

A1 Acute cardiac presentations

Assessment of these competencies via Mini-CEX, CbD (formative or summative) or ACAT-EM and a reflective log.

In addition, key DOPs should be carried out as part of this module.

Potential presentations in which these competencies could be assessed include the following:

- Chest pain with suspected cardiac features such as sweating/nausea
- SOB and/or cyanosis in a patient with known cardiac history or suspicion of acute heart failure
- Acute palpitations
- Sudden blackouts/syncope
- Any presentation of child with known congenital heart defect, where management is impacted by this condition

Core competencies to achieve with adult patients, are EPA level 3 (Indirect active-partial supervision by senior clinician, no prompting or help provided, direct line of vision or supervisor immediately available).

Knowledge/ Skill/ Behaviour	Detail of competency
Knowledge	Can list and distinguish between, the common causes of chest pain their associated features and pathophysiology.
	Can list and distinguish between, the common arrhythmias and their causes, with associated features and pathophysiology
	Can list and distinguish between, the common causes of syncope and pre-syncope , with associated symptoms and pathophysiology
	Can list the common causes of sudden worsening of pulmonary and or peripheral oedema related to cardiac function
	Recalls cardiac electrophysiology relevant to ECG interpretation
	Recalls the indications, contraindications and side effects of the commonly used cardiac medications
	Recalls the indications for cardioversion and cardiac pacing
	Outlines the indications for thrombolysis and angioplasty in ACS
	Outline indications for non-invasive ventilation for heart failure
	Outlines the indications for further investigation of chest pain including CTPA or V/Q scan; echocardiography; cardiac stress testing
Skills- History	Interprets history and clinical signs to ascertain features that suggest a cardiac cause including relevant risk factors
	Differentiates pre-syncope from other causes of 'dizziness'

Knowledge/ Skill/ Behaviour	Detail of competency
Skills – Examination	Performs examination to elicit signs of cardiovascular disease, including bruits/murmurs, signs of endocarditis
	Is able to elicit signs of life threatening/ critical presentations e.g. aortic dissection
Skills- investigation and treatment	Conducts a systematic assessment (ABCDE approach) and manages emergent issues appropriately and in a timely manner
	Recognises features of conditions requiring urgent investigation and treatment including acute coronary syndrome, pulmonary embolus, aortic dissection, shock or impending shock, severe arrhythmias, new murmur or severe heart failure
	Orders, interprets and acts on initial investigations in the context of chest pain, arrhythmias and syncope appropriately such as ECG, blood gas analysis, laboratory tests (including cardiac enzymes), chest radiograph, microbiology (e.g. for suspected infective endocarditis)
Skills- Clinical decision making, judgement [in addition to CC1]	Elects appropriate arena of care and degree of monitoring
	Involves senior/specialist provider when patient is critically ill with chest pain, arrhythmia, or if the cause is unclear
	Recognises when patients present with either non-cardiac conditions or stable cardiac conditions that can be safely discharged with initial treatment, advice and appropriate follow-up
Behaviour- Communication & professionalism	No additional competencies in addition to CC7 & CC8
Paediatric	No additional competencies

Additional optional competencies- EPA 1 to 2

Knowledge/ Skill/ Behaviour	Detail of competency
Skill	Participation in cardioversion/external pacing and thrombolysis
	Participation/observation of initiation of non-invasive ventilation for heart failure
	Observing internal pacing/angioplasty (PCI)/pericardiocentesis
	Observing echocardiography/exercise stress testing/CTCA