDropbox.com  
Login: [ubccardiology@gmail.com](mailto:ubccardiology@gmail.com)  
Password: Diamond123

### Longitudinal Clinics:

- C1s will be set up with an attending in January
- Should attend 10 per year
- Not to be scheduled during CCU rotations
- Provide Annamaria with scheduled clinic dates

### Career Mentorship:

- John Mancini for confidential career counseling ([mancini@mail.ubc.ca](mailto:mancini@mail.ubc.ca))
- Staff members (Department of Cardiology: Dr. C. Taylor [ctaylor@providencehealth.bc.ca](mailto:ctaylor@providencehealth.bc.ca), Dr. Victor Huckell [huckell@uniserve.com](mailto:huckell@uniserve.com), Department of Medicine: Ian Mackie) can provide counseling and general support

### Research:

- Research presentations:
  - Academic half-day – April
  - Internal Medicine Research Day – April/May
  - Annual Cardiovascular Sciences Research Day - May



## **Additional Responsibilities:**

- One AHD teaching session a year
  - Topics will be chosen at orientation
  - Should have staff oversight
- CCU Resident Teaching
- M&M rounds (SPH) - 1-2 presented/year
- SPH Morning CCU case presentations
  - While on SPH CCU or if assigned
  - Refer to schedule in dropbox
- Journal Club (1/year)
- Grand Rounds (1/year)
- Rotation Specific presentations (PACH, Nuclear, ECHO)
- Professor Rounds
- Internal Medicine Lunch Rounds during SPH CCU rotation
- OSCE (1/year)

### **\*\*\*Need to complete \*\*\***

- **Radiation Safety Course once/3 years**
- **Needs to be complete prior to starting Cath rotation**
- **Go to [ccrs.vch.ca](http://ccrs.vch.ca) and register for the “Fluoroscopy: Radiation Safety Protection” course.**

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### Specific Rotation Details:

- These are some tips regarding the rotation. Please see one45 and contact the service head about 2-4 weeks prior to the start of the rotation for further details.
- Should inform the services of in house post call days and vacations before starting

### CCU VGH:

- Location: CCU and CP10 A/B
- General
  - Residents are expected to meet at the CCU at 8AM
  - Residents will be oriented by Dr. Wong on the first day of the rotation
  - Expect to receive email/text/phone handover from the overnight fellow regarding new admission or issues
  - Residents should be divided to round on patients on CP10, CCU, and ER patients admitted (but not yet transferee to CCU)
    - About 3 patients/resident is a good starting point depending on their level of training
  - This is staff dependent but the in house post call CCU fellows may be expected to stay to lead CCU rounds (until about 12)
  - There is a GE V-Scan handheld ultrasound in the CCU CML office
    - Key to the office is in the bookshelf near bed 12 in the CCU
    - You MUST return the scanner to the charger after each use
  - There is a key to the echo lab for after hours access for emergency studies
    - The key is in the bookshelf near bed 12 in the CCU (green scapula key chain)
    - If the alarm is set to "Armed" then enter 4801 to disarm otherwise security will trigger as an intrusion.
- Responsibilities
  - Supervise junior resident for procedures and ensure appropriate notes/transfer summaries/ discharge summaries
  - Lead rounds at about 9AM in the CCU
  - Hand over to incoming fellow and resident at 5PM in CCU
  - Touch base with Pauline (CP10 CML) regarding potential discharges
  - Review upcoming surgical dates with Laura (CVT triage coordinator, office on CP10)
  - Ensure a resident and case has been chosen to present at Thursday am clinical rounds at 7am
    - Inform cath lab radiology tech of images that need to be loaded and ask imaging services to come and present (echo, cath, CT, MRI...)

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## CCU SPH:

- Location: CICU and 5A/B
- General
  - Residents are expected to meet at the CCU at 7:30AM
  - Residents will be oriented by Dr. Ramanathan on the first day of the rotation
  - Expect to receive email/text/phone handover from the overnight fellow regarding new admission or issues
  - Residents should be divided to round on patients on 5A/B and CCU
    - About 3 patients/resident is a good starting point depending on their level of training
  - In house post call CCU fellows are generally expected to stay to lead CCU rounds (until about 12)
  - Fridays: TAVI procedure day, expect 2-3 admissions to CICU post procedure. Discharge and transfer patients to accommodate the influx as appropriate.
- Responsibilities
  - Supervise junior resident for procedures and ensure appropriate notes/transfer summaries/ discharge summaries
  - Lead rounds at about 9AM in the CCU
  - Hand over to incoming fellow and resident at 5PM in CCU
  - Touch base with Holly (5A/B CML) regarding potential discharges
  - Prepare and present a clinical case for Thursday am rounds at 7:15AM. Case is generally 15-20 minutes long with time for discussion. See guidelines at end of handbook.
    - Inform imaging services to come and present by about Tuesday/Wednesday (echo, cath, CT, MRI...)

## VGH Consult service:

- General
  - Solo fellow and staff service
  - PCIS has a consult service list
  - All new consults are expected to have a dictation
  - Staff is responsible for supervising the stress lab in the morning
  - Expect to have the resident review the overnight consults with you and staff after CCU review (~10-11AM)
    - Resident can be asked to make a copy of the note and be updated on final plan to dictate the consult. Otherwise the fellow will be required to dictate the consultation.
  - All new consults need to be reviewed and examined with staff at least once
  - Handover to weekend team if any patients need to be assessed
  - Ensure handover has been provided for weekend patient

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### VGH Echo:

- You will work closely with the techs, paired initially familiarize yourself with the echo scanning protocol (will be provided by head tech Sarah) and the ASE guidelines
- Familiarize yourself with the echo scanning protocol (will be provided by head tech Sarah) and the ASE guidelines
- The total requirement for Level 2 (6 months), plan you time accordingly
  - 150 Scans, 300 Reads

### SPH Echo:

- You will be expected to be a bit more independent
- Find out which staff is reading earlier in the morning and ask for preferred time to review studies you have interpreted
- Fridays: Touch base with PACH fellow for list of congenital echos to review with Dr. Kiess or Grewal. The group readout occurs at about noon.

### Nuclear:

- This is integrated with graphic and stress lab supervision
- 3 presentations to Dr. Kiess/block
- Dr. Fung will do readouts at VGH Monday and Friday afternoon
  - Contact him for timing of review. You should come at the scheduled time to independently read. Review may occur 4-6PM if he is in the cath lab

#### Nuclear Medicine Rotation Schedule

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
0715				Combined Cardiology/CV Rounds	M&M Rounds	
0730					Review Congenital Echos	
0800	Cardiology Lab Supervising	Nuclear Medicine Rounds	Cardiology Lab Supervising	Cardiology Lab Supervising	Read PACH ECHOs (Dr. Kiess/Grewal)	
0830		Nuclear Medicine Scott - MUGA				Professor's Rounds
0900						
0930						
1000						
1030						
1100						
1130						
1200						
1230						
1300	Office Patient	Nuclear Medicine Reading	Office Patient	Resident Academic Half- Day		
1330						
1400						Nuclear Medicine Reading
1430						
1500	Nuclear Medicine Reading @ VGH		Nuclear Medicine Reading		Nuclear Medicine Reading @ VGH	
1530						
1600						
1630						
1700						
1800						

#### Nuclear Medicine Talks for Residents:

- Diagnosis of CAD using ETT and MPI (myocardial perfusion imaging)

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2. Pharmacologic stress imaging agents mechanisms; side effects, rational for use, etc.
3. Radioisotopes used for MPI – characteristics, protocols, advantages, disadvantages
4. Use of MPI for determining prognosis
5. Assessment of Viability using Nuclear, PET, comparison with MR, Dobutamine echocardiogram
6. Radionuclide Angiography

## SPH EP:

- Please include the EP fellow for any absences as they make the clinic and ward schedule
- Time is divided between clinic, EP lab, and ward
- We are not on call for EP during the evenings or weekends, if you are called redirect the call to staff or EP fellow

## Victoria EP:

- Time is divided between clinic, EP lab, and ward
- We will be on the CCU call schedule
- Housing to be arranged by the program
- On you arrival day or day of rotation you will need to arrange for activation of Powerchart. Full instructions will come from the Victoria program coordinator
  - Returning resident: If you have already completed PowerChart training through VIHA, have your Windows Password reset by calling Service Desk from any VIHA phone at **18777: provide them your CPSID Number**. Your CPSID number is your unique identifier, which the service desk requires, in order to verify who you are.
  - New resident: Please register for a **mandatory** 1.5 hour **PowerChart Training session**. You will need to register through VIHA's Learning Management System (LMS).

## SPH and VGH Cath:

### Complete Radiation Safety Course once/3 years

- **Needs to be complete prior to starting Cath rotation**
- **Go to [ccrs.vch.ca](http://ccrs.vch.ca) and register for the “Fluoroscopy: Radiation Safety Protection” course.**

Lockers for use while on cath rotation or other:

- VGH: Cath lab change room
  - Female (3-4-1):Locker #1 (straight in last locker on right) 04-22-28
  - Male (5-4-2): Locker #2 - 31-58-24  
[first number, two full turns R, one full turn L, then R]
- SPH: Cath lab change room
  - Female (9-4-7-5):Locker #26 (first bottom LEFT locker in the right aisle) 38-16-1
  - Male: RIGHT column, top, last on right: 08-14-05

## Pacific Adult Congenital Heart (PACH) service:

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- You will be involved in the care of inpatients under this service in addition to outpatient clinics
- You will be expected to present at patient case conference on Tuesdays until about 19:00
  - The presentation is a clinical case to conference with the physicians and surgeons about the next best step in management
  - Please touch base with the PACH fellow and PACH doctor of the week to obtain the list of patients to present
    - There will be a template to follow
- Friday: Review of congenital echos (see SPH Echo note)

### Peds Cardiology (BCCH):

- Email Diana Campanile (Dr. Duncan's assistant) at [Diana.Campanile@cw.bc.ca](mailto:Diana.Campanile@cw.bc.ca)
- Preferably **at least 1 month prior** to the start of your peds rotation (even earlier is fine) with the following information:
  - Your email, your phone number, and your MSP and CPSID number (if you don't have MSP)
  - The start date and end dates of your peds cardio rotation
  - That you need ALL of the following: PHSA account, Cerner access, and a dictation ID (she will send requests for all 3 of these things so you don't have to submit any forms)
- Prior to the start of this rotation, residents are required to complete CERNER training. **Before access can be given please sign up on the PHSA Learning Hub located at <https://learninghub.phsa.ca/>**

**Please complete the required online training for your Role.**

- 1) Cerner Powerchart Basics for ALL Prescribers & Dictating Authors
- 2) Once you have completed this training please notify **Diana Campanile**, Program Assistant in the Dept. of Cardiology at BC Children's Hospital [diana.campanile@cw.bc.ca](mailto:diana.campanile@cw.bc.ca) with the *date of completion*, your *CPSID(32270)* if applicable, and your *phone contact*, to create your Network ID and user account. **NOTE: It takes 10 business days to process these requests.**

- On the first day of rotation, the residents will get a guided tour of the hospital. All dictation goes through the hospital central system, or through the related attending's personal secretary. Computer work can be done on any of the several computer workstations that are available for resident use.
- There is no night-call required at BC Children's Hospital. During this rotation, residents will perform 2nd call on weekends at SPH or VGH as described earlier.
- On-site parking is available at public rates.

Name	Phone	Pager	Email
Duncan, Walter	604-875-2855		wduncan@cw.bc.ca Diana.Campanile@cw.bc.ca

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## Research rotation:

- Meet with assigned research mentor about 1 month prior to rotation to discuss plans and expectations
- All residents are expected to present at research day (May) and the practice session
  - Practice session about 2-4 weeks prior to research day

## UBC HOSPITAL

- The rotation will be supervised by Dr. Saul Isserow. The main goals for the rotation will be to gain proficiency in all aspects of outpatient cardiology including exercise treadmill testing, supervision of the stress component of nuclear scanning, ECG and holter monitor interpretation and outpatient cardiology.
- Residents should contact Dr. Isserow prior to starting the rotation to see where they should report to on the first day of the rotation.

Name	Phone	Pager	Email
Isserow, Saul	604-822-1747	604-877-2827	<a href="mailto:isserow@interchange.ubc.ca">isserow@interchange.ubc.ca</a> or <a href="mailto:sonia.reddy@vch.ca">sonia.reddy@vch.ca</a> (Sonia)

## Community Cardiology Rotations

- A formal community cardiology rotation is available through Dr. Jonathan Tang at Mount Saint Joseph Hospital. In addition, many residents do schedule elective community cardiology rotations at the breadth of hospitals across Vancouver Coastal Health and Fraser Health.

## KEY DATES FOR CARDIOLOGY TRAINEES

August	Welcome BBQ at Dr. Nair's house (introduction of C1's to staff) C3's Deadline for preliminary assessment of training for RCPSC Cardiology exams
September	Cardiology local and national CaRMS interviews Deadline for ACC abstract submission
October	CCC
November	AHA Cardiology CaRMS match
February	WECREEP
March	ACC
April	C1's Internal medicine RC (Part 1)
May	Deadline for CCC abstract C1's Internal medicine RC (Part 2)

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	C3's deadline for registration for cardiology RC exam, STACER (be sure you have longitudinal clinic booked)
June	C3's End of training interview, FITER Year end lunch Deadline for AHA abstract submission



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**SPH HEART CENTER**  
**THURSDAY MORNING CLINICAL ROUNDS PROPOSAL**

**PREAMBLE**

The importance of a general forum for clinical discussion in the Heart Center is widely accepted. This is particularly so in an era of increasing sub-specialization, with concomitant growth in the number of sub-specialists and trainees. It was felt that the current format of clinical rounds needed to be reworked to address the rapidly evolving structure and pattern of clinical practice in the Heart Center.

**OBJECTIVE OF ROUNDS**

These rounds will focus on clinical decision-making as distinct from the didactic focus academic portion of rounds.

1. Highlighting cases with difficult or unusual diagnoses, management issues or unusual presentations of common conditions.
2. Highlighting pitfalls in management.
3. Highlighting new technologies/strategies or approach to diseases, using clinical examples.

**TARGET AUDIENCE**

Clinicians at the level of cardiology trainees (C1 to C3) and above, although clinicians at all levels of training and experience are welcome to attend. It is widely felt that the cardiology trainees should play a more active role in coordinating and presenting cases, as is standard practice in most cardiology institutions.

**HISTORICAL CHALLENGES TO SUCCESS OF CLINICAL ROUNDS**

1. Not considered a priority
2. Insufficient level of preparedness
3. Inadequate definition of per case discussion objectives
4. Variable input from audience
5. Excessive focus on didactic content in slides
6. Poor/unpunctual attendance
7. Inadequate audiovisual resources and support

**PROPOSAL**

1. The goal will be to have presented 2 cases, with possibly one additional show-and-tell (ECG/imaging) if time permits.
2. The cardiology trainees and subspecialty fellows will be assigned to present cases, by roster supervised by the Chief Cardiology Resident. It is anticipated that the cardiology resident in the CCU will be responsible for one case per week.
3. Cases will only be presented with the knowledge and consent of the most responsible physician who will also be responsible for overseeing the presentation.

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4. The presentation will include a maximum of 2 presentation slides (excluding graphics) with relevant clinical/investigational data, and if appropriate, a maximum of three didactic slides including data specifically relevant to questions raised or points for illustration.
5. The names of cases will be submitted to the imaging support services no later than noon on the Tuesday prior to the Thursday presentation. Pertinent questions or issues related to the case will be clearly identified.
6. Attendings from consulting services will be invited to attend rounds to provide input, when needed or appropriate.
7. A group of three chairpersons will be identified to coordinate chairing of the rounds within the group.
8. The role of the chairperson will be to direct the presentation and discussion in an active way. Comments or questions from the audience will at all times be directed through the chairperson.
9. Rounds will begin promptly at 7:15 am, after which time the front doors will be closed, and sign-in sheets removed. It is expected that round attendees will arrive at 7 am to enable a punctual start. The clinical presentation will end by 7.50 am to facilitate a punctual start of the didactic rounds at 8.00 am.
10. The audiovisual department will be asked to ensure that the audiovisual equipment is set up in time for presentations to begin punctually at 7.15 am. Presenters are requested to arrive no later than 7.05 in order to have their presentations uploaded onto the designated laptop, which has network/imaging access – other computers will not be able to be used, because of network requirements and in order to avoid delay between presentations.
11. It is expected that at least one member of every subspecialty service and cardiac surgery will be in attendance by the time specified above. This will be overseen by the head of each subspecialty service and the cardiac surgery Division Head.
12. The cardiology residents responsible for the presentation will be critiqued by the SPH cardiology Postgraduate Program Director or designate.

#### **FUTURE CONSIDERATIONS**

1. Rescheduling Heart Center clinical activities to allow clinical rounds to begin at 8 am.
2. Creating a password-protected teaching bank of cases and graphics on the UBC Cardiology website.
3. Telebroadcast of presentations.
4. Incorporating knowledge from these and other rounds into clinical practice, with performance monitoring.

Dr. Alan Rabinowitz  
February 2010