

RESPONSIBILITIES OF SECOND YEAR CARDIOLOGY FELLOWS DURING TRANSESOPHAGEAL ECHOCARDIOGRAPHY ROTATIONS (Academic Year 2016–2017)

The Transesophageal Echocardiography (TEE) rotation has been designed to provide an optimal environment for learning this unique discipline of cardiac ultrasound. The TEE faculty is committed to the goal of providing fellows the opportunity to learn and facilitating the development of a broad-based understanding about the role, performance and interpretation of TEE. The TEE rotation is designed to fulfill the requirement of TEE as part of Level II training in echocardiography as outline in COCATS 4.

Suggested Reading:

There are three introductory textbooks we recommend. Any one will provide adequate exposure:

1. Mathew, J., Swaminathan, M., & Ayoub, C. (2010). *Clinical Manual and Review of Transesophageal Echocardiography, Second Edition*. McGraw-Hill.
2. Otto, C. M. (2013). *Textbook of Clinical Echocardiography*. Elsevier Health Sciences.
3. Quader, N., Makan, M., & Perez, J. E. (2016). *The Washington Manual of Echocardiography, Second edition*. Wolters Kluwer Health. This book has been provided to you is a useful and a quick, portable introduction to the field written by our former fellows and the Echocardiography Faculty. It contains an excellent chapter on TEE.

Responsibilities:

1. The TEE fellow should be in the Cardiac Procedure Center (CPC) by 7:00AM every day. All TEEs (with the exception of portable studies) are performed in the CPC.
2. The Daily responsibilities include:
 - The fellow should consent the first two patients of the day prior to 7:30 am morning conference. This will facilitate anesthesia team evaluation and ensure the first patient is ready by 8:30AM (or earlier).
 - The fellow should perform a brief pre-procedure evaluation of all patients. Issues or problems that arise during these evaluations should be discussed with the TEE attending. Specific attention should be paid to the risks of the procedure such as patients with dysphagia, bleeding diathesis, history of varices and/or those high risk patients who require anesthesia team for conscious sedation.
 - The fellow should discuss the indication and the plan for the procedure with the TEE attending prior to each TEE procedure. We expect fellows to be familiar with previous TTE and TEEs and review findings if available.
 - Procedural skills acquired during the rotation include: esophageal intubation, probe manipulation, view identification/mastery, technical components of TEE machine.
 - The fellow should complete a written preliminary report in CardioReport with the assistance of the TEE attending; all inpatients will require this report in the chart before leaving the CPC.
 - The fellow, in coordination with the attending of the day, should communicate the results to the patient and family members present in the waiting area.

- All the studies will be over-read by the TEE attending cardiologist. During this review, key findings should be discussed with the fellow.
 - Results should be discussed with the referring team/physician in a timely manner,
3. While the minimum number of studies required by COCATS 4 for Level II training is 25 esophageal intubations and 50 supervised complete diagnostic studies, we feel that this number may be inadequate to expose the trainee to full range of pathologies encountered in the clinical practice of TEE. Therefore, we recommend at least an additional 50 studies are recommended under the supervision of an experienced operator. We are fortunate enough to have the volume to support that expectation.
 4. Evaluation will be made by TEE attendings in discussions with Echo Lab Director/Associate Director and the Clinical Competency Committee. Fellows will be notified of any deficiencies with appropriate plans for remediation prior to completing fellowship. Fellows will provided with opportunity to provide feedback at the end of the rotation and throughout their training.