

CARDIOLOGY II

Learning Objectives for Acute Coronary Syndromes: Evolving Practices

1. Distinguish ST-segment elevation (STE) and non-STE acute coronary syndrome (ACS) by prognosis and treatment strategy.
2. Evaluate the evidence for and against using C-reactive protein (CRP), lipoprotein phospholipase A2 (Lp-PLA2), and cystatin C as risk stratification tools in a patient with ACS.
3. Devise a pharmacotherapy treatment plan for a patient undergoing primary percutaneous coronary intervention (PCI) for STE myocardial infarction (MI).
4. Devise a pharmacotherapy treatment plan for a patient receiving fibrinolytic therapy for STE MI.
5. Devise a pharmacotherapy treatment plan for a patient with non-STE ACS.
6. Evaluate the efficacy and safety of low-molecular-weight heparins (LMWHs) and unfractionated heparin (UFH) with aspirin and fibrinolytics in patients presenting with STE ACS.
7. Assess the benefits and risks of using immediate oral versus intravenous blockade in patients presenting with STE ACS.
8. Justify adding clopidogrel to aspirin in a patient presenting with STE ACS.
9. Measure the quality of patient care using quality performance measures for STE ACS and non-STE ACS.
10. Discover resources to assist clinicians with implementation of practice guidelines.

Learning Objectives for Acute Heart Failure and Cardiogenic Shock

1. Based on presenting signs and symptoms of a specific patient with acute heart failure (AHF), classify the patient into one of four clinical subsets.
2. Evaluate and use parameters for assessment of a patient with AHF.
3. Design a therapeutic regimen for a patient with symptoms of AHF and low ejection fraction (EF).
4. Apply pharmacological principles to patients with AHF and preserved left ventricular ejection fraction (LVEF).
5. After identifying a patient with diuretic resistance, devise a treatment strategy to rid the patient of excess fluid volume.
6. Give your opinion regarding the controversy surrounding the use of nesiritide in AHF.
7. Justify your choice of therapy in a patient with CS.
8. Redesign a pharmacological regimen for a patient with AHF who has experienced an adverse effect from their initial drug therapy.
9. Evaluate advantages and disadvantages of pharmacological therapy in managing AHF and cardiogenic shock (CS).

Learning Objectives for Cardiac Transplantation

1. Given specific patient information, evaluate a patient's eligibility for heart transplantation and potential listing on the United Network for Organ Sharing.

2. Assess the role of mechanical circulatory support systems and pharmacotherapeutic interventions for optimizing cardiac performance in patients awaiting transplantation or warranting destination therapy.
3. During transplantation hospitalization, assess the role of induction therapy for allograft acceptance.
4. Based on specific patient information, diagnose the type of rejection and formulate a comprehensive therapeutic plan for management.
5. During the post-transplantation period, develop treatment strategies to minimize a patient's risk for rejection, allograft vasculopathy, and long-term complications.

Learning Objectives for Ischemic Stroke

1. Evaluate epidemiologic changes and risk factors that are associated with ischemic stroke.
2. Evaluate the efficacy and safety of thrombolytic therapy in ischemic stroke.
3. Justify the need for antithrombotic therapy in acute ischemic stroke management.
4. Justify acute blood pressure management, using the current understanding of the pathophysiology of acute ischemic event.
5. Develop therapeutic strategies for primary and secondary stroke prevention based on risk factor assessment and current literature.
6. Evaluate the role of vascular and neuroprotectant agents in managing stroke, using the available evidence.
7. Develop and justify prevention and treatment plans for stroke-related complications, using the available literature.