

Case of the Week- ECG Interpretation Skills for Medical Students

**Curriculum Retreat
September 25, 2010**

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Web-based Learning in Cardiology

http://facs.med.cuhk.edu.hk/site/2010/ecgcardi/Theme_ECG.asp

3 Projects ongoing:-

- ECG Weekly (2-year cycle/ 42 ECG in 1 yr)
- Case of the Month (Scenario-based MCQ)
- Cardiac Murmurs (in process)

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- **ECG Weekly** (*2-year cycle/ 42 ECG in 1 yr*)
 - Simple one-sentence background Hx
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 - Train students sequence of interpreting ECG
 - **Ultimately ECG is a pattern recognition**
 - Explanations of answers

74 Y.O.MAN WITH HISTORY OF HT, COMPLAINED PALPITATIONS.

What's the Dx?
(Please select no more than 6 options.)

Normal

☐ Normal ECG

Axis

- ☐ Normal
☐ Right axis deviation (RAD)
☐ Left axis deviation (LAD)
☐ Undetermined

Intraventricular Conduction Abnormalities

- ☐ Right bundle branch block (RBBB) ☐ Complete ☐ Incomplete
☐ Left bundle branch block (LBBB) ☐ Complete ☐ Incomplete
☐ Left anterior fascicular block (LAFB)
☐ Left posterior fascicular block (LPFB)
☐ Bifascicular block (RBBB+LAFB)
☐ Non-specific intraventricular block
☐ Low ECG Voltage

ST and T Abnormalities

- ☐ Non-specific ST abnormality
☐ Pericarditis

Chamber Enlargements

- ☐ Left ventricular hypertrophy (LVH) ☐ With ☐ W/o strain pattern
☐ Right ventricular hypertrophy (RVH) ☐ With ☐ W/o strain pattern
☐ Left atrial enlargement (LAE)
☐ Right atrial enlargement (RAE)

Ischemia and Infarction

- ☐ Ischemia with ST and T abnormalities (in stable angina and NSTEMI)

Anterior ST-elevation MI

- ☐ Anterior MI ☐ Acute ☐ Old
☐ Anteroseptal MI ☐ Acute ☐ Old

Inferior ST-elevation MI

- ☐ Inferior MI ☐ Acute ☐ Old
☐ Acute inferior-posterior MI ☐ With ☐ W/o RV involvement

Arrhythmias

- ☐ Sinus bradycardia
☐ Sinus tachycardia
☐ Premature Atrial Contraction (PAC)
☐ Premature Ventricular Contraction (PVC)
☐ Atrial Fibrillation
☐ Atrial Fibrillation (slow ventricular response)
☐ Atrial Flutter with 2:1 block
☐ Atrial Flutter with variable AV block
☐ Multifocal atrial tachycardia

- ☐ AV Block 1st degree
☐ AV Block 2nd degree (2:1)
☐ AV Block 2nd degree (Mobitz I)
☐ AV Block 2nd degree (Mobitz II)
☐ Complete Heart Block (CHB)

- ☐ Supraventricular tachycardia
☐ Wolff-Parkinson-White (WPW) (Pre-excitation syndrome)

- ☐ Ventricular tachycardia (VT)
☐ Ventricular fibrillation (VF)

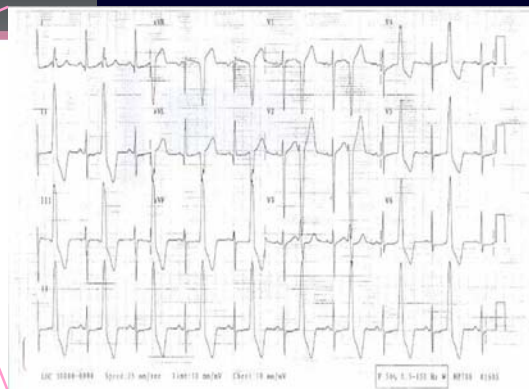
Digitalis

- ☐ Digitalis effect

Electrolyte Abnormalities

- ☐ Hypokalemia
☐ Hyperkalemia

Submit



ECG Weeks 2010 - Mozilla Firefox

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http://facs.med.cuhk.edu.hk/site/2010/ecgcard/

ECG Weekly Case 2010

CARDIOLOGY ECG

Weekly Case #7 [login by ECG_Student]

CASE ANSWER

Axis Normal
 Left ventricular hypertrophy (LVH) with strain pattern
 Premature Ventricular Contraction (PVC)

Your feedback for this question is

Submit

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 Address: Room 103E, Staff Quarter A, Prince of Wales Hospital, Shatin, Hong Kong
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ecg_facs_ans6_1_76893420.JPG (JPEG...)

- Ventricular bigeminy with monomorphic ventricular premature beats
- Normal sinus beats: also LVH by voltage criteria:

Cornell criteria:

- R wave in aVL + S wave in V3
- > 24 mm (males) or > 20 mm (females)

Other voltage criteria (Precordial leads). Any of the followings:

- R wave in V5 or V6 + S wave in V1 > 35 mm in adults > 30 years (40 mm in 20-30 y.o.; 60 mm in 16-20 y.o.)
- Max R + deepest S waves in precordial leads > 45 mm,
- R wave amplitude in V5 > 26 mm, or V6 > 20 mm

Other voltage criteria (Limb leads). Any of the followings:

- R wave in lead I + S wave in lead II ≥ 26 mm, or
- R wave amplitude in lead I ≥ 14mm, or
- R wave amplitude in aVL ≥ 12mm (highly specific but insensitive finding), or
- R wave amplitude in aVF ≥ 21mm, or
- S wave amplitude in aVR ≥ 15mm

In our case, R wave in aVL + S wave in V3 > 24 mm (males) & R wave amplitude in aVL ≥ 12mm.

Remember the voltage criteria (Precordial leads) using R wave in V5 or V6 + S wave in V1 > 35 mm in adults is most often used and asked in medical students.

Do not try hard to remember all the above criteria (Unlikely asked in Final MB except the above one highlighted)

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To be done this year....

- 10-15 essential ECGs mini-test before Final MB
- Collect separate ECG scores from Final MB to assess any outcome improvement

Case of the Month (*Scenario-based MCQ*)

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- Prior reading of supplementary notes for important Cardiology topics before MCQs

Aims:-

- To bridge gaps not covered in formal lectures
- To reinforce knowledge already learnt
- Possibly stimulate self-thinking & discussion in later small group tutorials
- Each MCQ followed by Explanations

PLEASE READ THIS BEFORE START

There are 5 cases in this section.

You **MUST** first download and read two PDF documents on the right.

Document 1: ACC-AHA 2009 CHF Guideline Summary

Document 2: Top Ten Points_The 2009 focused update to ACC-AHA CHF Guidelines

[Document 1.pdf](#)
[Document 2.pdf](#)



Document 1 - Shortcut.Ink



Document 2 - Shortcut.Ink

Then, you can proceed this 1.5 HOURS test.

We only count the first attempted answer to every question in each case.

If you think you are ready, click the Continue button and begin.

Continue

Cardiac Murmurs (in process)

<http://www.thinklabsmedical.com/stethoscope-app.html>

Two parts of the project

- Heart Sound Library (thinklabsmedical)
- Self Record, Play and Share by students

Sounds captured by iPod/Phone, PC, Mac

Goal: Student self-built learning platform

Web-link to reference library site

Free phonocardiography software for PC/Mac

Record/Play, Display, Annotate, Edit, Analyze

Further extension to Lung or other sounds?

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Thank you

Further Comments Most Welcome

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