
Challenges of Critical Care Cardiology Addressed



The challenges of training, staffing and research in critical care cardiology are addressed in an article published in the *Journal of the American College of Cardiology* by Jason Katz, MD, MHS, medical director of the University of North Carolina Chapel Hill's cardiac intensive care unit, and colleagues.

In the article Katz and colleagues outline how the discipline of critical care cardiology has grown and matured, and what the continued challenges and uncertainties are. The article builds on Katz's scientific statement produced for the American Heart Association and the American College of Cardiology that outlined the evolution of care required to treat critically ill cardiovascular patients, and how those evolving requirements should shape training, staffing, and research.

On training Katz notes that there are few dedicated fellowships for most critical care cardiology in medical schools. Katz said in a media release:

"We're trying to create a critical care programme at UNC that's not specifically catered to the cardiovascular specialists, but that would lend itself to critical care training for our medicine subspecialist, in general, and then could be tailored to the specific interests and goals of the trainee," Katz said. "For instance, someone can finish cardiology subspecialty training and then come to do our fellowship and be trained in critical care medicine with a focus on cardiovascular critical care."

See Also: [Study: Heart Patients Fare Worse in ICUs](#).

On staffing, Katz recommends a closed intensive care unit model. At UNC the cardiac ICU was changed from an open to a closed unit, so care is under the critical care team only. Katz said that this enabled improved care efficiency and outcomes in several areas and led to improved nurse-physician relations and better educational experience for trainees.

Katz expressed his hope that as more intensivists embrace the cardiac aspect of critical care in their training and staffing, patients will be the ultimate beneficiaries. He said: "One must now not only understand a patient's cardiovascular illness, but also must understand how multi-system organ injuries and critical illnesses play a role in their hospital course."

Source: [Eurekalert](#)

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