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Led by a cuppa: the journey of an Arrhythmia Nurse Specialist.

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As a child, I was fascinated by the heart and cardiovascular system—so you'd be forgiven for thinking that a career in cardiac nursing was part of a carefully formulated strategy. The truth, I'm afraid, is that my career has been a lot less planned than that. Like many people, my job choices have been influenced a good deal by chance, circumstance, and (in my case), a liking for tea.

Like most student nurses, I enjoyed my placements, remembering only a few that I was glad to leave. As I progressed from my first tentative fumblings with the Dynamap to caring for a group of patients, my ideas of where I would work changed from placement to placement. By the end of the programme, the only thing I knew for sure was that I wanted to get some varied experience before taking a job in the emergency department. The hospital where I trained didn't offer a rotation programme, so I took a job in London, meaning to come home at the end of 18 months—18 years later, I'm still here.

I loved the variety of that first year and a half, but a stint in medical admissions put me off the idea of emergency nursing. Too many drunks, and not enough breaks (I do like a cup of tea at least once in a 12-hour shift). A friend had recently started work on the Post-Operative Care Unit (POCU), and painted a glowing picture of learning opportunities and—more importantly— regular tea breaks.

I was sold, and quickly found that I was suited to a critical care environment. As well a large general recovery area, the unit had eight cardiac surgical beds. Patients were admitted to these straight from theatre for stabilisation, and weaning from mechanical ventilation. I loved the work, and rediscovered my early fascination with all things cardiovascular. My career as a cardiac nurse had started.

During the 6 years that I worked in POCU, I moved up from staff nurse to junior charge nurse, and from caring for one patient to leading the team. In my final two years, I worked as a practice educator, realising early in my career that I enjoyed teaching as much as I did nursing. I topped up my Diploma of Nursing to a degree by studying part-time at Kings College London. By 2007, I had my degree in Critical Care Nursing, and 8 years of acute nursing experience under my belt. I had also developed a keen interest in arrhythmias and ECG interpretation. I was ready for a new challenge.

In the spring of 2007, I saw an advert for a new post funded by the British Heart Foundation (BHF). The charity was funding 32 nurses across the country, with the aim of improving the care of people with arrhythmias. The funding was for 3 years, and it was hoped that trusts would make the posts substantive at the end of that period (which they did). It sounded like the opportunity I was looking for, and after a successful interview, I started at St George's hospital as a brand-new BHF Arrhythmia Nurse Specialist.

There was a lot to learn. I took courses in arrhythmia management, physical assessment, and later prescribing. I learned how to take a medical history, to examine a patient, and the complexities of managing patients with long-term conditions. The dynamics of the outpatient clinic were very different from my experiences of acute care, and demanded a new understanding of how hospitals and primary care practices manage patients between them. I also realised very quickly that people behave differently in an outpatient clinic than when they are lying in a hospital bed. I worked on my communication skills, and improved my time management.

The other big challenge was setting up new, nurse-led services from scratch. Although there was a nurse-led Rapid Access Chest Pain Clinic at the hospital, and a few Acute Coronary Syndrome (ACS) nurses, arrhythmia services were entirely doctor-led. We were lucky enough to have two new Arrhythmia Nurses at St George's, and between us, we trialled a number of nurse-led services, with varying levels of acceptance and support by medical colleagues. These were exciting times, sometimes difficult, but always interesting. Having the support of other specialist nurses, and a handful of more progressive Consultant Cardiologists, got me through the difficult times. Ten years later, I'm still in the job.

So, what does my current job entail? Since going part-time 4 years ago, I've focused on pre and postoperative care of patients undergoing catheter ablation. The pre-op clinic is the most structured. I take a history from each patient, physically examine them, and interpret a 12-lead ECG taken that day. I take MRSA swabs, and bloods, and check the results the next day. Every patient is given the opportunity to ask questions and, for some patients, this is the longest part of the consultation. Patients may (or may not) want to know how and why their ablation will be performed, the likelihood of success, and what might go wrong. Every patient needs practical advice about how to prepare for admission, and what to expect afterwards. Good communication is essential; patients need appropriate reassurance, but also realistic information—and this can be a difficult balance to achieve. Unrealistic expectations before a procedure can result in a dissatisfied or anxious patient afterwards. Communication with the rest of the team is important too; the consultant needs to know if there are problems, and the administration team needs to book another patient if there is a cancellation; cath lab time is too expensive to waste, and waiting lists are not getting any shorter.

The post-op follow-up clinic is more varied. If patients are well and I've seen them before, the appointment is usually straightforward, and may be fairly brief. Patients who are new to me, or who are feeling unwell, need a longer appointment, and a more extensive evaluation including detailed history-taking and physical assessment. This requires a knowledge of potential complications, as well as an appreciation of differential diagnosis and diagnostic tests that may be useful. Although symptoms are often arrhythmia related, the possibility of other types of cardiac, and non-cardiac disease, has to be considered. A broad knowledge of disease is therefore useful, as well as the advice of an experienced cardiologist. Knowing which tests to order, and how to interpret them, is essential. Adjusting medication following ablation is another part of my role at follow-up. I routinely wean patients from anti-arrhythmic drugs after a successful procedure, and may stop anticoagulants. An understanding of practice guidelines, and stroke risk assessment, underpins this process. Knowing how to communicate risk to patients, and counsel them appropriately is also important. Patients with ongoing symptoms may need a change of medication, or may need to start something new. A prescribing qualification is therefore useful, as well as a good understanding of relevant drugs. Communication with the patient and GP are key factors in ensuring that medication is managed safely, and this takes up a portion of my time every week. It's a busy role, but a very satisfying one. I love the fact that I'm able to manage my own workload, and make decisions based on my knowledge of arrhythmia management. Feedback from patients is also rewarding, and it's

nice to feel that you've made a real difference to the quality of someone's care. Compared with doctors, specialist nurses are easier to contact, and providing e-mail or telephone advice can sometimes prevent a hospital admission, or help a patient cope with a difficult time. This can be very satisfying, but you do need tact and patience. It can also be a lonely job at times, especially compared with working on a ward where you're part of a large team. The ability to work on your own initiative, and a degree of resilience are therefore essential.

Good communication skills, both with patients and the multidisciplinary team, are important, as is the willingness to study at Master's level to get your advanced practice qualifications. For arrhythmia nurses, a keen interest in arrhythmia management goes without saying, and you'll need to be good at ECG interpretation. You should also think about what kind of role interests you; although I work mostly with patients undergoing electrophysiology (EP) procedures, other arrhythmia nurses run new atrial fibrillation (AF) clinics, perform cardioversions, or focus on patients with implanted devices. Others care for patients with inherited diseases. Some roles are more clinical than others, and all involve a lot of administrative work so you will be spending plenty of time answering the phone, checking e-mail, and writing letters. Secretarial support is rarely provided.

So, what will the next 10 years hold for me? I'm in the final semester of a Master's degree, so that will keep me busy until the autumn. After that, I'm planning to focus on my writing, and my new role as Consultant Editor with the British Journal of Cardiac Nursing. Beyond that, I'm not sure. I've had a busy few years studying, and learning how to be a Lecturer, so I think I probably need a bit of time to let the dust settle. Spending some time with the kids would be nice too. After that, who knows? In nursing, there's always a new opportunity if you want it, and you're willing to learn some new skills. I think there's some life left in the old dog yet, so watch this space!

British Heart Foundation (2010) M127S Evaluation of the British Heart Foundation Arrhythmia care co-ordinator services executive summary, https://www.bhf.org.uk/publications/about-bhf/m127s-evaluation-of-the-british-heart-foundation-arrhythmia-care-co-ordinator-services Accessed 23/05/2017.