

UNC cardiologist examines training, staffing, research in cardiac intensive care

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Jason Katz, M.D., M.H.S., is medical director of UNC's cardiac intensive care unit. Credit: Max Englund, UNC Health Care / UNC School of Medicine.

Jason Katz, MD, MHS, associate professor of medicine at UNC School of Medicine and medical director of the cardiac intensive care unit, was

the lead author of a recently published manuscript in the *Journal of the American College of Cardiology* that examined the early growth and maturation of critical care cardiology, and the challenges and uncertainties that threaten to stymie the growth of this fledgling discipline.

Katz's recent piece followed a scientific statement he was previously tasked with crafting 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 the training front, for example, dedicated fellowships for [critical care](#) cardiology do not currently exist at most medical schools. There are ways to receive training, Katz said, but not in a streamlined track similar to those seeking specialty certification in pulmonary and critical care medicine. Katz wants to help establish a more formal fellowship pathway at the UNC School of Medicine.

"We're trying to create a critical care program 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."

In his paper, Katz examines staffing challenges facing cardiac [intensive care](#) units and clinicians - one of which is determining whether an open or a closed model of care is more appropriate for the unit.

In an open ICU model, a physician can admit a patient to the ICU and will continue to provide care throughout the patient's hospital stay, while

in a closed ICU, the patient's care is transferred to a dedicated critical care team, which can provide comprehensive, multidisciplinary care during their ICU course.

Katz recently shifted UNC's cardiac intensive care unit from an open to a closed unit.

"As a result, we've improved care efficiency and outcomes in many areas, and - perhaps most importantly - we've improved nurse-physician relations and the educational experience for our trainees," he said.

It is imperative to address training and staffing issues, Katz said, because the care patients require is becoming more complex. As modern medicine continues to advance, cardiac [intensive care unit](#) patients require a more specialized and disciplined level of care.

"In this paper we also highlight imperatives necessary to optimize care for the increasingly complex group of patients who now occupy our [cardiac intensive care](#) and the requisite skills our physicians must now possess to effectively and safely care for them," Katz said. "In order to provide the highest quality of care, 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."

Katz is hopeful that as more intensivists embrace the cardiac aspect of critical care in their training and staffing, patients will be the ultimate beneficiaries.

"We owe it to our patients. We owe it to our nurses. We owe it to our patients' families to continue to innovate; to be willing to think outside the box, to better understand optimal care practices for these [patients](#)," Katz said. "The status quo is not good enough anywhere in medicine, but

particularly here in this rapidly evolving field."

More information: Jason N. Katz et al, The Genesis, Maturation, and Future of Critical Care Cardiology, *Journal of the American College of Cardiology* (2016). [DOI: 10.1016/j.jacc.2016.04.036](https://doi.org/10.1016/j.jacc.2016.04.036)

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