

SCT Newsletter



June-July 2012

Hello, welcome to July's Newsletter.

The Cardiac Society (CSANZ) annual scientific meeting has been a great success with highly informative presentations from leading experts within the field of Cardiology. The subjects and cases presented reflect the variation and complexity seen within the area in which we work.

Thank you to the SCT members who received funding to attend the CSANZ, offering us an overview of the presentations they found of most interest. We have received conference reports from Emma Guglietta of Southland hospital, Angela Morgan of Wellington hospital, Jackie Sutherland and Sarah Webby of Christchurch hospital. Both the MTEX students presented excellent case studies to this forum.

To those who attended the Trainers Symposium and the Allied SCT-CSANZ Educational Symposium, we hope that you found these instructive. We would certainly appreciate your feedback to assess and continue to tailor the courses for future meetings, please see attached forms.

We hope that everyone who took part and attended the meeting found the conference informative and enjoyable. Thank you to everyone who attended and organised the event.

For available physiologist vacancies please see below for details.

This issue of the Newsletter includes –

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1) Fees Pay them Please

To those who have not yet paid the membership subscription. An email has been sent reminding that if you defaulted on 27th June you have been given 30 days to pay from this date before removal from the membership database.

2) Evaluation Forms – Trainers and Allied symposiums

For those that attended the Trainers Symposium on the Thursday and the Friday morning Allied symposium, so that we can get feedback on the content, and make improvements for next year. Please print the documents out and fax back to SCT.



Trainers Symposium Evaluation Form.doc



Allied Symposium Evaluation Form.doc

3) Conference Report CSANZ 2012

Jackie Sutherland - Christchurch hospital

I have a complaint! A good conference is one when there is a session that has nothing of interest and you have time to shop. At this conference this was not the case – no shopping time, every session had something.

Friday I attended the SCT & MTEX symposium. The two trainees, while outside their comfort zone, presented their subjects well.

Following those talks I switched to interventional group session.

I have an interest in IVUS and VH so the talk by Simon Dixon looked to be a great one for me to hear. Unfortunately Dr Dixon decided not to cover IVUS to any degree, disappointing but still of some interest.

The presentation by Dr Ormiston on bioabsorbable scaffolds was of particular interest as we have done some of the trial work with these scaffolds in our Lab, it is great to observe some of the bigger picture.

After lunch Kim Knight, a cardiac physiologist from Christchurch, gave a case presentation on Fascicular VT, an uncommon VT so a most interesting presentation.

The compact venue meant that you could switch between sessions easily so it was a quick trip down the hall to the interventional debates – always entertaining.

Speaking of entertainment, the timing of the conference meant that we could attend one of the final shows for “Jersey Boys” – *oh what a night!!* Any one in Queen Street after the show would have heard us singing on the walk back to the hotel.

The conference start at 8am was an early start but worth it. Speakers such as Cindy Grines (Cardiovascular disease in Women), Jim Januzzi (Biomarkers in heart failure) & Mark Richards (looking ahead to management of heart failure in 2020) all give excellent presentations.

Young investigator papers were on a variety of subjects. Dr Christy Macdonald won the RACP award for her paper on Factors influencing career decisions in internal medicine. Like physiologists, doctors need to consider their career pathway with relationships, family and lifestyle in mind.

Dr Wendy Chan gave an excellent paper on her “UNICORN study” a study on heart failure. Having assisted Wendy with the Right heart pressure part of the study, hearing some of her results was satisfying. Wendy gave an excellent presentation and our group from Christchurch was disappointed that she did not win the CSANZ young investigators award.

During the lunch break I stood by my poster – The predictive value of Microvolt T wave Alternans in patients with implanted defibrillators. A very interesting research project which I have been working on for the past 2 years and continue to work on. Having a topic in which not many people know much about is an advantage for attracting questions.

The end of the poster sessions was the only time I was pleased to hear that annoying "Crazy Frog" music?? This tune announced the start of the next session.

Adult Congenital Disease was of interest, followed by a variety of papers in the affiliates stream. Interesting talks right up to the end of the day.

Time to prepare for the dinner – a masquerade affair, great fun, good food, good music and great company (photos uploaded to Facebook very quickly). The dinner being part of the registration for the conference adds to the friendliness of this meeting.

Sunday again had interesting presentations in every session right to the end.

Christina Chan's presentation on stress cardiomyopathy following our earthquakes produced mixed emotions – while the photos reminded us of where we have come from, the study gave us pride in the job we as a team produced in such trying circumstances.

Thank you to SCT for the contribution to attend the conference. The NZ regional meeting for CSANZ is a friendly, informative meeting and a great opportunity to meet and network with colleagues around the country. Well done to Auckland for hosting an excellent conference.

Jackie Sutherland

Cardiac Physiologist, Christchurch Hospital

4) Conference Report CSANZ 2012

Emma Guglietta - Southland hospital

Who would have thought I would need to wear my flannel Pyjamas in Auckland!

Despite the cold weather the trainer's symposium and conference were both highly informative, and enjoyable. It was great to catch up with other Cardiac Physiologists from around the country and check out all the new equipment we would like to have in our department.

The trainer's symposium was excellent, having just started training our first Cardiac Physiologist it was good to talk to staff from other centres to see how they manage their training. The information provided gave use a better idea where to start!

During the conference there were many speakers that I found interesting and enlightening, but to save trees I will only mention a couple.

Dr Cindy Grines was one of the keynote international speakers and she spoke about cardiovascular disease in women. More women than men die of cardiovascular disease and it is the number 1 killer in women ahead of all types of cancer.

Women with cardiovascular disease respond differently to treatment. They have different, often atypical symptoms to men with the most common being shortness of breath, because of this they are often dismissed by their Drs and not properly investigated for cardiovascular disease.

If a woman develops diabetes or high BP during pregnancy they have an increased risk of developing cardiovascular disease. Other risk factors which increase the risk of hypertension, stroke and heart attack include oral contraceptives, auto immune disease and HPV virus.

Women would call an ambulance for someone who had symptoms of cardiovascular disease but would not call an ambulance for themselves if they had exactly the same symptoms.

Diabetic women have a 150% increased risk of heart attack compared to a 50% increase in risk for male diabetics.

Hmmmm not so smug being a woman now.....

Peter Larsen presented information on learning about cardiac arrest from ICDs (all of the data/analysis I won't pretend to understand completely!). Data obtained from VF inductions during ICD implant was gathered and analysed, the results indicated that VF may not be as disorganised as previously thought and maybe driven by a single rotor. This may lead to the possibility that device therapy in the future could be tailored to take advantage of this and that ATP could terminate or further organise VF to increase the likelihood of successful therapy being delivered.

Thanks again to SCT for the fellowship allowing me to cover the cost of registration.

Emma Guglietta

Southern District Health Board

5) Conference Report CSANZ 2012

Angela Morgan – Wellington hospital

With the funding support of the SCT I was fortunate enough to attend the full cardiac society meeting and satellites of the SCT Trainers symposium, imaging symposium and SCT session.

Over recent years, the SCT trainer symposium and cardiac physiology sessions have become regular features of the conference. Both of these sessions have improved with age and this year was no exception. The trainer's symposium was very interactive, with many questions from those gathered to take part. The robust discussion meant a thorough coverage of the topics reviewed and assisted the shared understanding of all as well as providing important feedback to further refine the newer CCP modules and contribute to updating those due for review.

The SCT Cardiac Physiology symposium was an excellent series of interesting talks with topics ranging from interventions to pacing and echo. The standard of the second year MTEX presentation winners was extremely high and bodes well for cardiac physiology in the future, that there are accomplished presenters so early in their career.

After such a good start to the conference, it was with some relief and anxiety that the Affiliates session came around on Saturday afternoon. This year there were a number of abstracts submitted for both the nursing and technical focus, with three presenters in each stream. For me this was the first time presenting research and I swear I have never been so prepared and practiced for a presentation ever before – there was a lot to fit into 10 minutes!

Our research project was one that meant pacing and echo physiologists worked alongside each other to gather data on patients during intrinsic conduction and paced conduction post pacemaker implant. Early results suggest that average global longitudinal strain on echo (2D speckle tracking) decreases with apical pacing and remains unchanged with septal pacing. The implication is that mechanically, a septally paced contraction more closely mirrors intrinsic contraction than does an apically paced contraction. With chronic RV pacing being associated with heart failure, this type of research could help confirm the benefits of septal pacing. Although it was a very nice surprise to be awarded for my presentation, more than anything working at the leading edge of echo and alongside my expert pacing colleagues has been the most exciting and rewarding part of the project thus far.

Angela Morgan
5 July 2012

6) Conference Report CSANZ 2012

Sarah Webby – Christchurch hospital

It was an honour to attend the CSANZ conference; I found it an enjoyable and beneficial experience. I think it is a fantastic way to get trainees involved and provide insight into the vast amount of knowledge that is yet to be learned.

Although many of the presentations were not applicable to my line of work at this stage of training I don't think that hindered what I took away from the conference. Every talk I attended provided some form of education; whether it was of some relevance to what I was involved in practically, or theoretical and of assistance to my studies. It was exciting to be given the opportunity to be a part of a society that is seeking continual advancement. I found it highly motivating to have a better awareness of what is in store further down the track.

It was a fairly daunting task to give a talk to such an established audience however the atmosphere was of support and I wasn't as intimidated as I originally predicted. It also helped

that I was not asked any questions! It was a great achievement and I appreciate the opportunity I was awarded.

A talk that I thoroughly enjoyed was 'Cardiovascular Disease in Women' by Cindy Grimes. I'm not sure if it was primarily because I am female and therefore applicable to me, but I thought it was very interesting and thought-provoking. I enjoyed listening to a lot of the discussion that arose in the electrophysiology session as I find EP a fascinating area of work.

I think it was an extremely well organised affair.

Sarah Webby

Trainee cardiac physiologist, Christchurch Hospital.

7) Vacancies

Cardiac Physiology: Central Regional Trainer

Permanent/Full Time

Location: Wellington Hospital

Make a fresh career choice and take a look at Capital & Coast District Health Board in Wellington, New Zealand.

A region of contrasts, we are blessed with remarkable landscapes. From Wellington city it is only a quick drive to mountains, open countryside and rugged coastlines. To the west lie kilometres of beach, untouched native forests and the magnificent Kapiti Island. To the east, vineyards and olive groves pepper the landscape of the Wairarapa

We are seeking Cardiac Physiologists with a strong interest in training and a desire to apply their co-ordination skills. This role has been identified as an important part of professional development for cardiac physiologists across the central region and although based in Wellington will at times require travelling to other hospitals to provide training at Nelson, Masterton, Palmerston North and Wanganui.

We are using an on-going recruitment approach to this vacancy. The closing date for this role is open. Your application will be assessed against the required competencies and you will be notified of the status of your application as soon as possible.

To register your interest please contact Alli Thomson, Recruitment Advisor, on +64 4 806 2552 or email recruitment@ccdhb.org.nz

To download a copy of the role description or submit an online application form please use

this link: **Wgtn Hospital Careers website**

Closing date: Open

Echocardiographer/Cardiac Physiologist/Sonographer

Clinical Physiology Tauranga Hospital

Tauranga

Bay of Plenty

0.8FTE (64 hours per fortnight)

Due to the expansion of our cardiology services we are looking for an experienced Echocardiographer. Those Physiologists/Sonographers with extensive echocardiography experience in adult and paediatric procedures, stress echo and TOE studies that can deliver a competent and high standard of independent scanning and reporting are encouraged to apply.

Position No: 61205-29

Close Date: Open

For further information, details about our application process and to complete an application form for this position, please visit our website **BOP DHB**

You must quote the position number when applying.

Application forms not completed correctly will be returned

8) SCT Council Members and Contacts

- Chairperson -
Kerry Conway (Cardiac Physiologist - ACH)
- Education Coordinator -
Christine Shanahan (Cardiac Physiologist - ACH)
- Treasurer / Secretary -
Sonia Darlington (Cardiac Physiology Technician - ACH)
- Newsletter editor -
James Cadogan (Cardiac Physiologist – Auckland DHB)
- Members -
Karen Harvey (Cardiac Physiologist – Christchurch)
Judy Greenslade (Cardiac Physiologist – Christchurch)
Miriam Gideone (Cardiac Physiology technician – MMH)
- Cardiac CPRB rep –
Fiona Riddell (Cardiac Physiologist)

Society of Cardiopulmonary Technology NZ Ltd
c/o Cardiac Physiology
Level 3 Auckland City Hospital
Private Bag 92024
Auckland
New Zealand

General Enquiries: info@sct.org.nz
Education Enquiries: edsec@sct.org.nz
Newsletter Inclusion: jcadogan@adhb.govt.nz
Treasurer Enquiries: treasurer@sct.org.nz

If you wish to speak to an SCT Council member phone: +64 9 6309924

Contributions to the newsletter

All contributions are welcome.

This may be in the form of a case study from any discipline within the fields of cardio-respiratory. A detailed description and interpretation of your findings should be included.

Contact - Jcadogan@adhb.govt.nz

A case study written for the Newsletter earns 10 points towards your continued professional Development. Remember, case studies are to be made confidential.

Thank You

James Cadogan