**November 7, 2023, AHD Learning Objectives**

NSTEMI: PLEASE DOWNLOAD THE ACC GUIDELINES CLINICAL APP

1. Describe the categories of chest pain syndromes and understand the difference in the pathophysiology of both type 1 and type 2 MI.
2. Be able to risk stratify patients based on TIMI and GRACE scoring systems and understand the significance of these scores.
3. Know the medications used for the acute management of low, intermediate, and high risk NSTEMI in the hospital setting and their contraindications.
4. Know the medications to give patients at the time of hospital discharge and their recommended durations depending on the procedure done at the time of angiography

Atrial Fibrillation:

1. List several common risk factors for non-valvular atrial fibrillation. Define paroxysmal, persistent, and permanent atrial fibrillation and **valvular** atrial fibrillation.
2. Identify atrial fibrillation on ECG.
3. Describe how to calculate the CHADS-Vasc score for risk of stroke in atrial fibrillation and how to calculate the HAS-BLED score to identify patients at increased risk for bleeding.
4. Describe the appropriate pharmacologic rate control strategy for atrial fibrillation with rapid ventricular rate in the patient with a normal EF and in the patient with a low EF. Know the goal heart rate for rate control strategy.
5. Describe the indications for elective electrical cardioversion in atrial fibrillation and the anticoagulation strategy to prevent stroke when performing electrical cardioversion. Describe the patient who should go for AV note ablation for first line treatment.

Preoperative Cardiac Risk Stratification:

1. Describe the internist’s role in the evaluation of the patient for preoperative cardiac assessment. Describe the patient who should be seen by a cardiologist before surgery.
2. Describe the patient who is low, intermediate, and high risk for perioperative Major Adverse Cardiac Event (MACE) according to the Revised Cardiac Risk Index (RCRI) and the American College of Surgeons National Quality Improvement Program (NSQIP).
3. List the surgeries that are considered low, intermediate, and high risk.
4. Define emergent, urgent, and elective surgery.
5. Define metabolic equivalent (MET) and describe the activities that require 4 or more METs.
6. Apply the ACC/AHA algorithm to patient cases to determine the correct perioperative plan.