

1: Physician "€" Cardiology Jobs at PracticeLink

Protecting the Heart of the American Athlete: Proceedings of the American College of Cardiology Sports and Exercise Cardiology Think Tank JACC | PDF Update on the American Board of Internal Medicine Maintenance of Certification Program: A Report of the American College of Cardiology's Educational Quality Review Board.

Society for Journal of Practice of Cardiovascular Sciences The objectives for which this society is established are: To educate medical professionals on the diseases of the heart. The primary objective will be achieved by creating a journal called the Journal of Practice of Cardiovascular Sciences. To conduct public awareness programs for promoting education and awareness of the general public for early detection and management of Heart diseases all over India. To encourage and promote the welfare of patients with heart diseases and other diseases affecting the heart. To promote scientific collaboration among its members and make guidelines regarding standards for their professional conduct. To promote heart disease interventions. To organize conferences, lectures, scientific meetings, seminars, exhibitions on heart disease and to publish journals and newsletters or other publication on heart disease which the society desirable to achieve and promote the objectives of the society. To encourage basic and clinical scientists to collaborate with each other in combating heart disease. To raise the standards of cardiovascular teaching and writing through the journal started by the society. About the Journal Journal of the Practice of Cardiovascular Sciences, a publication of Society for Journal of Practice of Cardiovascular Sciences, is a peer-reviewed online journal with 3 Issues print on demand compilation of issues published. Abstracting and Indexing Information The journal is registered with the following abstracting partners: For a summary of our specific policies regarding duplicate publication, conflicts of interest, patient consent, etc. Portico is a leading digital preservation service worldwide. The content is preserved as an archival version and is not publically accessible via Portico, but is provided when required under specific conditions, such as discontinuation of the collection or catastrophic failure of the website. CLOCKSS will enable any library to maintain their own archive of content from Wolters Kluwer Medknow and other publishers, with minimal technical effort and using cheaply available hardware. Ahead of Print policy Articles published online under the Ahead of Print model are considered published and can be cited and quoted using the DOI as the reference source. Wolters Kluwer Medknow has a policy that changes will not be made after publication of an article without following accepted procedures for making corrections to the scientific record. Advertisements While advertisements are crucial to this journal to be able to keep all content free for everyone, ethical considerations are in place to ensure the integrity of the journal and its content: The advertiser has no control or input over the pages where their ads appear. The Editorial Board has full and final approval over the content of all advertisements. Advertisers will never be shown any manuscripts or other content prior to publication. Scope of the journal The journal is a journal for Residents and PhD scholars. It is a Teaching journal which will reflect the teaching patterns of AIIMS and similar institutions with bedside clinics, seminars, journal reviews, statistical discussions, quizzes and many other interesting ways to learn cardiovascular sciences. Basic science will be reflected by articles from laboratory medicine, genetics and molecular cardiology with our partner institutes like Jawahar Lal Nehru University, IGIB, Delhi University and many others. There is a Fellows Forum to encourage writing by the trainees. The journal will cover technical and clinical studies related to health, ethical and social issues in the field of Cardiovascular sciences, Cardiology, Cardiac surgery, Cardiac radiology, Cardiac anesthesia, Molecular cardiology, cardiovascular pharmacology, cardiovascular physiology and cardiac pathology. Basic science reports will be encouraged. Bedside Medicine Case Discussions and Clinical topics discussed. Lab Science Elaboration of specific techniques briefly e. My Approach Expert opinion on specific issues in pages. Short reviews pages or case reports or brief study reports Case Reports.

2: Interventional Cardiology: Principles and Practice - Google Books

Dear Editor, MY fellow alumnus of the University of Guyana, now residing in the UK, Dr Mark Devonish, has recently advanced some very apposite points about cardiologists and the practice of cardiology in Guyana.

Email addresses Abstract The manuscript should contain an abstract. The abstract should be self-contained, citation-free, and should not exceed words. Introduction This section should be succinct, with no subheadings. Materials and Methods The methods section should provide enough detail for others to be able to replicate the study. If you have more than one method, use subsections with relevant headings, e. Hindawi journals have no space restriction on methods. Detailed descriptions of the methods including protocols or project descriptions and algorithms may also be uploaded as supplementary information or a previous publication that gives more details may be cited. If the method from a previous article is used then this article must be cited and discussed. If wording is reused from a published article then this must be noted, e. This study uses the method of Smith et al. We encourage authors describing any methodology, in particular laboratory-based experiments in the life sciences but also computational and bioinformatics protocols, to upload details of their methods to protocols. This is an Open Access website that allows researchers to record their methods in a structured way, obtain a DOI to allow easy citation of the protocol, collaborate with selected colleagues, share their protocol privately for journal peer review , and choose to make it publicly available. Once published, the protocol can be updated and cited in other articles. You can make your protocol public before publication of your article if you choose, which will not harm the peer-review process of your article and may allow you to get comments about your methods to adapt or improve them before you submit your article see also the protocols. Protocols in the Clinical Sciences. We encourage authors of clinical trials and other clinical studies to upload the detailed plan of their study that was approved by the ethics committee as supplementary materials. If there is a published version of the protocol, this should also be cited in the methods section. Results and Discussion This section may be divided into subsections or may be combined. Main Text Review only This section may be divided into subsections or may be combined. Conclusions This should clearly explain the main conclusions of the article, highlighting its importance and relevance. Data Availability excluding Review articles This statement should describe how readers can access the data supporting the conclusions of the study and clearly outline the reasons why unavailable data cannot be released. For guidance on composing a Data Availability statement, including template examples, please see here. Conflicts of Interest Authors must declare all relevant interests that could be perceived as conflicting. Authors should explain why each interest may represent a conflict. If no conflicts exist, the authors should state this. Submitting authors are responsible for coauthors declaring their interests. Funding Statement Authors must state how the research and publication of their article was funded, by naming financially supporting body s written out in full followed by associated grant number s in square brackets if applicable , for example: If the research did not receive specific funding, but was performed as part of the employment of the authors, please name this employer. If the funder was involved in the manuscript writing, editing, approval, or decision to publish, please declare this. Acknowledgments All acknowledgments if any should be included at the very end of the manuscript before the references. Anyone who made a contribution to the research or manuscript, but who is not a listed author, should be acknowledged with their permission. References Authors may submit their references in any style. If accepted, these will be reformatted in Chicago style by Hindawi. Authors are responsible for ensuring that the information in each reference is complete and accurate. All references should be numbered consecutively in the order of their first citation. Citations of references in the text should be identified using numbers in square brackets e. All references should be cited within the text and uncited references will be removed. Preparation of Figures Upon submission of an article, authors should include all figures and tables in the PDF file of the manuscript. Figures and tables should not be submitted in separate files. If the article is accepted, authors will be asked to provide the source files of the figures. Each figure should be supplied in a separate electronic file. All figures should be cited in the manuscript in a consecutive order. Bitmap images should be of dpi resolution at least unless the resolution is intentionally set to a lower level for scientific reasons. If a bitmap image has labels, the

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3: European Society of Cardiology

Keep up to date From the ESC Council for Cardiology Practice. Original articles on the diagnosis and management of cardiovascular disease for cardiologists and healthcare professionals.

Additional factors that may aid in individual risk assessment may be identified in the future. Please contact journalpermissions.lww. For persons with clinical ASCVD in whom high-intensity statin therapy is contraindicated but would otherwise be used, or in persons with characteristics predisposing to statin-associated adverse effects, moderate-intensity statins should be the second option, if tolerated. When initiating moderate- or high-intensity statin therapy in persons older than 75 years who have clinical ASCVD, it is reasonable to evaluate for potential risk-reduction benefits, adverse effects, and drug-drug interactions. Patient preferences should also be considered. Continuation of statin therapy is reasonable in persons who tolerate it. Persons 21 years or older who have LDL-C levels of mg per dL or greater should be treated with statin therapy. High-intensity statins should be used unless contraindicated. If high-intensity statins are not tolerated, the maximum tolerated intensity should be used. When maximum intensity of statin therapy is reached, a nonstatin may be added to further reduce LDL-C levels. Potential benefits, adverse events, drug-drug interactions, and patient preferences should be considered. In those with 7. In persons younger than 40 years or older than 75 years, potential benefits, adverse events, drug-drug interactions, and patient preferences should be considered when deciding to initiate, continue, or intensify statin therapy. Before initiating statin therapy, it is reasonable for clinicians and patients to engage in a discussion about the potential for ASCVD risk-reduction benefits, adverse events, drug-drug interactions, and patient preferences. Persons with LDL-C less than mg per dL who do not fall into a statin benefit group or for whom risk-based treatment is uncertain, other factors may be used to inform treatment decision making. Statin therapy may be considered after evaluating for potential benefits, adverse events, drug-drug interactions, and patient preferences. Yes Literature search described? Yes Guideline developed by participants without relevant financial ties to industry? Get immediate access, anytime, anywhere. Choose a single article, issue, or full-access subscription. Earn up to 6 CME credits per issue.

4: Cardiology Research and Practice – An Open Access Journal

Several scientific societies have recently developed position papers, expert consensus articles, and guidelines for clinical practice in the field of cardio-oncology. Nevertheless, most of them represent the position of only one specialty, whether it is oncology/hematology or cardiology.

5: The practice of cardiology in Guyana - Guyana Chronicle

Journal of the Practice of Cardiovascular Sciences, a publication of Society for Journal of Practice of Cardiovascular Sciences, is a peer-reviewed online journal with 3 Issues print on demand compilation of issues published.

6: Journal of the Practice of Cardiovascular Sciences : About us

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7: Advanced Cardiology Practice – Just another WordPress site

*The Practice of cardiology: The medical and surgical cardiac units at the Massachusetts General Hospital [Robert Arnold;Haber, Edgar;Austen, W. Gerald;Massachusetts General Hospital Johnson] on www.enganchecubano.com *FREE* shipping on qualifying offers.*

8: E-Journal of Cardiology Practice

ESC Clinical Practice Guidelines in the GECEP context, introduced by Stephan Windecker. The European Society of Cardiology (ESC) regularly develops up-to-date evidence-based knowledge on the diagnosis, prevention and treatment of cardiovascular diseases.

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