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COMMENTARY

Cardiovascular Guidelines, Board Review Questions and Cardiovascular Trainees

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When thinking about this topic, two areas of concern come easily to mind. One is the notion that cardiovascular trainees have about guidelines and their application to all patients. The second area of concern is their belief that conferences that utilize board review questions are the best way to pass the certification examination (ABIM).

Guidelines

According to Google the definition of a guideline is a "general rule, principal, or piece of advice". Synonyms include "recommendation, instruction, direction, suggestion, regulation, rule, guiding principle. According to Wikipedia a guideline is "never mandatory" and guidelines are "not binding and are not enforced".

Guidelines are generally written based on clinical trial data (science) and consensus opinion (not necessarily science). Clinical trial data often do not include the patient with multi system disease or comorbid disease. e.g. lung, kidney, liver or brain disease. Some patients may have contraindications to the agent tested in the clinical trials and thus are not evaluated in the clinical trials.

At the present time guidelines are available, (written by professional societies) in the USA,(ACC/AHA) Europe, (ESC) Canada (CCVS) and probably many other professional societies. e.g. China, Japan, Australia, etc. Guidelines are developed by guideline writers with knowledge of the literature, clinical experience and hopefully common sense.

If one reads these guidelines, at least, those published by the three professional societies, mentioned above, one finds out that they are not uniform. Admittedly the differences are not major, but differences do exist. I am not sure why that is the case, despite the fact that the expertise and clinical experience of the guideline writers is similar.

Obviously physicians need guiding principles to practice first rate cardiology. Unfortunately, many patients of various populations are not the same. Medical care is an individual thing and not necessarily population-based, but guidelines are population based. Thus, they do not necessarily apply to the individual patient taken care of by the cardiovascular physician.

Not all patients receive guideline recommended therapy for number reasons including:

1. A physician may not be aware of the guideline or therapy recommended.
2. a drug or therapy is contra indicated.
3. patient refuses the medication or therapy.
4. the patient does not meet the entry criteria for the clinical trials upon which the guideline is based.

Another point that needs emphasis and seems to be forgotten by guideline users is that guidelines are not fixed and stable but rather are fluid and changing. Guidelines written several years ago may not apply to what is known in 2016. In my opinion that is why they are constantly being updated.

My advice to guideline writers is to keep the guidelines simple. Physicians (both trainees and senior cardiologists, including me) do not need to be confused by reviews and meta-analyses that attempt

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to put together data from trials in which patients may have different entry and exclusion criteria.

It is not and should not be considered poor practice or at worst, malpractice, if guidelines are not followed in every patient. There maybe many circumstances in which the "guideline" does not apply to the individual patient.

Guideline writers should not try to rewrite the textbooks but rather add important timely new information in a simple format. We physicians certainly need advice and guiding principles on how to practice medicine; but we must remember that there are no generic patients and Guidelines are just that "Guidelines".

Board Review Questions

If cardiovascular fellow trainees are asked what they like most about clinical cardiovascular conferences, it seems that board review questions are at the top of the heap.

One of the goals of all fellow trainees is to attain ABIM certification in cardiovascular medicine. I agree with that goal. However, passing the ABIM board examination is nothing more than attaining a merit badge. Attaining that merit badge does not guarantee that the cardiovascular fellow will practice high-quality cardiology. However, it is a stepping stone to another merit badge i.e. fellowship (FACC) in our only professional society, the American College of Cardiology.

Many "courses" are given, either online or in person, for a significant amount of money, often ensuring the applicant that "question based learning" is relevant to the ABIM examination and case based review questions are written in the same format as the ABIM Cardiovascular boards. In addition, they point out that the faculty is experienced in teaching CV Board preparation. Many (not all) will also include a refund if the applicant fails the exam.

I cannot argue the point that learning many aspects of cardiology with board type examination questions is bad for the trainee. However, I still believe that the best way to attain appropriate learning of cardiovascular medicine is to actively participate in a "good" training program. A good training program mandates that the trainee develops appropriate skills through study of the literature, intuition, observation and "on the job" experience as well as being exposed to some notion of what to expect on the board exam. i.e. Board Review questions.

The cardiovascular training program and its faculty has the major responsibility to ensure appropriate performance of the trainee during the fellowship. This responsibility indicates that the trainee is eligible to sit for the Cardiovascular board exam but more importantly, to practice high quality cardiovascular medicine.