

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 10 June 2022

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 |
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| <p>How does a healthy heart work?</p> <p>Renae Lloyd, Senior Pharmacist, Flinders Medical Centre, SA Pharmacy, Adelaide, SA</p> | <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 |
| <p>What happens when the heart doesn't work?</p> <p>Beryl Lai, Cardiology Pharmacist and Clinical Team Leader, Royal Melbourne Hospital, Melbourne, Vic</p> | <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. |
| <p>ECG or etcetera? What kind of investigations do my patients get?</p> <p>Adam Livori, Team Leader – Medical Specialties & Cardiology Clinical Pharmacist, Ballarat Health Services, Ballarat, Vic</p> | <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 |
| <p>Managing Acute Coronary Syndrome. Difference between our city and country counterparts</p> <p>Garth Birdsey, Senior Clinical Pharmacist, Departments of Pharmacy and Cardiac Services, Barwon Health, Geelong, Vic</p> | <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 |

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| <p>Guided case study: ACS</p> <p>Winnie Zhao, Cardiology Pharmacist, Department of Pharmacy, Westmead Hospital, Sydney, NSW</p> | <ul style="list-style-type: none"> • Discuss the significance of revascularisation timing in Acute Coronary Syndrome (ACS) • Outline the role thrombolysis in ACS • Describe interventional and medication management in ACS • Describe secondary prevention measures for ACS • Outline the role of cardiac rehabilitation following a diagnosis of an ACS • Overview possible cardiomyopathies and their management following an ACS • Discuss anticoagulant use in atrial fibrillation (AF) developed after percutaneous intervention (PCI) |
| <p>The bread and butter of heart failure</p> <p>Kate Ziser, Ambulatory Care Team Leader Pharmacist, Princess Alexandra Hospital, Brisbane, Qld</p> | <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. |
| <p>AF/SVT/VT/VF – what are the differences and how do these affect my patients?</p> <p>Adam Livori, Team Leader – Medical Specialties & Cardiology Clinical Pharmacist, Ballarat Health Services, Ballarat, Vic</p> | <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 |
| <p>The cath lab: what happens behind closed doors?</p> <p>Dr Pieter Neef</p> | <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 |
| <p>CABG: A cardiology intervention or a type of vegetable? Management of pre/post CABG patient</p> <p>Dr Michelle Ng</p> | <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 |

Program

Live virtual seminar - All times listed are in AEST

Please note program times are subject to change until the program has been finalised.

Live Virtual Seminar: Saturday 23 July 2022

| Time (AEST) | Session |
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| 0850-0900 | Online login available |
| 0900-0910 | Welcome, introduction, housekeeping, introduction structure of case sessions Adam Livori , Team Leader – Medical Specialties & Cardiology Clinical Pharmacist, Ballarat Health Services, Ballarat, Vic |
| 0910-0955 | Review of self-paced learning package content with open Q&A Adam Livori , Team Leader – Medical Specialties & Cardiology Clinical Pharmacist, Ballarat Health Services, Ballarat, Vic |
| 0955-1110 | Case session : Coronary artery bypass graft (CABG) Led by Beryl Lai , Cardiology Pharmacist and Clinical Team Leader, Royal Melbourne Hospital, Melbourne, Vic Tutor team: Adam Livori, Kate Ziser, Renae Lloyd, Winnie Zhao & Raveena Chadha |
| 1110-1130 | Break |
| 1130-1240 | Case session: Arrhythmias Led by Adam Livori , Team Leader – Medical Specialties & Cardiology Clinical Pharmacist, Ballarat Health Services, Ballarat, Vic Tutor team: Kate Ziser, Beryl Lai, Renae Lloyd, Winnie Zhao & Raveena Chadha |
| 1240-1310 | Break |
| 1310-1420 | Case session: Simple heart failure Led by Kate Ziser , Ambulatory Care Team Leader Pharmacist, Princess Alexandra Hospital, Brisbane, Qld Tutor team: Adam Livori, Beryl Lai, Renae Lloyd, Winnie Zhao & Raveena Chadha |
| 1420-1450 | Case discussion: review of ACS self-directed case Winnie Zhao , Cardiology Pharmacist, Department of Pharmacy, Westmead Hospital, Sydney, NSW |
| 1450-1505 | Break |
| 1505-1645 | Case session: Complex case: the broken heart Led by Renae Lloyd , Senior Pharmacist, Flinders Medical Centre, SA Pharmacy, Adelaide, SA Tutor team: Adam Livori, Kate Ziser, Beryl Lai, Winnie Zhao & Raveena Chadha |
| 1645-1715 | Open Q&A Facilitated by Adam Livori , Team Leader – Medical Specialties & Cardiology Clinical Pharmacist, Ballarat Health Services, Ballarat, Vic |
| 1715 | Close of live virtual seminar |

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