Learning Objectives: Atrial Arrhythmias.

1. Accounting for the mechanisms of atrial arrhythmias and the action of different antiarrhythmic drugs, formulate a pharmacotherapy treatment plan for a given patient.
2. Justify provider, patient, and caregiver education to support a safe and effective treatment plan.
3. Analyze electrocardiographic changes and assess the risk of proarrhythmia for each class of antiarrhythmics.
4. Evaluate the differences between the American and European guidelines for the management of atrial fibrillation.

Learning Objectives: Stroke Prevention in Atrial Fibrillation.

1. For a given patient, assess the risk of stroke using risk stratification tools for patients with atrial fibrillation/atrial flutter (AF/AFl).
2. Distinguish between patients who may benefit from novel oral anticoagulant (NOAC) therapy strategies and those who may derive harm.
3. Develop an antithrombotic plan for a patient with AF/AFl that incorporates patient characteristics, risk factors, and evidence-based guidelines.
4. Devise an appropriate monitoring schedule for patients who are maintained on NOACs.
5. For a given patient, evaluate and communicate the benefits of NOAC therapy compared with other agents.

Learning Objectives: Venous Thromboembolism.

1. Design a comprehensive anticoagulation plan for venous thromboembolism (VTE) treatment, including the appropriate use of rivaroxaban, dabigatran, or warfarin.
2. Distinguish between patients to determine those appropriate for extended international normalized ratio (INR) monitoring frequency or patient self-testing of the INR.
3. Develop a comprehensive anticoagulation management plan for a patient presenting with an out-of-range INR, including patient interview questions, warfarin dose selection, and INR recheck interval.
4. Analyze factors that will help determine the duration of anticoagulant therapy for a patient with VTE.
5. Design a periprocedural anticoagulation plan for a patient with a history of VTE, including an individualized assessment of patient-specific risks of thrombosis and procedural risks of bleeding and thrombosis.
6. Develop a detailed plan for transitioning a patient between available anticoagulants.