

Preliminary program

This seminar will be delivered by a combination of a 6-week self-paced learning package followed by a live one-day seminar

Self-paced learning package: available from Friday 19 April 2024

The self-paced learning package comprises approximately 8 hours of learning materials. The self-paced learning package materials must be completed prior to attending the live virtual seminar.

Knowledge gained from topics below within the self-paced learning package will be directly used in case sessions on the day.

Topic	Learning Objectives
How does a healthy heart work?	<ul style="list-style-type: none"> • Compare the function of the right and left side of the heart. • Predict how the healthy heart responds to excess or insufficient circulating volume. • Explain the role of the natriuretic peptide system, the sympathetic nervous system and the renin-angiotensin-aldosterone system in the healthy heart. • Describe how cardiac output is influenced by heart rate, preload, contractility and afterload. • Outline the roles of each of the heart valves
What happens when the heart doesn't work?	<ul style="list-style-type: none"> • Describe what can impair the function of the heart. • Explain how the body reacts to an impaired heart. • Differentiate the signs and symptoms of right and left sided heart failure. • Explain the signs and symptoms of congestion and impaired perfusion. • Distinguish between which therapies influence preload, afterload and contractility. • Explain how the natriuretic peptide system, the sympathetic nervous system and the renin-angiotensin-aldosterone system react in a failing heart.
ECG or etcetera? What kind of investigations do my patients get?	<ul style="list-style-type: none"> • List cardiac investigations and laboratory tests for a patient presenting with the following; <ul style="list-style-type: none"> ○ Acute Coronary Syndromes ○ Atrial Fibrillation ○ Decompensated heart failure • Discuss strengths and limitations of the following cardiac imaging techniques; <ul style="list-style-type: none"> ○ Angiography ○ Stress test and stress echo ○ Cardiac MRI ○ CT Coronary Angiogram ○ Trans-thoracic and trans-oesophageal echo • Identify common arrhythmia patterns on a 12-lead ECG <ul style="list-style-type: none"> ○ Atrial fibrillation/flutter ○ Heart block ○ Ventricular Tachycardia • Predict how medications may affect an ECG • Interpret an echocardiogram report • Describe potential implications of echocardiogram reports on medication therapy
Managing Acute Coronary Syndrome. Difference between our city and country counterparts	<ul style="list-style-type: none"> • Identify investigations involved in a diagnosis of an acute coronary syndrome (ACS) • Differentiate between thrombolysis and primary percutaneous intervention (PCI) and appropriate patients for each • Describe the pharmacological management of ACS in the acute phase • Differentiate between management options for ACS in a metropolitan and rural or regional setting • Evaluate evidence for use of beta blockers, ACE inhibitors, statins and mineral corticosteroids in ACS • Provide appropriate antiplatelet regimen following different management pathways of an ACS • Explain pharmacological therapies involved in ACS secondary prevention

Guided case study: Heart failure	<ul style="list-style-type: none"> • Discuss investigations used to diagnose heart failure • Outline the role of diuresis in heart failure • Describe the use of anti-failure therapies in heart failure management • Describe the role of iron supplementation in heart failure patients
The bread and butter of heart failure	<ul style="list-style-type: none"> • Describe the symptoms of chronic heart failure and why they occur. • Outline the diagnostic criteria and classification of heart failure. • Define HFrEF, HFmrEF and HFpEF with regards to ejection fraction and anatomy. • Provide evidence-based recommendations for treatment of HFrEF. • Describe the treatment of HFpEF. • Provide recommendations for the management of co-morbidities in heart failure. • Describe non-pharmacological management strategies for heart failure. • Explain the management of acute heart failure. • Describe the pharmacist's role in managing patients with heart failure.
AF/SVT/VT/VF – what are the differences and how do these affect my patients?	<ul style="list-style-type: none"> • Explain rhythm generation and conduction anatomy in the heart • Distinguish the different parts of a Lead II electrocardiogram rhythm strip and the relationship to conduction anatomy and function • Describe the Vaughn-Williams classification of drugs • Identify key guidelines and resources within Australia and Internationally for cardiac arrhythmias • Describe the aetiology, mechanism and prevalence of atrial fibrillation (AF) and the risk it poses to cardiovascular health • Distinguish between rate and rhythm control approaches to managing AF • Briefly describe non-pharmacological management of AF • Explain the rationale behind anticoagulation in AF • Overview other arrhythmias and their management principles, including SVT, VT and VF • Describe iatrogenic QT prolongation and the methods used to assess QT prolongation
The cath lab: what happens behind closed doors?	<ul style="list-style-type: none"> • Describe the roles of multidisciplinary members in a catheter lab • Overview procedures undertaken in a catheter lab, including diagnostics, stents and mitral clipping • Interpret a simple angiogram report • Explain common complications that can occur post percutaneous intervention (PCI) • Explain common medications used in the cath lab
CABG: A cardiology intervention or a type of vegetable? Management of pre/post CABG patient	<ul style="list-style-type: none"> • Outline the basic anatomy involved in conducting a coronary artery bypass graft (CABG) • Describe the typical presentation, including comorbidities, of a CABG patient • Describe pre-operative management, including medications, of a CABG patient • Outline the basic concepts of cardiopulmonary bypass • Describe common complications post CABG • Recommend suitable medication management options for post-operative CABG patients

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Live virtual seminar

All times listed are in AEST

Live Virtual Seminar: Saturday 1 June 2024

Time (AEST)	Session
0850-0900	Online login available
0900-0910	Welcome, introduction, housekeeping, introduction structure of case sessions
0910-0955	Review of self-paced learning package content with open Q&A
0955-1130	Case session: Managing Acute Coronary Syndrome Led by: Judy Duong , Team Leader Pharmacist in Cardiology, Cardiac Surgery and Heart Failure, Victorian Heart Hospital, Monash Health, Melbourne, Vic
1130-1150	Break
1150-1320	Case session : Coronary artery bypass graft (CABG) Led by: Adam Livori , PhD, Centre for Medicine Use and Safety, Faculty of Pharmacy and Pharmaceutical Sciences, Monash University, Melbourne, Vic
1320-1350	Break
1350-1520	Case session: Arrhythmias Led by: Adam Livori , PhD, Centre for Medicine Use and Safety, Faculty of Pharmacy and Pharmaceutical Sciences, Monash University, Melbourne, Vic
1520-1550	Case discussion: review of heart failure self-guided case Led by: Adam Livori , PhD, Centre for Medicine Use and Safety, Faculty of Pharmacy and Pharmaceutical Sciences, Monash University, Melbourne, Vic
1550-1605	Break
1605-1635	Open Q&A
1635	Close of live virtual seminar

Please note: presentation recordings from the live virtual seminar will not be available.