Welcome to the Special Programs of Medicus of Houston!

All our programs are based on our premier product, the ***Advanced ECG Interpretation Boot Camp***. Here is how we can

1) improve your ECG interpretation skills and those of your colleagues,
2) improve the quality of care in your institution and
3) reduce your liability exposure:

General Quality Improvement

Groups of every kind can benefit from an improvement in the ECG interpretation skills of their individual members: ***internal medicine, hospitalists, critical care, emergency medicine, anesthesiology, pulmonology, family practice, pediatrics, geriatrics, sports medicine*** and others. The 12-lead ECG is one of the most frequently ordered tests in today's medical environment. Unfortunately, the interpretation of the vast majority of

these ECGs is based strictly on the ECG machine interpretation – *widely known to be dangerously inaccurate and/or incomplete!* There are many instances of over-reading and under-reading by these machines leading to unnecessary testing and treatment or failure to render appropriate treatment on a timely basis.

Any physician or other primary healthcare provider who orders an ECG on a patient is responsible for the interpretation of that ECG - *then and there!* Should a physician, for instance, order a routine ECG for a yearly physical – expecting a cardiologist to submit an interpretation in a couple of days – and that ECG shows something that represents an imminent threat to the patient – the ordering physician will be held responsible for the ***timely interpretation of that ECG and the recognition of the problem***.

The most common cause cited in medical malpractice litigation is failure to treat. And one of the most common causes of failure to treat goes back to *failure to properly interpret a 12-lead ECG!*

As an emergency physician, I observed many of my colleagues become involved in litigation for failure to recognize an acute myocardial infarction on a 12-lead ECG. In many instances, I was asked to review the ECG after the fact and *in virtually every case the diagnosis could have been made based on that one ECG*. In some cases, the acute infarct was blatantly obvious and in others it was more subtle – but would have been nonetheless recognizable to anyone having taken the ***Advanced ECG Interpretation Boot Camp***. And all these physicians considered themselves "good" at ECG interpretation.

> **"...as determined by independent reviewers, 49% of the missed myocardial infarctions could have been diagnosed through improved ECG-reading skills…"**
>
> S. Atar, MD A Barbagelata, MD Y. Birnbaum, MD
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> Cardiology Clinics 24 (2006)

This leads to another theme I have encountered again and again – the gross overestimation of one's ability to interpret an ECG. *Reading* an ECG and *interpreting* an ECG are two very different processes. Reading involves the recognition of a finding on the ECG – a first degree AV block, a left axis deviation and a right bundle branch block. These findings are all taught in beginners' classes. But the beginners' classes (and books and online courses) only teach the student to *recognize* a pattern. A physician who only *reads* ECGs would likely recognize the first degree AV block, the left axis deviation and the right

bundle branch block. But only a physician who can *interpret* ECGs would have realized that just a single, diseased fascicle in the left ventricle is all that stands between the patient and complete heart block or even a *sudden, total asystole!*

At Medicus of Houston, we begin with the assumption that each participant can *read* a 12-lead ECG or rhythm strip. But we take them further… much, much further!

To Medicus of Houston, you are not an audience… *you are a participant!*