Consultative Cardiology Objectives

Knowledge

- The elements of an effective consultation
- Techniques for enhancing compliance and adherence to consultative recommendations
- Pre-operative evaluation of cardiovascular operative risk
- Assessment of abnormalities in serological determinants of cardiac injury, particularly in the peri-operative patient
- Evaluation of chest pain, especially in post-operative patients
- Assessment of newly-detected or changing heart murmurs
- Assessment of cardiac physical findings, electrocardiographic changes and arrhythmias in pregnancy, labor and delivery
- Assessment and management of tachyarrhythmias, particularly in the perioperative patient
- Evaluation of possible infectious endocarditis in hospitalized patients with new cardiac findings
- Management of unstable ischemia and infarction outside of the CCU setting
- Management of uncontrolled hypertension in the hospitalized patient
- Asssessment and management of ischemic risk factors, particular the dysmetabolic syndromes
- Medical management of peripheral arterial, venous and lymphatic disease

Teaching Methods

- In-patient consultation: Fellows triage, supervise, or directly perform the initial consultative evaluation of patients at Stanford Hospital (SHC) or the VA Palo Alto Health Care System (VAPAHCS), as requested by the services of Medicine, Surgery and Obstetrics-Gynecology. Consultative evaluation is comprised of a thorough cardiovascular evaluation which is recorded in a detailed note. Subsequent presentation to the attending senior cardiologist provides the opportunity for in-depth discussion of pathophysiology, differential diagnosis, physical examination, and review of pertinent objective data, including electrocardiographic recordings.
- **Guided Reading**: The fellows are provided with opportunities to amplify their direct observations in consultative cases with appropriate materials drawn from textual sources and current cardiovascular literature.
- Teaching rounds: Daily didactic sessions are conducted with medical students, medical residents and cardiovascular fellows. These sessions include in-depth discussions of the cardiac physical examination, natural history of cardiac diseases, cardiovascular physiology and pharmacology, and electrocardiographic interpretation.

Methods of Evaluation

- Direct observation by the attending faculty.
- Chart review by faculty.
- At the end of each rotation, the fellow's progress is reviewed by the Division Faculty.

References

- ACC/AHA task force report. Special report: guidelines for perioperative cardiovascular evaluation for noncardiac surgery. Report of the American College of Cardiology/American Heart Association Task Force on practice guidelines (Committee on Perioperative Cardiovascular Evaluation for Noncardiac Surgery). J Cardiothorac Vasc Anesth. 1996;10:540-52.
- 2. Bach DS. Management of specific medical conditions in the perioperative period. Prog Cardiovasc Dis. 1998;40:469-76.
- 3. Bartels C, Bechtel JF, Hossmann V, Horsch S. Cardiac risk stratification for high-risk vascular surgery. Circulation. 1997;95:2473-5.
- 4. Bigatel DA, Franklin DP, Elmore JR, Nassef LA, Youkey JR. Dobutamine stress echocardiography prior to aortic surgery: long-term cardiac outcome. Ann Vasc Surg. 1999;13:17-22.
- 5. Chaitman BR, Miller DD. Perioperative cardiac evaluation for noncardiac surgery noninvasive cardiac testing. Prog Cardiovasc Dis. 1998;40:405-18.
- 6. Cohen MC. The role of the cardiology consultant: putting it all together. Prog Cardiovasc Dis. 1998;40:419-40.
- 7. Eagle KA, Brundage BH, Chaitman BR, Ewy GA, Fleisher LA, Hertzer NR, Leppo JA, Ryan T, Schlant RC, Spencer WHd, Spittell JA, Jr., Twiss RD, Ritchie JL, Cheitlin MD, Gardner TJ, Garson A, Jr., Lewis RP, Gibbons RJ, O'Rourke RA, Ryan TJ. Guidelines for perioperative cardiovascular evaluation for noncardiac surgery. Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on Perioperative Cardiovascular Evaluation for Noncardiac Surgery). J Am Coll Cardiol. 1996;27:910-48
- Eagle KA, Brundage BH, Chaitman BR, Ewy GA, Fleisher LA, Hertzer NR, Leppo JA, Ryan T, Schlant RC, Spencer WH, 3rd, Spittell JA, Jr., Twiss RD, Ritchie JL, Cheitlin MD, Gardner TJ, Garson A, Jr., Lewis RP, Gibbons RJ, O'Rourke RA, Ryan TJ. Guidelines for perioperative cardiovascular evaluation for noncardiac surgery. Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Committee on Perioperative Cardiovascular Evaluation for Noncardiac Surgery [see comments]. Circulation. 1996;93:1278-317.
- 9. Froehlich JB. Clinical determinants in perioperative cardiac evaluation. Prog Cardiovasc Dis. 1998;40:373-81.
- 10. Hollenberg SM. Preoperative cardiac risk assessment. Chest. 1999;115:51S-57S.
- 11. Itani KM, Miller CC, Guinn G, Jones JW. Preoperative cardiac evaluation is unnecessary in most patients undergoing vascular operations. Am J Surg. 1998;176:671-5.

- 12. Klonaris CN, Bastounis EA, Xiromeritis NC, Balas PE. The predictive value of dipyridamole-thallium scintigraphy for cardiac risk assessment before major vascular surgery. Int Angiol. 1998;17:171-8.
- 13. Roghi A, Palmieri B, Crivellaro W, Sara R, Puttini M, Faletra F. Preoperative assessment of cardiac risk in noncardiac major vascular surgery. Am J Cardiol. 1999;83:169-74.
- 14. Wirthlin DJ, Cambria RP. Surgery-specific considerations in the cardiac patient undergoing noncardiac surgery. Prog Cardiovasc Dis. 1998;40:453-68.
- 15. Wong T, Detsky AS. Preoperative cardiac risk assessment for patients having peripheral vascular surgery. Ann Intern Med. 1992;116:743-53.