SCT Newsletter

NOVEMBER 2019

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SCT Council Vacancies

If you are interested in joining the council, please send in your nomination form to info@sct.org.nz.

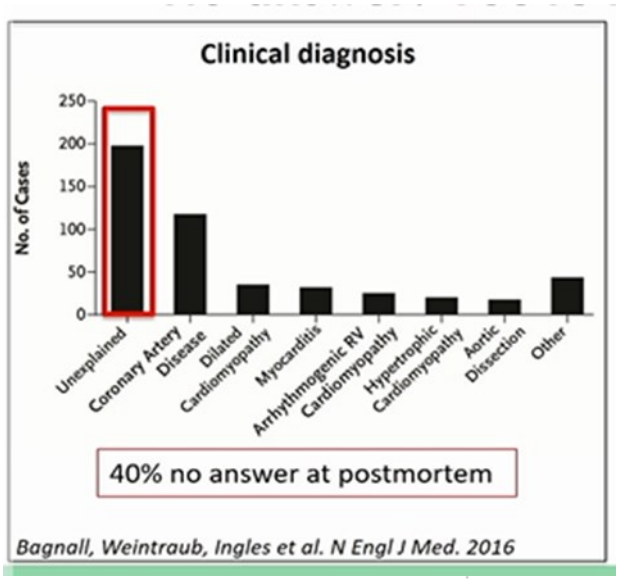
CSANZ Conference Report

by Sara Mckenzie – Cardiac Physiologist, Auckland City Hospital.

Thank you so much for this fellowship which enabled me to attend CSANZ/ANZET 2019 Conference, held in Adelaide (8-11 August 2019). I attended many interesting and educational sessions over the 3 days. I am always amazed and "blown away" after attending a conference – learning and finding out about the different studies, techniques/procedures and technologies that are saving lives and providing people with a better quality of life – this conference was no exception!

I found the session titled **"Sudden Cardiac Death in the Young"** very interesting. There were 5 speakers and first was our very own Dr J Skinner- Peadiatric Cardiologist, Auckland Starship Hospital. The importance of this discussion is portrayed in the following graph. This represents a study done in Australia and NZ from 2010-2012. 40% of the cases were identified, after a comprehensive autopsy that included toxicologic and histologic studies, as "unexplained sudden cardiac death". In this group, at least 59 cardiac genes were analysed for a clinically relevant cardiac gene mutation. Hence this shows the importance of adding genetic testing to the autopsy investigation. To date – genetics give a 10-20% diagnosis for SUD.

SCD in the Young: Australia and NZ



- All SCD ages 1-35yrs
- All Australia and NZ
- 2010-2012 **propsective** and **population-based**
- Comprehensive autopsy
- N=**490** SCD cases

Contribtions to the newsletter

Contributions to the newsletter are very welcome from any discipline.

Please email info@sct.org.nz if you would like to submit anything of interest.

Dr Skinner gave a TED –style talk: Think globally, act locally – developing a strategy for the SCD investigation.

There are 3 key parts to this investigation:

1. The "person" or the deceased. The family are always asked to bring a photo. Need to see what kind of person they were and respectively learn about them.
2. The "Whanau" – family. Really important to be able to take a good family history (must try to obtain 3 generations of family history). You have to be prepared for the first meeting post the death of a loved one, since there will be lots of different energies. The family is on a journey they didn't choose to be on. There'll be anger, sorrow, guilt, significant grief and psychological issues. Managing this is pivotal to making their journey acceptable to them.
3. The Disciplinary Team made up of a National Coordinator, Admin – data based, Paediatric and Adult Cardiologists, Genetic Councillor, Psychologist, Forensic Pathologist, Clinical Geneticist and a Molecular Geneticist.

The Cardiac Inherited Disease Group was born in ~2000, when Dr Skinner was first contacted about the death of a young boy (Ben) playing hockey at the time and then a year later his sister (Danielle). Genetic Testing had just started and the Guthrie Cards were obtained and analysed for the 2 deceased children. Ben was diagnosed with LQT1 and Danielle LQT2. Dr Skinner remembers how thankful the parents were, they could stop blaming themselves and were able to have their third child tested. This is what motivated Dr Skinner to raise money and awareness for Genetic Testing in SUD. Since 2008, our government has funded this – one of a few countries in the world. Now it's possible for large families to be identified ie those who are risk. For surviving family members 23% will be given lifestyle change recommendations, 11% medication and 3% ICD.

It's mandatory now that DNA is saved from every SUD. Genetic Testing techniques are improving year by year, where diagnoses are being made sometimes 10 years post the death of a loved one and this has brought closure for some families.

Improving Health Care Quality in the Cath Lab

I really enjoyed this talk given by Prof William Lombardi – University of Washing Medical Centre. I think that the points he made can be applied to many roles. When things go wrong or you have made a mistake – this is how he sums it up:

Professional Goals

Share experience so that we don't repeat each other's mistakes.
eg get out of your silo.

Improve the knowledge base of options to treat and avoid complications
- Learn and share

3) **Develop** structured work process (checklist and algorithms) to reduce/minimise the consequences of a complication

4) **Get Help**
- From the right person

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Women in Cardiology

Women take on average take 30mins longer before getting to the hospital with a STEMI. On average women are 8-10 years older than men when they have a heart attack and experience different symptoms. Women often experience back, shoulder or stomach pain.

SCAD (spontaneous coronary artery dissection) most commonly affects women. SCAD is probably under-diagnosed. There should be a differential diagnosis of young – middle aged women presenting with MI. Need a high clinical index of suspicion, better angiographic recognition and familiarity and the use of OCT/IVUS for uncertain cases. There's strong association with FMD, emotional/physical stressors and pregnancy. Conservative therapy recommended if there's no on-going ischaemia/chest pain. Generally the arteries heal themselves as proven by a 30 day coronary angiography. Beta blocker medication can decrease the reoccurrence of SCAD by 66%.

There was a huge attendance for the discussion on "The gender gap in cardiology, why does it matter?" and "Promoting diversity in the workforce".

I thoroughly enjoyed the **Live Case Sessions**. We had a video link to a Cath lab for a couple of complicated procedures and a panel of doctors. It was great to hear the discussions about techniques and equipment choice. It gave me a better understanding and appreciation of the thought processes that goes through an Interventionist's mind during a procedure.

Thanks again to the Society for this opportunity. I must add that I enjoyed catching up with past colleagues who have moved to other centres around NZ. It was wonderful to learn what they were up to professionally and privately.

Current Council Members

Fiona Riddell—Chairperson

Krystle Jarman—Secretary/Newsletter Editor

Blair Sinclair—Treasurer

Ellen Woodcock—Education Committee Representative

Jessica Hannah-Brennan—South Island Representative

Kellie Timmins—Professional Development Group

Shivangkumar Patel—Council Member

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Clinical Physiologist (Cardiac Physiologist or Respiratory Scientist)

Nelson Hospital

Temporary, fixed-term position covering parental leave for up to 12 months
Cardiac or respiratory physiologist considered

About the role

We are a small, diverse team of clinical physiologists performing cardiac and respiratory diagnostic tests. The role will include either cardiac and/or respiratory work. Cardiac tests performed included standard ECG work, stress testing, Holter monitor fitting and reporting, cath lab work involving angiography and cardiac catheterisation. Pacemaker and device therapy knowledge and experience would be advantageous but not essential. Respiratory tests performed include spirometry, reversibility, feNO, DLCO, static lung volumes and MEP/MIP/ SNIP.

This is a temporary position working part-time or full-time (depending upon the preferred applicant's availability) at Nelson Hospital, commencing early February 2020 covering parental leave for up to 12 months. As we offer a district-wide service you may be required to work at Wairau Hospital in Blenheim on occasions.

About you

You will be well organised, self-motivated, committed to standards of excellence and have good interpersonal skills and attention to detail. You will be a qualified and experienced Cardiac Clinical Physiologist (CCP) and will hold current APC and registration with the Society of Cardiopulmonary Technicians (SCT) and Clinical Physiologists Registration Board (CPRB).

About us

Nelson Marlborough Health (NMH) is the main health service provider for New Zealand's Nelson, Tasman and Marlborough regions, serving over 150,000 people across two main hospitals, public health and a range of community services. We providea great place to work with professional development opportunities, job security, and workplace wellness programmes.
Find out more about us -https://www.youtube.com/channel/UC34XErxkHJ5YAn59o6SrhnA

About the Nelson/Tasman region

Nelson city, situated near the top of the South Island, is known for its spectacular natural environment, high sunshine hours, and ease of access to sporting and cultural facilities. Find out more about the region at https://www.nelsontasman.nz/visit-nelson-tasman/

How to apply

For role specific information please contact Steve White, Team Leader Physiology/ Echocardiography viaSteve.White@nmhs.govt.nz
For general inquiries please contact our Recruitment team onvacancies@nmdhb.govt.nzor 03 546 1274.
https://nmdhb.careercentre.net.nz
Keen to apply now, it's easy. Please fill in our online application form.
N19-511.

Applications close Thursday, 14 November 2019 (unless filled prior).
Please submit your application through our careers site - https://nmdhb.careercentre.net.nz/job/clinical-physiologist-cardiac-physiologist-or-respiratory-scientist-/nelson-hospital/15172