## **Rotation: Heart Failure/VAD/Cardiac Transplantation**

The Heart Failure rotation is designed to teach comprehensive care to patients with advanced heart failure and cardiac transplant. During the second year, the fellow will spend 2 weeks in the CVICU and 2 weeks on inpatient VAD/transplant service.

2 weeks CVICU, Surgical VAD/Transplant rounds

- pre-round on patients (share with Advanced HF fellow)
- participate in daily rounds
- write daily notes on patients
- attend VAD/Transplant clinic two afternoons per week
- review day's events on patients in CVICU in late afternoon
- split HF consults with Advanced HF fellow
- participate in a donor run
- no weekend responsibilities

2 weeks on floor/VAD service

- round on patients with attending and NPs
- help lead rounds
- present at transplant selection meeting
- attend VAD/Transplant clinic two afternoons per week
- review day's events on patients with NPs in late afternoon
- split HF consults with Advanced HF fellow
- no weekend responsibilities

For the entire 4 week rotation, all fellows will attend HF conferences

- Monday weekly HF meeting
- Tuesday 4PM selection committee meeting
- Friday multidisciplinary conference

During the third year and for select fellows during the second year, an additional two weeks can be spent on the general heart failure service as team leader.

- Lead work rounds
- Daily teaching: during rounds and afternoons
- Work-up and present any general HF consults
- For two-week rotation, round at least one weekend day

## **Learning Objectives**

Medical Knowledge	
Objective	Teaching Method
Understand pathophysiology, history and physical	- Clinical Teaching
exam findings, differential diagnosis, stages and	- Didactics
natural history of various heart failure syndromes,	- Self directed learning activities

<ul> <li>including ischemic, infiltrative, restrictive, postpartum and chemotherapy induced cardiomyopathies</li> <li>Know the indications, contraindications, adverse effects and pharmacology of drugs of the treatment of chronic heart failure, acute heart failure, and</li> </ul>	<ul> <li>Clinical Teaching</li> <li>Didactics</li> <li>Self directed learning activities</li> </ul>
cardiogenic shock Know the appropriate therapies, pharmacologic and non-pharmacologic, for prevention of heart failure in patients with risk factors or structural heart disease	<ul> <li>Clinical Teaching</li> <li>Didactics</li> <li>Self directed learning activities</li> </ul>
Develop a basic understanding of immunosuppressive medications and other interventions for acute rejection in heart transplant patients	<ul> <li>Clinical Teaching</li> <li>Didactics</li> <li>Self directed learning activities</li> </ul>
Understand types, indications and contraindications for mechanical circulatory support	<ul> <li>Clinical Teaching</li> <li>Didactics</li> <li>Self directed learning activities</li> </ul>
Understand which heart failure patients should be considered for ICDs, CRT, or advanced therapies such as cardiac transplant or mechanical circulatory support	<ul> <li>Clinical Teaching</li> <li>Didactics</li> <li>Self directed learning activities</li> </ul>

Patient Care	
Objective	Teaching Method
Evaluate and manage patients with new diagnosis, acutely decompensated, and chronic heart failure.	<ul> <li>Clinical Teaching</li> <li>Didactics</li> <li>Self directed learning activities</li> </ul>
Evaluate and manage patients with severe heart failure refractory to therapies	<ul> <li>Clinical Teaching</li> <li>Didactics</li> <li>Self directed learning activities</li> </ul>
Evaluate and manage patients with mechanical circulatory support and after heart transplantation	<ul> <li>Clinical Teaching</li> <li>Didactics</li> <li>Self directed learning activities</li> </ul>

Ability to interpret imaging modalities and	- Clinical Teaching
incorporate findings in diagnosis and treatment of	- Didactics
heart failure patients, including rare and advanced	- Self directed learning activities
forms	
Ability to obtain a complete history and physical,	- Clinical Teaching
understanding the limitations, in heart failure	- Role Modeling
syndromes with the ability to assess volume status	- Performance feedback
and perfusion	
Management of heart failure with multiple	- Clinical Teaching
comorbidities	- Didactics
	- Self directed learning activities
Ability to incorporate the results of hemodynamic	- Clinical Teaching
monitoring to make appropriate decisions in heart	- Didactics
failure patients of all etiologies and severity,	- Self directed learning activities
including with mechanical circulatory support	
Appropriately use initial screening studies to	- Clinical Teaching
determine patient eligibility for advanced therapies	- Didactics
of individuals at non-transplant/non-MCS	- Self directed learning activities
Perform assessments of quality of life,	- Clinical Teaching
psychological problems, cognitive impairment,	- Didactics
literacy problems, social isolation, financial	- Self directed learning activities
problems and other barriers to adherence and risks	
for hospitalization	
Participation in discussions on end-of-life issues	- Clinical Teaching
with patients, family members and other providers	- Didactics
	- Role modeling
To observe and participate in donor organ	- Clinical experience
procurement, ventricular assist device	
implantation and heart transplantation	
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Professionalism	
Objective	Teaching Method
Demonstrate accountability and professional	- Role modeling
behavior towards patients, family members, and	- Performance feedback
members of the health care team and adherence to	

ethical principles	
Demonstrate compassion and respect for others, including patients from a diverse cultural, social, and religious backgrounds	<ul><li>Role modeling</li><li>Performance feedback</li></ul>

Interpersonal and Communication Skills	
Objective	Teaching Methods
Communicate effectively with patients, families,	- Role modeling
and members of the health care team, including	- Performance feedback
findings and diagnoses when appropriate to both	
patients and consulting physicians	
Engage in share decision making with patients	- Clinical teaching
	- Role modeling
Effectively lead and communicate with the	- Role modeling
interdisciplinary team involved in heart transplant	- Performance feedback
and MCS	

Practice Based Learning and Improvement	
Objective	Teaching Method
Identify knowledge and performance gaps, set appropriate learning goals	<ul> <li>Role modeling</li> <li>Clinical Experiences</li> <li>Performance feedback</li> </ul>
Utilize decision support tools for accessing guidelines and pharmacologic information	- Clinical teaching and role modeling

Systems Based Practice	
Objective	Teaching Methods
Work effectively as a member of the health care	- Clinical teaching
team, including coordination of patient care	- Performance feedback
	- Role modeling
Incorporate risk/benefit as well as cost analysis	- Clinical teaching
into decision making	- Self directed learning
	- Role modeling
Identify system errors and implement systems	- Clinical teaching

solutions	- Didactics
	- Role modeling

## Recommended Reading: <u>HEART FAILURE</u>

- Gheorghiade M and Pang PS. Acute heart failure syndromes. J Am Coll Cardiol. 2009.
- Heart Failure: A Companion to Braunwald's Heart Disease, 2003. Douglas L. Mann. Saunders WB.
- Treatment of Advanced Heart Disease, 2006. Kenneth L. Baughman, William A. Baumgartner. Taylor & Francis.
- Seward JB and Casaclang-Verzosa G. Infiltrative cardiovascular diseases: cardiomyopathies that look alike. *J Am Coll Cardiol*. 2010.
- Mandawat A and Rao SV. Percutaneous Mechanical Circulatory Support Devices in Cardiogenic Shock. *Circ Cardiovasc Interv.* 2017
- Abrams D, Combes A and Brodie D. Extracorporeal membrane oxygenation in cardiopulmonary disease in adults. *J Am Coll Cardiol*. 2014.
- Gustafsson F and Rogers JG. Left ventricular assist device therapy in advanced heart failure: patient selection and outcomes. *Eur J Heart Fail*. 2017

## **HEART TRANSPLANTATION**

- Lindenfeld J, Miller GG, Shakar SF, Zolty R, Lowes BD, Wolfel EE, Mestroni L, Page RL, 2nd and Kobashigawa J. Drug therapy in the heart transplant recipient: part I: cardiac rejection and immunosuppressive drugs. *Circulation*. 2004.
- Lindenfeld J, Miller GG, Shakar SF, Zolty R, Lowes BD, Wolfel EE, Mestroni L, Page RL, 2nd and Kobashigawa J. Drug therapy in the heart transplant recipient: part II: immunosuppressive drugs. *Circulation*. 2004.
- Lindenfeld J, Page RL, 2nd, Zolty R, Shakar SF, Levi M, Lowes B, Wolfel EE and Miller GG. Drug therapy in the heart transplant recipient: Part III: common medical problems. *Circulation*. 2005.
- Page RL, 2nd, Miller GG and Lindenfeld J. Drug therapy in the heart transplant recipient: part IV: drug-drug interactions. *Circulation*.2005.