**DEPARTMENT CARDIOLOGY**

**DEPARTMENTAL PROTOCOL AND ACADEMIC PROGRAMME**

**FINAL YEAR STUDENTS**

**ONE WEEK BLOCK IN CARDIOLOGY**

**WELCOME to your short block in Cardiology!**

I hope that this short but important week will reinforce your cardiac knowledge and help you in your final exams and more importantly, beyond with an approach to cardiac patients.

Please include yourselves in all aspects of our department endeavours and partake in as much as possible including ward rounds, clinics, any special tests that patients are given (especially if pertinent to our case study), learn basic interpretation of ECG’s and most importantly learn to take an excellent cardiac history, examine cardiac patients and learn to integrate and present this assessment.

A cardiac case study is important for this block. Please pick or ask assistance from one of the cardiac consultants in finding a patient for your case study. Examples of what is required / previous student case studies is available from Mrs Ina Nienaber, Room 92318 or tel. (012)3542277 at the Cardiology Department.

The **EVALUATION FORM** must be the **FIRST PAGE** of your **CASE STUDY** and the top part must be completed in **PRINT (form attached)**. Where there is a change in a surname, please print both surnames e.g. **T M (Reid) Livingstone**. The case studies must be handed in **BEFORE** or **ON THE LAST DAY OF YOUR FIRST ROTATION**. An **I.D. PHOTO** is recommended. These forms and case studies are used to calculate your final mark for the rotation. If you neglect to hand in these forms and case studies you may lose your right in promoting the rotation. Also note that these case studies are part of your clinical work and are therefore subject to the subminimum rule.

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**CASE STUDIES:**

The case studies should consist of the following:

|  |  |  |
| --- | --- | --- |
| **Case study evaluation worksheet** | **Assessment scale** | **Weighting** |
| **(5) = Excellent (4) = Good (3) = Satisfactory (2) = Poor (1) = Extremely Poor** |
| **1. Introduction:*** Table or list of contents
* Logical exposition
 | **5 4 3 2 1** | **10%** |
| **2. Patient information:*** Clinical problem statement
* Correctness of clinical information
* Logical sequence of events
* Clinical findings and special investigations, correct interpretation and insight
 | **5 4 3 2 1** | **40%** |
| **3. Literature discussion:*** Problem specific discussion
* Insight into the clinical problem of the patient in relation to the literature discussion
* Is it the student’s own work?
* Is there any sign of plagiarism?
 | **5 4 3 2 1** | **40%** |
| **4. References:*** Correctly listed according to the Vancouver method
* Were different sources used e.g. Journals, textbooks, etc.
 | **5 4 3 2 1** | **10%** |

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**ACADEMIC PROGRAMME**

**Monday:**

* 07h30 – Grand Ward Round – ICU Ward 6.8, thereafter new / additional / consults in Ward 9.1. (All Housemen, Registrars, Consultants, Students and Cardiac Technology Staff to attend). Thereafter 10h30 all doctors to attend cardiac clinic until all patients are seen.

**Tuesday:**

* 07h30 new admission and consults seen, reviewed.
* ICU ward round
* Ward round 9.1
* 07h30 cath lab starts – 1st patient to be on table by 07h30
* 07h30 teaching ward round for Prof Sarkin / Fellows / Registars in 9.1

**Wednesday:**

* 07h30 ward round Consultants / Fellows – review admissions / consults
* ICU ward round
* 1 Consultant or Fellow and 1 Registrar and Houseman to finish ward round in 9.1. Rest of the doctors to VALVE clinic at Cardiac clinic.

**Wednesday afternoon Academic Meeting:**

* + 14h00 presentation of caths (with history of ECG present and Echocardiogram).
	+ Meeting with all unit M&M, see any interesting / problem cases.
	+ Short academic presentation.

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**Thursday:**

* 07h30 ward round. Review admissions / consults, then ICU ward round with 1 Consultant. 1 Fellow to complete ward round in 9.1 with 1 Registrar with Houseman.
* Rest of doctors to proceed to Cardiac clinic.

**Friday:**

* 07h30 ward round in ICU / new admissions / consults.
* 07h30 1st patient on the table ready for angiogram by 07h30
* 08h30 Cardiothoracic round (all doctors to attend)

**UNIVERSITEIT VAN PRETORIA / UNIVERSITY OF PRETORIA**

**I.D.**

**Photo**

**DEPARTEMENT KARDIOLOGIE / DEPARTMENT CARDIOLOGY**

**Surname and Initials:** ............................................................................................

**Student Number:** ……………………………………… **Group:** ……………………………………………

**Period:** ……………………………………………………………………………………………………………………………

**Registrar / Fellow:** ………………………………………………………………………………………………………

**EVALUASIE VAN STUDENTE INTERN**

**EVALUATION OF STUDENT INTERN**

|  |  |
| --- | --- |
| **1. HOUDING TEENOOR WERK / ATTITUDE TOWARDS WORK*** Bywoning / Attendance
* Saalwerk / Ward duties
* Rontgenfoto,laboratoriumverslae en vloeikaarte in orde vir

saal rondtesX-Ray, laboratory results and flow charts organized for ward rounds**2. PASIëNTE BOEK / PATIENT BOOK*** Volledige voltooiing van pasiënte boek

Complete completion of patient book* Opvolgnotas / Follow-up notes
* Probleemstelling / Problem statement

**3. VOORDRAG VAN PASIëNTE / PRESENTATION OF PATIENTS** (Kliniese vaardigheid / Clinical skills)* Simptome en tekens van pasiënt (korrektheid)

Symptoms and signs of patient (accuracy)* Insig in probleme van pasiënte / Insight into problems of patients

**4. KENNIS / KNOWLEDGE** * Beoordeling tydens saalrondte / Assessed during ward rounds
* Nalees / Reading up

**GLOBALE INDRUK / GLOBAL IMPRESSION** |  |