

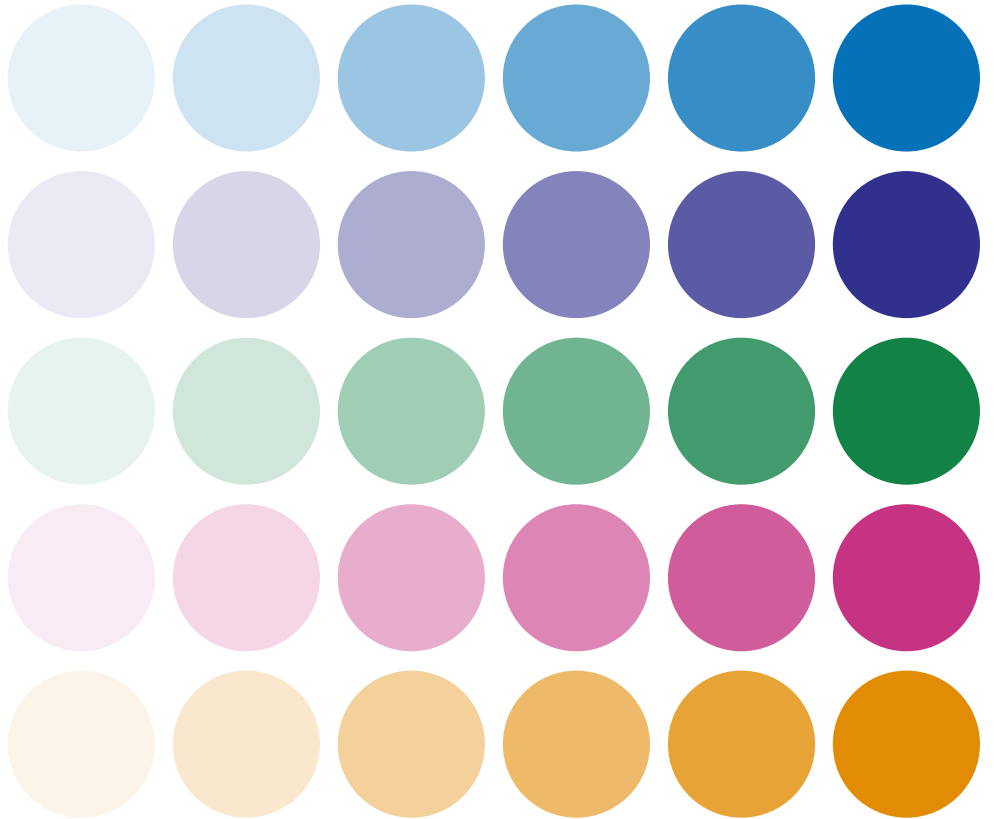


Pioneering better health for all

# Workforce: Advancing Clinical Practice

## The Scientist Led Murmur Clinic

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- What is 'Advanced Clinical Practice'?
- Examples within Cardiac Science
- Overview of the Murmur Clinic



## Advanced Clinical Practice

*‘Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master’s level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence’.*

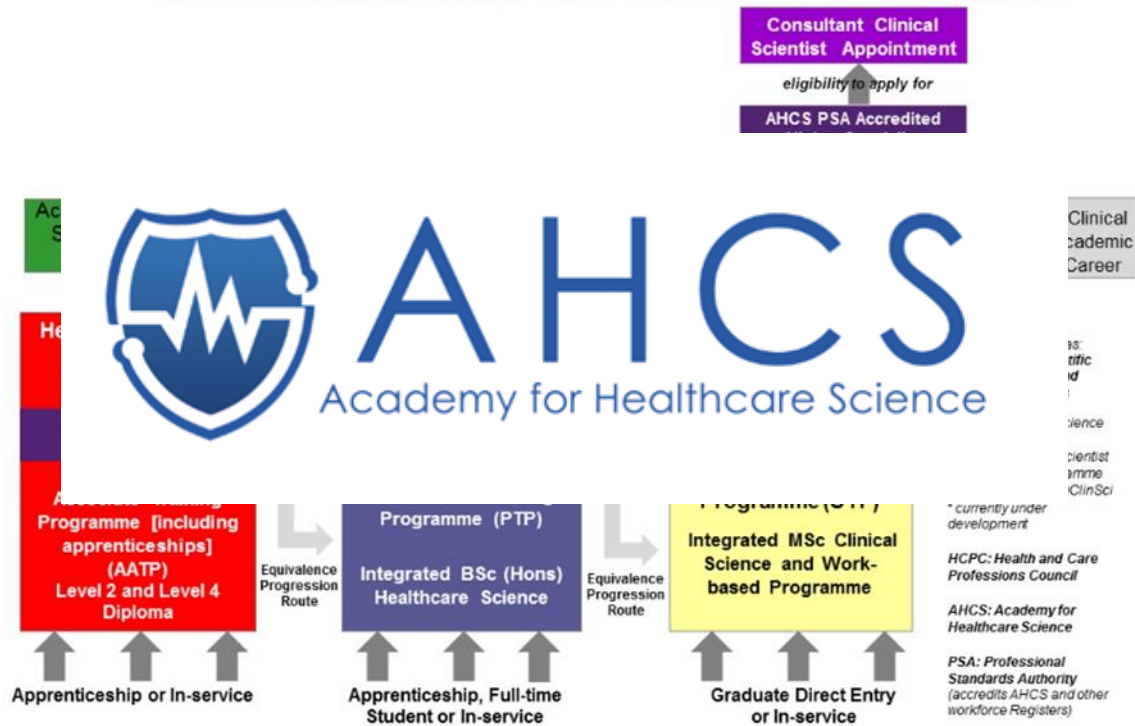
**Health Education England**



## Professional Registration

The education, training and career pathway for Healthcare Science

\* Career and Training Pathways for the UK Healthcare Science Workforce





## Examples within Cardiac Science

- RACPC
- Implantable Loop Recorder
- Valve clinics
- Cardio-oncology
- ICC screening
- Heart Failure
- ACHD
- Bubble study
- Screening echo
- Murmur clinic

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# Murmur Clinic

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## Rationale

- Heart valve disease is increasingly prevalent and a major cause of morbidity and premature death in all countries. Early identification and specialist follow-up allows timely referral for intervention and improves outcomes.
- Auscultating a murmur followed by echocardiography is the principle pathway for detecting valve disease in the community and is the second most common indication for open access echocardiography after suspected heart failure. However, auscultation by general practitioners has recently been confirmed to be both insensitive and non-specific for the detection of heart valve disease.



## Rationale

- Recent audit within our department showed that valve disease of any grade is found on echocardiography in less than one-third of patients referred from the community because of a murmur.
- Standard echocardiograms (TTE) take about 45 min to perform and are a relatively scarce resource.
- We suggested that a more limited 'point-of-care scan' taking 10–15 min can screen out patients not requiring TTE.
- We developed a specialist murmur clinic to reduce the demand on our hospital echocardiography service in the context of low risk, asymptomatic murmur patients referred from the community





## Criteria

Eligible	Not Eligible
New noted asymptomatic murmur	Known moderate or severe native valve disease or replacement valves (refer to Valve clinic)
Family screening with or without murmur for bicuspid AV	Murmur with cardiac symptoms (refer to valve clinic/A&E/specialist cardiology clinic depending on urgency)
	New murmur during pregnancy not assessed by senior clinician

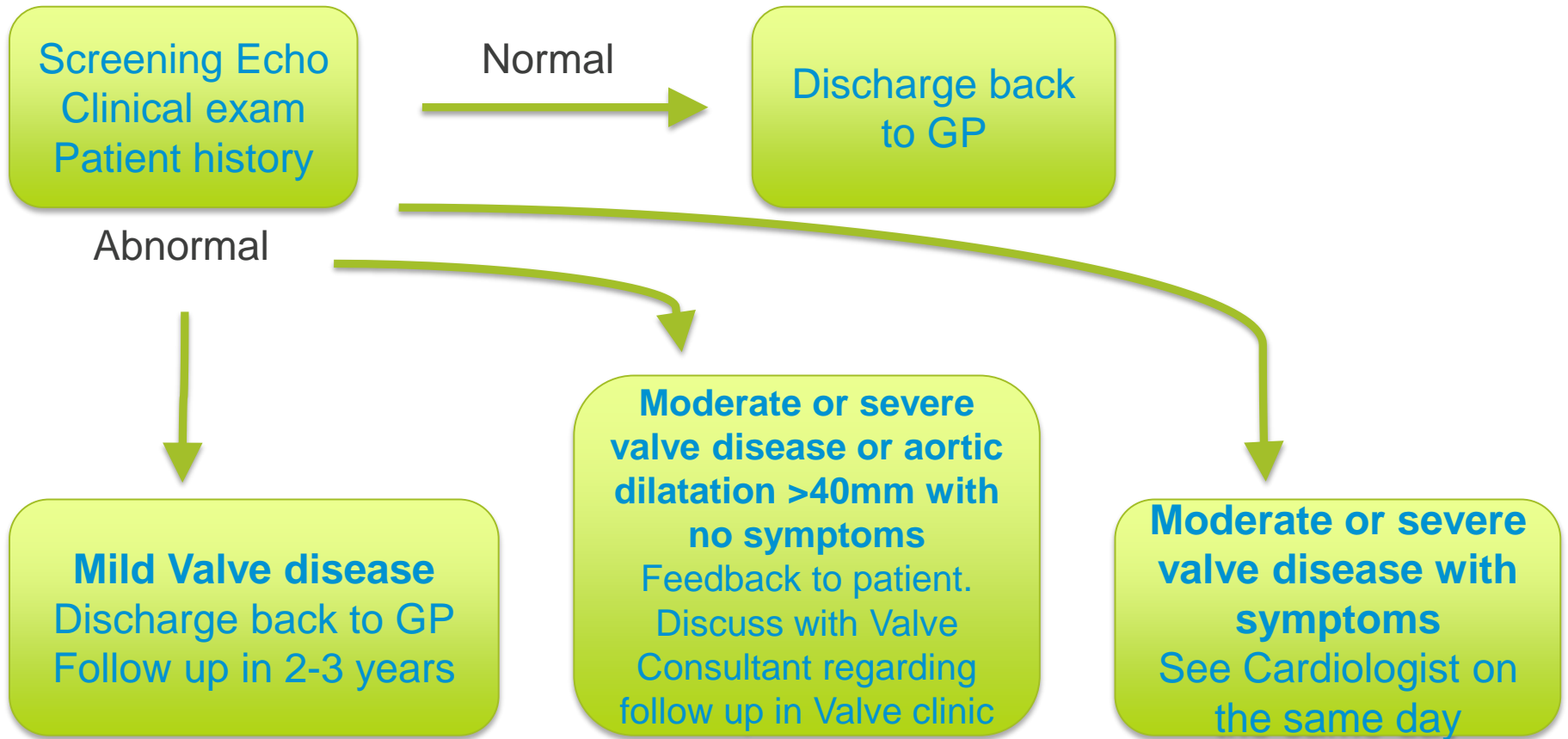


## Clinic overview and protocol

- Murmur clinics run on the Guys site every Tuesday pm. There are 6 slots (30 mins each). There is a cardiology Consultant available for urgent patient review.
- Patient observations, basic patient history and clinical assessment (BP, pulse, heart sounds, respiratory sounds, presence of pedal oedema. 12 lead ECG if new AF).
- Screening Echocardiogram. **If screening echo and heart sounds are normal** reassure the patient, complete echo report on CVIS and patient outcome on E noting. Report sent to GP.
- **If screening echo and/or heart sounds are abnormal:**
  - Full TTE
  - Complete patient history including current medications
  - Outcome discussed with the patient and documented on CVIS and E noting



## Patient Follow Up





## How does this impact on clinical practice?

- Shorter diagnostic waits
- Full TTE resources are reserved for patients with significant structural heart disease
- Results given to patient on day of scan (reduced patient anxiety)
- Improved patient pathway with direct referral to the appropriate specialist



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Any Questions?

