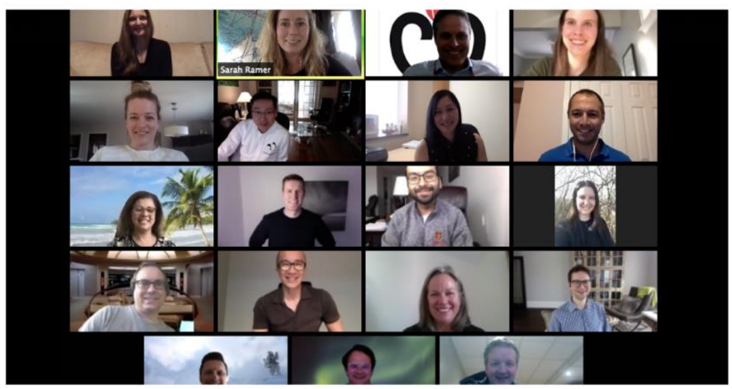
VIRTUAL MEETING

APRIL 16-18, 2021

ADULT CARDIOLOGY TRAINEE REVIEW PROGRAM

PROGRAMME DE RÉVISION POUR LES RÉSIDENTS EN CARDIOLOGIE CHEZ L'ADULTE



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April 16, 2021

Dear CCS Trainee:

On behalf of the *Canadian Cardiovascular Society (CCS)* and the *Canadian Cardiovascular Society Academy* (CCSA), welcome to the 2021 edition of the ***Trainee Review Program (TRP)*** for adult cardiology residents.

As was done in 2020, because of the global pandemic of COVID-19, we have decided to make this edition virtual.

The TRP is designed to provide you with an overview of the Royal College of Physicians and Surgeons of Canada's (RCPSC) Examination Process.

At the conclusion of this program, you will:

- Be knowledgeable about the components of the RCPSC examination, having participated in a written exam.
- Be able to identify individual weaknesses as well as common ones requiring more intensive preparation.
- Have practiced subject areas which have traditionally posed a challenge to exam candidates.
- Have had an opportunity to network with residents and faculty from programs across Canada.

You will find on the course website several documents such as the agenda, the course outline and tools to help you through the weekend.

CCS and CCSA are dedicated to your future. Our priority is to meet the needs of our members. The TRP is one of many exclusive programs and services which are being designed to assist you during the transition from your final years of study to the launch of your career.

This is a weekend that we have put aside especially for you! Please feel free to speak up and ask questions, provide comments and feedback to faculty and staff.

We sincerely hope that the weekend will be a stimulating and valuable learning experience for you.

Sincerely,

Marc Ruel, MD, MPH, FRCSC, FCCS, FAHA
President, CCS

Sarah Ramer, BSc, MD, FRCPC
Chair, TRP Steering Committee

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Le 16 avril 2021

Cher stagiaire de la SCC,

Au nom de la *Société canadienne de cardiologie (SCC)* et de l'*Académie de la Société canadienne de cardiologie* (ASCC), bienvenue l'édition 2021 du ***Programme de révision pour les stagiaires (PRS)*** à l'intention des résidents en cardiologie chez l'adulte.

En raison de la pandémie mondiale de la COVID-19 qui perdure et, tout comme le programme de 2020, nous vous offrons un événement virtuel.

Le PRS est conçu afin de vous donner un aperçu du processus d'examen du Collège royal des médecins et chirurgiens du Canada (CRMCC).

À l'issue du programme, vous serez à même de :

- Savoir quels sont les composants de l'examen du CRMCC, en ayant participé à un examen écrit et à un ECOS clinique.
- Déterminer quels sont vos points faibles de même que les difficultés fréquemment rencontrées qui demandent une préparation plus intensive.
- Profiter des exercices que vous aurez effectués relativement à des matières qui représentent habituellement un haut niveau de difficulté pour les candidats à l'examen.
- Réseauter avec des résidents et des professeurs provenant de programmes des quatre coins du pays.

Vous trouverez sur la page Web du programme plusieurs documents incluant l'horaire, la description du programme et des outils qui vous seront utiles pendant la fin de semaine.

La SCC et l'ASCC s'intéressent vivement à votre avenir. Notre priorité restera toujours de répondre aux besoins de nos membres. Le PRS est un des nombreux programmes et services exclusifs conçus pour vous aider à effectuer la transition entre vos dernières années d'étude et le lancement de votre carrière.

Cette fin de semaine a été spécialement conçue pour répondre à vos attentes! N'hésitez pas à aborder les professeurs et le personnel pour leur poser des questions ou formuler des commentaires ou des rétroactions.

Nous espérons sincèrement que la fin de semaine sera pour vous une expérience d'apprentissage aussi précieuse que stimulante.

Cordialement,

Marc Ruel, MD, MPH,FRCSC, FCCS, FAHA
Président, SCC

Sarah Ramer, BSc, MD, FRCPC
Co-Présidente, Comité directeur du PRS

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2021 ADULT CARDIOLOGY TRAINEE REVIEW PROGRAM

VIRTUAL MEETING

FRIDAY, APRIL 16 TO SUNDAY, APRIL 18, 2021

AGENDA

***ALL TIMES ARE EASTERN STANDARD TIME (EST).**

Friday, April 16		
17:00 - 17:30	Welcome and Introduction	Dr. Sarah Ramer
17:30 - 18:15	Exercise ECG	Dr. Sarah Ramer
18:15 - 19:00	Device Interrogation	Dr. Ciorsti MacIntyre
19:00 – 19:45	Ambulatory ECG	Dr. Evan Lockwood
19:45 - 21:00	Networking	ALL
Saturday, April 17		
	Activity	**Who**
09:00 – 10:30	Workshops	ALL
10:30 – 10:45	Break	ALL
10:45 – 12:15	Workshops	ALL
12:15 – 13:00	Lunch Break	ALL
13:00 – 17:00	Written Exam	Trainees / on your own
Sunday, April 18		
09:00 – 11:00	Written Exam Review & Closing remarks	Dr. Sarah Ramer

CCS/CCSA 2021 Adult Cardiology Trainee Review Program

Faculty

Sarah Ramer, BSc, MD, FRCPC
Chair
QEII Health Sciences Centre
Halifax, Nova Scotia

Dr. Sarah Ramer hails originally from the Kingston, Ontario area, and completed her Bachelor of Science at Queen's University in 1997. She attended the University of Calgary for medical school, and then made the journey east for residency in internal medicine and Cardiology at Dalhousie. After finishing her cardiology training, Dr. Ramer completed an echocardiography fellowship at Mount Sinai hospital in Toronto, where her focus was exercise stress echocardiography. She returned to work at the QEII in Halifax in November 2007. Dr. Ramer was Porgram Director for Adult Cardiology at Dalhousie University from 2012 until 2019.

Mathieu Bernier, MD
Institut de cardiologie et de pneumologie de Québec
Quebec, Quebec

Mathieu Bernier is an Assistant Professor of medicine at Université Laval in Quebec City. He graduated from University of Montreal in Pharmacy in 1995 and in 1999 from Université de Montréal medical school. Dr. Bernier completed Internal Medicine and Cardiology in 2005 (U of M) and did post-doctoral studies in epidemiology (McGill University) in 2006. He completed an echocardiography fellowship at the Mayo in clinic with focus in stress echo and contrast echocardiography. Presently, Dr. Bernier is on staff at Quebec Heart and Lung Institute with main interests in echocardiography and heart failure.

Natalie Bottega, MD
McGill University Health Centre
Montreal, Quebec

Dr. Natalie Bottega graduated from medical school at McGill University in 1999. She subsequently completed residencies in internal medicine and adult cardiology at McGill. In 2005, she began a two-year combined fellowship in Adult Congenital Heart Disease (ACHD) at the Mayo Clinic, Rochester, MN and the Toronto General Hospital. During her fellowship, she obtained training in general and congenital echocardiography and gained expertise in managing heart disease in pregnancy. Since December, 2007, she has worked at the McGill University Health Centre where she sees patients with ACHD in the MAUDE Unit and runs the Cardiac Obstetric Program. She is interested in medical education and is a previous Cardiology Training Program Director. She has contributed to national position statements and websites on the management of heart disease in pregnancy.

Annabel Chen-Tournoux, MD
Jewish General Hospital
Montreal, Quebec

Dr. Annabel Chen-Tournoux received her bachelor's and medical degrees from Harvard University. She completed her internal medicine and cardiology training at the Massachusetts General Hospital, including an echocardiography fellowship. After an interlude in Paris where she was the Senior Program Officer at the Fondation Leducq, a philanthropic research foundation, she came on staff at the Jewish General Hospital where her clinical interests include echocardiography, biomarkers, cardiovascular disease in women, and
metabolic syndrome. Dr. Chen-Tournoux was Co-Director of the McGill Adult Cardiology Training Program between 2015 and 2020. She is currently the McGill Department of Medicine Associate Chair of Education. She is also a member of the CCS Equity, Diversity and Inclusion Committee.

Michael Froeschl, MD, MSc, FRCPC, FACC
Ottawa Heart Institute
Ottawa, Ontario

Dr. Froeschl is an interventional cardiologist at the University of Ottawa Heart Institute and an Associate Professor of Medicine at the University of Ottawa. Dr. Froeschl received his bachelor's degree from Harvard University and his medical degree from McGill University. His clinical training includes three years at the University of Toronto in internal medicine and four years at the University of Ottawa Heart Institute—three in adult cardiology and a fourth in interventional cardiology. He joined the Division of Cardiology at the University of Ottawa in 2006. Dr. Froeschl's chief academic interest is medical education. In 2011, he completed a master's degree in medical education at Maastricht University in the Netherlands, supported by the Royal College of Physicians and Surgeons of Canada Fellowship for Studies in Medical Education. He was appointed Director of the Adult Cardiology Residency Training Program at the University of Ottawa in 2013.

Nadine Gauthier, MD
University of Ottawa
Ottawa, Ontario

Dr. Nadine Gauthier is a bilingual Ottawa native who received her M.D. from the University of Ottawa in 2003. She then pursued her training in Internal Medicine at McGill University in 2006 to then returned back to Ottawa where she completed a Cardiology residency at the University of Ottawa Heart Institute in 2009 and a fellowship in Nuclear Cardiology and Cardiac CT at the University of Ottawa Heart Institute in 2011. Finally, she completed her master's in medical education through the University of Cincinnati in 2015. As a general cardiologist practicing multi-modality cardiovascular imaging, she joined the Merivale Cardiovascular Consultants group in 2019. Fière Fanco-Ontarienne, elle se fait un plaisir de desservir la population francophone de la région de la capitale nationale et de l'est de l'Ontario depuis près de 10 ans.

Her clinical interest includes general cardiology perioperative cardiology and cardiac imaging such as cardiac CT angiography, echocardiography and nuclear cardiology. Her medical education interests include innovation and curriculum development in undergraduate and postgraduate medical education as an Assistant Professor at the University of Ottawa and clinical teacher in the Department of Medicine. She is the Director of Undergraduate Education in Cardiology leading the Francophone Cardiology Block as well as the Unit 1 Leader for the Francophone Undergraduate Curriculum at the Faculty of Medicine, University of Ottawa. She is also an Associate Program Director position for the Core Internal Medicine Program at the University of Ottawa.

Christopher Glover, MD
University of Ottawa Heart Institute
Ottawa, Ontario

Dr. Christopher Glover is an Interventional Cardiologist and Director of the Cardiac Catheterization Laboratory and Clinical Services in the Division of Cardiology, Department of Medicine, at the University of Ottawa Heart Institute. He is Associate Professor in the Department of Medicine at the University of Ottawa. Dr. Glover earned his MD and performed residencies in Internal Medicine at Queen's University in Kingston, Ontario, and in Cardiology at the Heart Institute. He performed his fellowship in Interventional Cardiology at the Heart Institute. Dr. Glover is also a surveyor for the RCPSC.

Samir Hazra, MD
Queen's University
Kingston, Ontario

Dr. Samir Hazra completed his B.Sc. Biochemistry (Honours) from the University of Ottawa in 2004 followed by a Doctorate in Medicine from the same institution in 2008. He then went on to complete residency training in Internal Medicine at the University of Toronto followed by subspecialty training in Cardiology at the University of Ottawa Heart Institute. Following this, he completed sequential fellowships in advanced adult echocardiography and multimodality cardiac imaging (nuclear cardiology and cardiac computed tomography) both at the University of Ottawa Heart Institute.

Following his training, Dr. Hazra worked as a consultant cardiologist at the Montfort Hospital site of the University of Ottawa affiliated hospitals and at the Ottawa Cardiovascular Centre where he served as echocardiography lab co-director. He also maintained associate staff privileges in the Cardiac Surgical Intensive Care Unit at the University of Ottawa Heart Institute.

His clinical interests include general cardiology/CCU and multimodality cardiac imaging. These interests have translated into peer-reviewed publications in journals including Circulation Cardiovascular Imaging and JACC Cardiovascular Imaging.

Dr. Hazra joined the Department of Medicine with cross appointment to the Department of Radiology at the rank of Assistant Professor in July 2018. In January 2020 he assumed the role of program director of the adult cardiology training program at Queen's University/Kingston Health Sciences Centre.

Malek Kass, MD
University of Manitoba
Winnipeg, Manitoba

Dr. Malek Kass is an Interventional Cardiologist at the University of Manitoba St. Boniface General Hospital. He received his Internal Medicine training at the University of Manitoba and went on for Cardiology training at the University of Ottawa Heart Institute. He then completed a fellowship in Interventional Cardiology as well as Cardiac Imaging at the University of Ottawa Heart Institute.

He is an Associate Professor of Medicine and Radiology at the University of Manitoba, as well as the Director of Structural Intervention (TAVI, ASD and PFO closure, mitral valvuloplasty, LAA occlusion, PDA closure). He is involved in the Interventional Cardiology AFC Diploma program. His interests include resident education, as well as complex coronary intervention and structural intervention.

Victoria Korley, MD
University of Toronto
Toronto, Ontario

Dr. Victoria Korley graduated from McGill Medical School and completed her three year internal medicine residency at the Royal Victoria Hospital at McGill University. She then pursued her Cardiology and Electrophysiology clinical and research fellowships at Harvard University in Boston. Upon completion, she joined the staff of St. Michael's Hospital, University of Toronto, as an electrophysiologist in 2001. Over the years, her academic focus has been teaching at the undergraduate and graduate levels. For several years, she was the Cardiology lead for the SMH Fitzgerald Academy and she developed and administered the cardiology medical curriculum for the second year medical students at the University of Toronto. Subsequently, she became the Site Director for the Adult Cardiology Residency Training Program at St. Michael's Hospital and has been an examiner at the local and national levels. She is now the Program Director for the Adult Cardiology Residency Training Program at the University of Toronto. . Her clinical interests include all aspects of patient care related to arrhythmias including ablation. Clinically, she has a particular expertise in complex implantations of resynchronization devices for congestive heart failure and subcutaneous defibrillator implantation.

Evan Lockwood, MD, FRCPC
University of Saskatchewan
Edmonton, Alberta

Dr. Evan Lockwood is a Cardiologist specializing in clinical cardiac electrophysiology. His clinical interests include pharmacological and non-pharmacological management of atrial fibrillation as well as cardiac resynchronization therapy.

Dr. Lockwood grew up in rural Saskatchewan and obtained his Medical Doctorate (with Distinction) from the University of Saskatchewan in Saskatoon in 1999. During this MD, he was awarded a Rotary Foundation Scholarship and undertook a year of study at the University of Durham in Durham, England (1995-1996). His training in Internal Medicine (1999–2002) and Adult Cardiology (2002–2005) were undertaken at the University of Alberta in Edmonton. He then completed two further years of training with an Electrophysiology Fellowship in Victoria, BC (2005–2007) and an Atrial Fibrillation Ablation Fellowship at the Pacific Rim Electrophysiology Research Institute in Los Angeles, California (2007). He has held clinical appointments at the Royal Alexandra Hospital and University of Alberta Hospital in Edmonton, Alberta since 2007.

Dr. Lockwood's principal academic interest is in medical education at both undergraduate and postgraduate levels. He has been involved in the clinical skills program and the problem-based learning program in the Faculty of Medicine and Dentistry at the University of Alberta as a resident and faculty member. He has previously received the A.M. Edwards Award in Medical Education and the Outstanding Clinical Preceptor Award. He has been an active member of the Canadian Cardiovascular Society since 2002, with prior roles as the Chair of the Trainee Committee and the Trainee Representative to the Council. He is currently a member of the Working Group on Standards of Training and Competency.

Hung Ly, MD, FRCPC
University of Montreal
Montreal, Quebec

Dr. Ly received his bachelor's degree in Human Physiology from McGill University and his M.D. from the University of Montreal. From 2003-2007, his postgraduate training included two years at the Brigham and Women's Hospital and two years at the Massachusetts General Hospital, in both interventional cardiology and in research. In 2005, he received his S.M. in Clinical Epidemiology at the Harvard School of Public Health. He is an Associate Professor of Medicine at University of Montreal and the current director of the adult cardiology postgraduate training program at the University of Montreal. Dr. Ly is an Interventionist Cardiologist at the Montreal Heart Institute and is director of its CTO-CHIP program. Since 2011, he has been active on the Executive Committee of the Canadian Association of Interventional Cardiology, and is currently its Past President. Finally, his areas of interest are education and complex coronary interventions.

Ciorsti MacIntyre, MD, FRCPC
Queen Elizabeth II Health Sciences Centre
Halifax, Nova Scotia

Dr. Ciorsti MacIntyre is a cardiologist specializing in clinical cardiac electrophysiology. She received her HBSc from the University of Toronto in 2004. She then received her MD from Dalhousie University in 2008 before pursuing residencies in Internal Medicine and Cardiology at Dalhousie. She completed a two year Electrophysiology Fellowship at Brigham and Women's Hospital in Boston, MA. Following this, she completed a fellowship in Inherited Arrhythmia Syndromes at the Mayo Clinic in Rochester, MN. She joined the Division of Cardiology as a cardiac electrophysiologist in 2016 where she is an Assistant Professor of Medicine. Her clinical interests include long qt syndrome, Brugada Syndrome, CPVT, hypertrophic cardiomyopathy, ARVC and unexplained cardiac arrest in the structurally normal heart.

Gillian Nesbitt, MD, FRCPC, FACC, FASE
University of Toronto
Toronto, Ontario

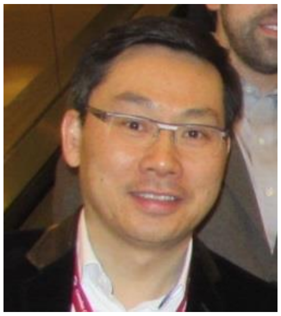
Dr. Nesbitt obtained her MD from the University of Ottawa. Later went to the Mayo Clinic in Rochester MN for her internal medicine residency followed by a cardiology residency at the University of Toronto. For her fellowship training in echocardiography, she returned to the Mayo Clinic and following this stayed on staff for a year. Currently, Dr. Nesbitt is a clinical teacher at the University of Toronto. She is based downtown at Mt. Sinai Hospital and the University Health Network. Her clinical interests include general cardiology, hypertrophic cardiomyopathy, pericardial disease and echocardiography.

Mathieu Walker, MD
McGill University
Montreal, Quebec

Dr. Walker is an Associate Professor of Medicine at McGill University. He obtained his Bachelor of Arts and MD degrees from McGill University. He completed residencies in internal medicine and cardiology at McGill, after which he spent a fellowship year at the Montreal Heart Institute specializing in echocardiography. He joined the Division of Cardiology at Saint Mary's Hospital and the McGill University Health Center in 2006. He has been the undergraduate cardiology Block Chair at McGill since 2006. He was the co-director of the McGill Cardiology Residency Training Program from 2010-2015. Dr. Walker is currently the Director of the Cardiology Division at Saint Mary's Hospital.

Kibar Yared, MD
University of Toronto
Toronto, Ontario

Dr. Yared is currently Medical Director of Cardiac Imaging at The Scarborough Health Network. Before moving to Toronto, Dr. Yared received his medical degree as well as Cardiology training at McGill University in Montreal. He subsequently completed an advanced Cardiac Imaging fellowship at the Massachusetts General Hospital – Harvard Medical School in Boston, Massachusetts. In 2015, he spearheaded the formation of a Cardio-Oncology clinic at SHN of which he currently serves as Director. His clinical expertise is in Echocardiography and Cardiac MRI.



Eric Yu, MD, MEd, FRCPC, FACC
University of Toronto
Toronto, Ontario

Dr. Eric Yu is a Professor of Medicine at the University of Toronto. He completed his MD at the University of Toronto in 1990, and after a subspecialty fellowship in echocardiography, joined the Division of Cardiology at the University Health Network, University of Toronto in 1997. He completed a Masters of Education at the University of Toronto in 2002. He is currently Associate Director of Echocardiography at the University Health Network. He is the former Director of the Adult Cardiology Training Program at the University of Toronto, as well as the former Director of Postgraduate Subspecialty Programs, Department of Medicine, University of Toronto.

Dr. Yu is active in educational leadership at both the provincial and national levels. He is a member of the Subspecialty Committee in Cardiology of the Royal College of Physician and Surgeons of Canada, and has served as a member of the examination board in Adult Cardiology. He has previously chaired the Heart and Stroke Foundation of Ontario, Professional Education Committee.

His research interests lie in the fields of echocardiography as well as medical education. He has co-authored training guidelines for Echocardiography, as well as practice guidelines for the use of Contrast Echocardiography. Dr. Yu contributions to teaching and education have been formally recognized through receipt of teaching awards including: the Department of Medicine Junior Attending Teacher Award (1997); the Department of Medicine Award for Excellence in Clinical Teaching (2005, and 2006); the Faculty of Medicine, University of Toronto Postgraduate Medical Education Excellence in Postgraduate Medical Education Award – Development/Innovation in Postgraduate Education (2011); the E.D. Wigle Award for Teaching Excellence in Cardiology (2011); the Professional Association of Internes and Residents of Ontario (PAIRO) Excellence in Clinical Teaching Award (2012); the University of Toronto, Department of Medicine Teacher of the Year (2013); the E.D. Wigle Award for Resident Trainee Teaching in Cardiology (2015); the Faculty of Medicine, University of Toronto Postgraduate Medical Education Excellence in Postgraduate Medical Education Award- Teaching/ Performance/ Mentorship/ Advocacy (2015); and the Canadian Association for Medical Education Certificate of Merit (2016).

CCS Staff

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CCS/CCSA
2021 Adult Cardiology Trainee Review Program
Virtual Course Outline

A. COURSE FACULTY AND ORGANIZATION

Faculty:

Dr. Mathieu Bernier (Quebec)
Dr. Natalie Bottega (Montreal)
Dr. Annabel Chen-Tournoux (Montreal)
Dr. Michael Froeschl (Ottawa)
Dr. Nadine Gauthier (Ottawa)
Dr. Chris Glover (Ottawa)
Dr. Gillian Nesbitt (Toronto)
Dr. Samir Hazra (Ottawa)
Dr. Malek Kass (Winnipeg)
Dr. Victoria Korley (Toronto)
Dr. Evan Lockwood (Edmonton)
Dr. Hung Ly (Montreal)
Dr. Ciorsti MacIntyre (Halifax)
Dr. Sarah Ramer (Halifax), **Chair**
Dr. Mathieu Walker (Montreal)
Dr. Kibar Yared (Toronto)
Dr. Eric Yu (Toronto)

Course Administration CCS:
Linda Palmer, Director, Membership & CCS Affiliate Services
Marie-Josée Martin, Coordinator, Membership Services & Trainee Engagement
Jody McCombe, Manager, IT Development and Support

Program Support

The Trainee Review Programs are supported by the Canadian Cardiovascular Society Academy. The CCSA is a registered charitable organization, created in 2000 to support education, research, scholarships and bursaries for medical students and prospective cardiovascular specialists. The CCSA also provides current cardiovascular trainees with programs and services that span from the moment they begin specialized training until the completion of their fifth year of employment. The work of the Academy is vital to help promote a strong cardiovascular sector in Canada, now and in the future.

B. Course Objectives

At the conclusion of this program, you will:

1. Be knowledgeable about the components of the RCPSC examination, having participated in a written exam participated in high value workshops.
2. Be able to identify individual weaknesses as well as common ones requiring more intensive preparation.
3. Have been exposed to and practiced subject areas which have traditionally posed a challenge to exam candidates.
4. Have had an opportunity to network with residents and faculty from programs across Canada.

C. Course Schedule

See the course agenda.

D. Course Format

For this weekend's program, a written exam and virtual workshops have been developed. The written exam is intended to be very similar to the "real" RCPSC Cardiology exam SAQ and graphic exam booklets. In addition, didactic sessions on ambulatory and exercise ECGs as well as device interrogation will be held on Friday night. Finally, you will be provided with challenging ECGs and an answer key. Our major aim is to familiarize you with the format of the fellowship exam and help you prepare for it. We obviously cannot and do not intend to cover all cardiology content areas.

On Saturday we have traditionally held a mock oral examination. This year, because the oral part of the Royal College examination has been cancelled, we have replaced that component with interactive workshops which cover some of the more challenging topics. The purpose of these workshops is to expose the candidates to the type of content that the royal college might put in the written exam to replace the areas which were typically examined on the oral examination.

On the program's webpage, you will be provided with all the links to all the Friday night's talks, Saturday's sessions and Sunday' review.

Important: Because we use some of the same course content in subsequent years, please do not share it with your junior colleagues at home. It will only disadvantage them when they prepare for their exams in the future

1. Didactic Sessions

In recent years, residents taking the Royal College Cardiology exam have struggled with several content areas, including: ambulatory ECGs (i.e. Holters and loop recordings); exercise ECGs; and device interrogation. This year, we have again included three sessions intended to specifically address these deficiencies. Each session of 40 minutes is divided into four parts: first, a comprehensive approach to interpretation will be proposed; second, some pearls/classic cases/pitfalls will be presented; third, some cases will be explicitly interpreted; fourth, a few quiz questions will be provided along with the correct answers.

2. Written Exam Component

The written component of the RCPSC Cardiology Exam consists of short-answer questions. These are divided into two parts or books, each lasting 3 hours. The first book contains traditional short-answer type questions with an emphasis on cardiovascular knowledge. The second book contains graphics and emphasizes clinical skills.
We have developed a practice written exam similar to the exam you will write in the fall. There will be approximately 50 questions, divided in two booklets, and you should complete it in 3 hours.

Instructions:

- Read each question carefully and answer as asked. If the question asks you to "LIST 5" (findings, causes, treatments, etc.), only your first 5 answers will be marked; any additional answers will be ignored even if correct.
- If you have any questions, please ask Dr Sarah Ramer.

3. Workshops

In 2005, a clinical OSCE (objective, structured clinical examination) component was added to the RCPSC Cardiology exam, replacing the old oral exams. The OSCE endeavours to test clinical skills and the management of clinical problems. This year the Royal College will not be holding an OSCE examination. We do not really know how (if at all) that might change the content of the written examination but we have brainstormed some workshops on high yield topics and endeavored to create some content that we might predict the Royal College will add to the written examination in order to assess things like echo interpretation, physical examination, congenital heart disease, pregnancy, and others.

4. ECG Workbook

At the conclusion of this weekend's online course and after filling the evaluation, you will be provided with a collection of ECGs. Model answers will also be provided.

5. Course Review

There will be enough time after each OSCE station for a review and comments, common mistakes will be highlighted. An answer key for the Echo session will be provided. On Sunday morning, the written exam will be reviewed in a large group virtual forum. Model answers will be offered and teaching points emphasized for each component.

E. Course Evaluation

The faculty present this weekend do this solely for the enjoyment and satisfaction of seeing the residents succeed. They receive no tangible rewards for the time and effort they put into preparing and organizing the course. If you find the program worthwhile and beneficial, please take the time to thank the faculty and the CCS representatives.

In order to ensure that these courses continue in the future, we need evaluations ("the good and the bad") from everyone. We need to know that we are not wasting your time and money or the financial resources provided by the CCS/CCSA.

Please communicate any comments you have to the course coordinators or faculty. Please let us know in writing if you think that the CCS/CCSA Trainee Review Program for 3rd year Adult Cardiology Residents is an important part of your preparation for your exams and clinical practice.

Good luck to all of you—this weekend, during your exam and beyond!

Sarah Ramer, BSc, MD, FRCPC
Chair, CCS/CCSA Trainee Review Program
On behalf of the 2021 TRP Faculty

Objectives of Training in the Subspecialty of Adult Cardiology

2010

EDITORIAL REVISION – MAY 2017

VERSION 1.2

This document applies to those who begin training on or after July 1st, 2010.

NOTE: *Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.*

DEFINITION

Cardiology is the medical subspecialty concerned with the prevention, diagnosis, management, and rehabilitation of patients with diseases of the cardiovascular system. A Cardiologist is a specialist who is an expert in the diagnosis and management of all aspects of cardiovascular disease.

GOALS

Upon completion of training, a resident is expected to be a competent specialist in Cardiology capable of assuming a consultant's role in the specialty. The resident must acquire a working knowledge of the theoretical basis of the specialty, including its foundations in the basic medical sciences and research.

Residents must demonstrate the requisite knowledge, skills, and behaviours for effective patient-centred care and service to a diverse population. In all aspects of specialist practice, the graduate must be able to address issues of gender, sexual orientation, age, culture, ethnicity and ethics in a professional manner.

CARDIOLOGY COMPETENCIES

At the completion of training, the resident will have acquired the following competencies and will function effectively as a:

Medical Expert

Definition:

As *Medical Experts*, Cardiologists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centred care. *Medical Expert* is the central physician Role in the CanMEDS framework.

Key and Enabling Competencies: Cardiologists are able to…

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care

1.1. Perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional

1.2. Demonstrate use of all CanMEDS competencies relevant to Cardiology

1.3. Identify and appropriately respond to relevant ethical issues arising in patient care

1.4. Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems

1.5. Demonstrate compassionate and patient-centred care

1.6. Recognize and respond to the ethical dimensions in medical decision-making

1.7. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed

2. Establish and maintain clinical knowledge, skills and behaviours appropriate to Cardiology

2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Cardiology, including:

2.1.1. Coronary Artery Disease

2.1.1.1. Normal coronary anatomy

2.1.1.2. Physiology of normal and abnormal coronary blood flow

2.1.1.3. Normal and abnormal endothelial function

2.1.1.4. Pathogenesis of atherosclerosis

2.1.1.5. Risk factors for atherosclerosis and their management

2.1.1.6. Pathophysiology of acute coronary syndromes

2.1.1.7. Non-atherosclerotic causes of ischemia and infarction

2.1.1.8. Diagnostic techniques for coronary disease, including their sensitivity and specificity

2.1.1.9. Pharmacology[1] of anti-ischemic, antiplatelet, anticoagulant, thrombolytic and lipid-lowering agents

2.1.1.10. Revascularization procedures: percutaneous coronary intervention (PCI) and coronary artery bypass graft (CABG), their indications, contraindications and benefits

2.1.1.11. Non-pharmacologic management of end-stage coronary artery disease

2.1.1.12. Sex differences important in the presentation, diagnosis and management of coronary artery disease

2.1.1.13. Ethnic differences important in the incidence of coronary artery disease

2.1.2. Valvular Heart Disease

2.1.2.1. Normal valve structure and function

2.1.2.2. Pathology of valvular disease

2.1.2.3. Pathophysiology and hemodynamics of valvular stenosis and regurgitation

2.1.2.4. Diagnostic techniques

2.1.2.5. Valve interventions: indications, including medical management, timing, contraindications, benefits and outcomes

2.1.2.6. Prosthetic valves: types, complications, natural history

2.1.3. Congenital Heart Disease

2.1.3.1. Basic cardiac embryology

2.1.3.2. Intracardiac shunting: hemodynamics, pathophysiologic effects

2.1.3.3. Congenital lesions in which natural survival to adulthood is likely and their potential complications

2.1.3.4. Congenital lesions in which post-operative survival to adulthood is likely and their potential complications

2.1.4. Congestive Heart Failure and Cardiomyopathies

2.1.4.1. Physiology of normal and abnormal ventricular systolic and diastolic function

2.1.4.2. Hemodynamic abnormalities in heart failure

2.1.4.3. Neurohormonal abnormalities in congestive heart failure

2.1.4.4. Ventricular remodeling

[1] Pharmacology refers to mechanisms of action, clinically relevant pharmacokinetics, indications, contraindications, and adverse effects.

- 2.1.4.5. Etiology, prognosis, and natural history of congestive heart failure
- 2.1.4.6. Pharmacology of medications commonly used in patients with congestive heart failure
- 2.1.4.7. Non-pharmacologic management options (e.g. resynchronization, surgery, devices)
- 2.1.4.8. Principles of transplantation

2.1.5. Hypertension

- 2.1.5.1. Definition of hypertension
- 2.1.5.2. Diagnosis of hypertension
- 2.1.5.3. Effect of hypertension on target organs
- 2.1.5.4. Effect of treatment on mortality and complications
- 2.1.5.5. Secondary causes: screening, diagnosis, and management
- 2.1.5.6. Pharmacology of antihypertensive agents

2.1.6. Pulmonary Vascular Disease

- 2.1.6.1. Normal pulmonary vascular physiology
- 2.1.6.2. Hemodynamics of pulmonary hypertension
- 2.1.6.3. Pharmacology of pulmonary vasodilator agents

2.1.7. Pericardial Disease

- 2.1.7.1. Normal pericardial anatomy and function
- 2.1.7.2. Effect of pericardial disease on cardiac hemodynamics and function
- 2.1.7.3. Pathology and etiology of pericardial diseases

2.1.8. Vascular Medicine

- 2.1.8.1. Cerebrovascular disease: etiology and risk factors, presentations, cardiac causes of stroke and transient ischemic attack (TIA), treatment options
- 2.1.8.2. Pathology and etiology of aortic disease
- 2.1.8.3. Peripheral vascular disease: risk factors, clinical presentations, treatment options

2.1.9. Acute Cardiac Care

- 2.1.9.1. Hemodynamics: normal and abnormal systemic and pulmonary flows, pressures, and resistances

2.1.9.2. Ventilation in patients with primary cardiac disease: indications, principles of management

2.1.9.3. Pharmacology of inotropes, vasopressors, vasodilators

2.1.9.4. Systemic and non-cardiac complications in the critically ill patient

2.1.9.5. Non-pharmacologic, mechanical support devices

2.1.9.6. Infections of the heart and cardiac vessels and devices

2.1.10. Electrophysiology

2.1.10.1. Normal cellular electrophysiology

2.1.10.2. Normal sinoatrial (SA) node, atrioventricular (AV) node, and conducting system function

2.1.10.3. Mechanisms of arrhythmogenesis

2.1.10.4. Mechanisms of conduction abnormalities

2.1.10.5. Pharmacology of antiarrhythmic agents

2.1.10.6. Implantable cardiac devices: techniques, indications, complications, and follow-up

2.1.10.7. Syncope

2.1.10.8. Invasive electrophysiology studies: indications, techniques, complications

2.1.10.9. Invasive ablative techniques for tachyarrhythmias: indications, complications

2.1.11. Pregnancy in Patients with Cardiovascular Disease

2.1.11.1. Normal cardiovascular physiologic changes in pregnancy and their effect in patients with heart disease

2.1.11.2. Use of cardiovascular drugs in pregnancy and the peripartum period

2.1.11.3. Assessment of the cardiac risks of pregnancy

2.1.11.4. Preconception genetic counseling with respect to cardiac disease

2.2. Describe the CanMEDS framework of competencies relevant to Cardiology

2.3. Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up to date, and enhance areas of professional competence

2.4. Integrate the available best evidence and best practices to enhance the quality of care and patient safety in Cardiology

3. Perform a complete and appropriate assessment of a cardiac patient

3.1. Identify and effectively explore issues to be addressed in a patient encounter, including the patient's context and preferences

3.2. Elicit a history that is relevant, concise, and accurate to context and preferences, for the purposes of diagnosis, management, health promotion, and disease prevention

3.3. Perform a focused physical examination that is relevant and accurate, for the purposes of diagnosis, management, health promotion, and disease prevention

3.4. Select medically appropriate investigative methods in a resource-effective and ethical manner

3.5. Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans

3.6. Assess patients for cardiac manifestations of non-cardiac disease

3.7. Perform cardiac assessment of patients undergoing non cardiac surgery

4. Use preventive and therapeutic interventions effectively

4.1. Implement a management plan in collaboration with a patient and the patient's family

4.2. Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to Cardiology

4.3. Obtain appropriate informed consent for therapies

4.4. Ensure patients receive appropriate end-of-life care

5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic

5.1. Demonstrate effective, appropriate, and timely interpretation, application of results and technical performance of the following diagnostic and therapeutic procedures:

5.1.1. Clinical Electrophysiology

5.1.1.1. Electrocardiography

5.1.1.2. Exercise (stress) testing

5.1.1.3. Ambulatory monitors (Holter and loop recorders)

5.1.2. Echocardiography (M-mode, 2D, and Doppler)

5.1.2.1. Transthoracic

5.1.3. Cardiac Catheterization

5.1.3.1. Right heart catheterization and hemodynamics

5.1.4. Therapeutic Procedures

5.1.4.1. Temporary transvenous pacemakers

5.1.4.2. DC cardioversion and defibrillation

5.1.4.3. Pericardiocentesis

5.2. Demonstrate effective, appropriate, and timely interpretation and application of results of the following diagnostic and therapeutic procedures:

5.2.1. Clinical Electrophysiology

5.2.1.1. Permanent pacemakers and implanted devices

5.2.2. Echocardiography

5.2.2.1. Transesophageal

5.2.2.2. Stress

5.2.3. Nuclear Cardiology Imaging

5.2.3.1. Rest and stress perfusion imaging and radionuclide angiography

5.2.4. Cardiac Catheterization

5.2.4.1. Left heart catheterization and hemodynamics

5.2.4.2. Angiography and coronary arteriography

5.2.5. Other Cardiac Imaging Modalities

5.2.5.1. Chest X-ray

5.2.6. Therapeutic Procedures

5.2.6.1. Intra-aortic balloon counterpulsation

5.3. Demonstrate effective, appropriate and timely application of results of the following diagnostic and therapeutic procedures:

5.3.1. Other Cardiac Imaging Modalities

5.3.1.1. Positron Emission Tomography (PET)

5.3.1.2. Computed Tomography (CT)

5.3.1.3. Magnetic Resonance Imaging (MRI)

5.3.2. Therapeutic Procedures

5.3.2.1. Percutaneous cardiac interventions

5.3.2.2. Invasive electrophysiology studies

5.4. Obtain appropriate informed consent for procedures

5.5. Document and disseminate information related to procedures performed and their outcomes

5.6. Ensure adequate followup is arranged for procedures performed

6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

6.1. Demonstrate insight into their own limitations of expertise

6.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care

6.3. Arrange appropriate followup care services for patients and their families/caregivers

Communicator

Definition:

As *Communicators*, Cardiologists effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Key and Enabling Competencies: Cardiologists are able to…

1. Develop rapport, trust, and ethical therapeutic relationships with patients and families

1.1. Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence, and improved clinical outcomes

1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty, and empathy

1.3. Respect patient privacy, confidentiality, and autonomy

1.4. Listen effectively

1.5. Be aware of and responsive to nonverbal cues

1.6. Facilitate a structured clinical encounter effectively

2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals

2.1. Gather information about a disease and about a patient's beliefs, concerns, expectations, and illness experience

2.2. Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers and other professionals, while respecting individual privacy and confidentiality

3. Convey relevant information and explanations accurately to patients and families, colleagues, and other professionals

3.1. Deliver information to a patient and family, colleagues, and other professionals in a humane manner and in such a way that it is understandable and encourages discussion and participation in decision-making

4. Develop a common understanding on issues, problems, and plans with patients, families, and other professionals to develop a shared plan of care

4.1. Identify and effectively explore problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences

4.2. Respect diversity and differences, including but not limited to the impact of gender, religion, and cultural beliefs on decision-making and ability to comply with a therapeutic program

4.3. Encourage discussion, questions, and interaction in the encounter

4.4. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care

4.5. Address challenging communication issues effectively, including but not limited to obtaining informed consent, delivering bad news, and addressing anger, confusion and misunderstanding

5. Convey effective oral and written information about a medical encounter

5.1. Maintain clear, concise, accurate, and appropriate records of clinical encounters and plans

5.2. Present oral reports of clinical encounters and plans

5.3. Convey medical information appropriately to ensure safe transfer of care

6. Present medical information to the public or media about a Cardiology-related medical issue

Collaborator

Definition:

As *Collaborators*, Cardiologists effectively work within a health care team to achieve optimal patient care.

Key and Enabling Competencies: Cardiologists are able to...

1. Participate effectively and appropriately in an interprofessional health care team

1.1. Describe the specialist's roles and responsibilities to other professionals

1.2. Describe the roles and responsibilities of other professionals within the health care team

1.3. Recognize and respect the diverse roles, responsibilities, and competencies of other professionals in relation to their own

1.4. Work with others to assess, plan, provide, and integrate care for individuals and groups of patients

1.5. Work collaboratively in other activities and tasks; examples are research, educational work, program review, and/or administrative responsibilities

1.6. Participate in interprofessional team meetings

1.7. Enter into interdependent relationships with other professions for the provision of quality care

1.8. Describe the principles of team dynamics

1.9. Respect team ethics, including confidentiality, resource allocation, and professionalism

1.10. Demonstrate leadership in a health care team, as appropriate

2. Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict

2.1. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team

2.2. Work with other professionals to prevent conflicts

2.3. Respect differences and the scopes of practice of other professions

2.4. Reflect on their own differences, misunderstandings, and limitations that may contribute to interprofessional tension

2.5. Reflect on interprofessional team function

2.6. Employ collaborative negotiation to resolve conflicts and address misunderstandings

Manager

Definition:

As *Managers*, Cardiologists are integral participants in health care organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system.

Key and Enabling Competencies: Cardiologists are able to…

1. Participate in activities that contribute to the effectiveness of their health care organizations and systems

1.1. Work collaboratively with others in their organizations

1.2. Participate in systemic quality process evaluation and improvement, including patient safety initiatives

1.3. Describe the structure and function of the health care system as it relates to Cardiology, including the roles of physicians

   1.3.1. Describe the advantages and disadvantages of cardiac care in a variety of settings, including hospitals, ambulatory care clinics, offices, homecare, and chronic care and rehabilitation facilities

1.4. Describe principles of health care financing as it relates to Cardiology, including physician remuneration, budgeting, and organizational funding

2. Manage their practice and career effectively

2.1. Set priorities and manage time to balance patient care, practice requirements, outside activities, and personal life

2.2. Manage a Cardiology practice, including finances and human resources

2.3. Implement processes to ensure personal practice improvement

2.4. Employ information technology appropriately for patient care

3. Allocate finite cardiac care resources appropriately

3.1. Demonstrate an understanding of the importance of just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care

3.2. Apply evidence and management processes for cost-appropriate care

4. Serve in administration and leadership roles

4.1. Chair or participate effectively in committees and meetings

4.2. Lead or implement change in health care

4.3. Plan relevant elements of health care delivery (e.g., work schedules)

Health Advocate

Definition:

As *Health Advocates*, Cardiologists responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Key and Enabling Competencies: Cardiologists are able to...

1. Respond to individual patient health needs and issues as part of patient care

1.1. Identify the health needs of an individual patient

1.2. Identify opportunities for advocacy, health promotion, and disease prevention with individuals to whom they provide care

1.3. Demonstrate an appreciation of the possibility of competing interests between individual advocacy issues and the community at large

2. Respond to the health needs of the communities that they serve

2.1. Describe the practice communities that they serve

2.2. Identify opportunities for advocacy, health promotion, and disease prevention in the communities that are at risk for cardiovascular disease and its complications

2.2.1. Apply knowledge of primary and secondary prevention of cardiovascular disease

2.3. Demonstrate an appreciation of the possibility of competing interests between the communities served and other populations

3. Identify the determinants of health for the populations that they serve

3.1. Identify the biologic, psychosocial, environmental, and economic determinants of health of the population, including barriers to access to care and resources

3.1.1. Utilize this information in a management and prevention plan, and ensure access to appropriate health and social services in the management of individual patients

3.2. Identify vulnerable or marginalized populations within those served and respond appropriately

4. Promote the health of individual patients, communities, and populations

4.1. Describe an approach to implementing a change in a determinant of health of the populations they serve

4.2. Describe how public policy impacts on the cardiovascular health of the populations served

4.3. Identify points of influence in the health care system and its structure

4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity, and idealism

4.5. Demonstrate an appreciation of the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper

4.6. Describe the role of the medical profession in advocating collectively for health and patient safety

Scholar

Definition:

As *Scholars*, Cardiologists demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

Key and Enabling Competencies: Cardiologists are able to…

1. Maintain and enhance professional activities through ongoing learning

- 1.1. Describe the principles of maintenance of competence
- 1.2. Describe the principles and strategies for implementing a personal knowledge management system
- 1.3. Recognize and reflect on learning issues in practice
- 1.4. Conduct personal practice audits
- 1.5. Pose an appropriate learning question
- 1.6. Access and interpret the relevant evidence
- 1.7. Integrate new learning into practice
- 1.8. Evaluate the impact of any change in practice
- 1.9. Document the learning process

2. Critically evaluate medical information and its sources and apply this appropriately to practice decisions

- 2.1. Describe the principles of critical appraisal
- 2.2. Critically appraise retrieved evidence in order to address a clinical question
- 2.3. Integrate critical appraisal conclusions into clinical care

3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate

- 3.1. Describe principles of learning relevant to medical education
- 3.2. Identify collaboratively the learning needs and desired learning outcomes of others
- 3.3. Select effective teaching strategies and content to facilitate others' learning
- 3.4. Deliver effective lectures or presentations
- 3.5. Assess and reflect on a teaching encounter
- 3.6. Provide effective feedback
- 3.7. Describe the principles of ethics with respect to teaching

4. Contribute to the development, dissemination, and translation of new knowledge and practices

4.1. Describe the principles of research and scholarly inquiry

4.2. Describe the principles of research ethics

4.3. Pose a scholarly question

4.4. Conduct a systematic search for evidence

4.5. Select and apply appropriate methods to address the question

4.6. Disseminate the findings of a study by presentation or publication

Professional

Definition:

As *Professionals*, Cardiologists are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Key and Enabling Competencies: Cardiologists are able to…

1. Demonstrate a commitment to their patients, profession, and society through ethical practice

1.1. Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect, and altruism

1.1.1. Understand the nature of professional interpersonal relationships and boundaries with patients, co-workers, and students

1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence

1.3. Recognize and appropriately respond to ethical issues encountered in practice

1.4. Identify, declare, and manage perceived, potential, and actual conflicts of interest

1.5. Recognize the principles and limits of patient privacy and confidentiality, as defined by the law and professional practice standards

1.6. Maintain appropriate boundaries with patients

2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation

2.1. Demonstrate knowledge and understanding of professional, legal, and ethical codes of practice

2.2. Fulfil the regulatory and legal obligations required of current practice

2.3. Demonstrate accountability to professional regulatory bodies

2.4. Recognize and respond to others' unprofessional behaviours in practice

2.5. Participate in peer review

3. Demonstrate a commitment to physician health and sustainable practice

3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice

3.2. Strive to heighten personal and professional awareness and insight

3.3. Recognize other professionals in need and respond appropriately

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