

August 10, 2021 AHD Learning Objectives

Atrial Fibrillation:

1. List several common risk factors for atrial fibrillation. Define paroxysmal, persistent, and permanent atrial fibrillation.
2. Be able to identify atrial fibrillation on ECG.
3. Know 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. What is the definition of **valvular** atrial fibrillation and the anticoagulant indicated in this condition?
4. Describe the appropriate drug treatment strategy for atrial fibrillation with rapid ventricular rate in the patient who is hemodynamically stable with a normal EF and in the patient who is hemodynamically stable with a low EF. (Give accurate doses). In patients with permanent afib, what is the goal heart rate?
5. Describe the indications for electrical cardioversion in atrial fibrillation. Describe the use of anticoagulation (2,3,4 rule) or TEE in reducing risk of stroke when performing electrical cardioversion.

Pericardial Disease

1. Describe the classic presentation of acute pericarditis and know the four criteria used for diagnosis.
2. Know the ECG findings seen in acute pericarditis and be able to identify it on an ECG.
3. Describe the differential diagnosis for acute pericarditis and know the high risk features that may require admission to an inpatient setting.
4. Describe the first-line therapy for acute pericarditis.
5. Describe the pathophysiology of pericardial tamponade and know how to make the diagnosis.
6. Describe the clinical syndrome that should make a clinician suspicious for constrictive pericarditis and the appropriate evaluation to make the diagnosis. Describe the difficulties making the diagnosis by non-invasive means and how the diagnosis can be made with invasive hemodynamic evaluation.

Mitral Valve Disease:

1. List the most common causes of mitral stenosis and describe the physical examination findings of mitral stenosis.
2. Define severe mitral stenosis by valve area. Know the appropriate interval of clinical evaluation and echocardiogram to monitor mitral stenosis.
3. Describe the indications for balloon mitral commissurotomy and surgical valve replacement in patients with mitral stenosis.
4. Describe the role for stress echocardiography in patients who have discrepant clinical findings and echocardiographic findings of mitral stenosis.

5. List the most common causes of mitral regurgitation and separate these into acute and chronic presentations. Describe the physical exam findings of acute and chronic mitral regurgitation.
6. Define severe mitral regurgitation. Know the appropriate interval of clinical evaluation and echocardiogram based on severity of mitral regurgitation.
7. Describe the management of acute mitral regurgitation.
8. Describe the indications for mitral valve repair with clip device versus valve replacement for chronic mitral valve regurgitation.