This is a list of the activities and actions that your attendings will be observing during this rotation to gauge your independence. Use the descriptions of each of these activities that you might do on the wards to solicit specific feedback as you grow towards independence over the three years of residency.

**Recognize and manage acute coronary syndrome**

*Within this context, seek to:* Elicit a detailed history in a patient presenting with possible ACS; determine the presence of important ECG findings suggestive of STEMI or ischemia; interpret cardiac biomarker results; perform a risk assessment using established criteria; prescribe appropriate pharmacological therapy; and appropriately determine the need for additional and urgent diagnostic testing and/or invasive therapies.

**Recognize and manage acute congestive heart failure exacerbation**

*Within this context, seek to:* Elicit a detailed history in a patient presenting with dyspnea and/or edema; perform a detailed physical exam to determine volume status; interpret cardiac biomarker results; develop a comprehensive differential diagnosis for the etiology of the patient’s symptoms; determine the potential impact of co-morbid medical conditions; prescribe appropriate pharmacological therapy based on the presence/absence of reduced ejection fraction; appropriately manage complications of therapy including hypotension and renal dysfunction; appropriately determine the need for additional diagnostic testing and/or invasive therapies; and provide appropriate counseling to patients and families regarding nonpharmacological measures (including diet, exercise, weights, salt restriction) for the treatment of heart failure; and arrange early follow up as appropriate.

**Identify the type, manage, and treat the underlying cause of tachyarrhythmia**

*Within this context, seek to:* Recognize specific types of tachyarrhythmia from the 12-lead ECG; prescribe appropriate acute and chronic pharmacological or nonpharmacological therapy when indicated; determine the risks versus benefits of anticoagulant therapy; determine the potential impact of comorbid medical conditions; appropriately determine the need for additional diagnostic testing and/or invasive therapies; and determine the need for rhythm versus rate control in the chronic management of atrial fibrillation/flutter.

**Recognize and manage syncope, heart block, or symptomatic bradycardia**

*Within this context, seek to:* Elicit a detailed history and develop a comprehensive differential diagnosis in a patient presenting with syncope; recognize specific types of heart block and bradyarrhythmias from the 12-lead ECG; prescribe appropriate acute pharmacological therapy when indicated; recommend intervention based upon an understanding of the indications for the use of temporary and permanent pacing; and understand the indications for ambulatory ECG monitoring.

**Appropriately manage blood pressure in a hospitalized patient**

*Within this context, seek to:* Recognize settings in which hypertensive urgency may occur (e.g. renal, aortic dissection, drug-induced) and prescribe appropriate therapy for the cause; determine the need for additional diagnostic testing in patients with uncontrolled hypertension; develop a comprehensive differential diagnosis for the etiology of hypotension with specific emphasis on the likelihood of a cardiac etiology; and understand the indications for Swan-Ganz catheterization and adjust patient care from information derived from invasive measurements.

**Appropriately stratify risk and provide risk factor modification for patients with chronic coronary artery disease and CAD risk equivalents (e.g. AAA, peripheral vascular disease, etc.)**

*Within this context, seek to:* Elicit a detailed history in a patient presenting with chronic coronary disease; appropriately assess functional class based on symptoms; determine the potential impact of co-morbid medical conditions; appropriately determine the need for additional diagnostic testing; interpret the information derived from history and non-invasive testing to derive an estimate of an individual patient’s cardiac risk and prognosis; provide treatment recommendations for chronic CAD based upon the relative risks and benefits of pharmacological versus interventional treatments; and understand treatment goals for coronary risk factors and prescribe appropriate pharmacological therapy.

**Safely coordinate discharge for a patient that will reduce their chances of readmission**

*Within this context, seek to:* Appropriately evaluate a patient’s readiness for hospital discharge; effectively communicate a cogent discharge plan including medication reconciliation and patient self-care management; recognize barriers to successful out-of-hospital care; appropriately engage family and other support persons prior to discharge; effectively interact with social services; lead goals of care discussions to guide patients and their families to recommendations about future care (including possible withdrawal of treatment when appropriate); and communicate with the patient’s primary care providers and arrange appropriate and timely medical follow-up.
 Appropriately order and correctly interpret patient electrocardiograms
Within this context, seek to systematically interpret patient ECGs, including being able to: Demonstrate a clear understanding of the definitions for normal and abnormal rate, rhythm, QRS axis, and intervals; identify abnormalities in ST segments and T waves; identify abnormal Q waves; develop a narrow differential diagnosis for tachyarrhythmias; recognize and categorize conduction system abnormalities and sinus node disorders; and apply common criteria to the diagnosis of left ventricular hypertrophy.

Perform an appropriate and comprehensive cardiovascular physical examination to define each patient’s cardiac problems
Within this context, seek to accurately assess and describe the presence or absence of: Jugular venous distention; pulmonary rales; Cheyne-Stokes respiration; cardiac murmurs (including their location, character and timing); abnormal precordial impulses; ascites; hepatomegaly; peripheral edema; and abnormal carotid and peripheral pulses (including assessment for irregularity carotid bruits, pulsus paradoxicus and abdominal aortic aneurysm).

Order diagnostic testing and therapeutic interventions thoughtfully with attention to providing high quality care, minimizing unnecessary testing, and overall resource management
Within this context, seek to: Provide a clear rationale for the use of common cardiac tests including ECG, cardiac biomarkers, cardiac imaging, treadmill testing, ambulatory ECG monitoring and coronary angiography; and design a cost-efficient, sequential evaluation (rather than ordering simultaneous tests that provide redundant information) targeted to an individual patient’s presentation.