

# Women in Cardiology

**Ms Miriam Norman, Senior Cardiac Device Specialist, Royal Hobart Hospital**



I am a cardiac physiologist specialising in cardiac devices and echocardiography. Passionate about education, promoting better visibility and regulation of the cardiac physiology profession.

I joined Professionals in Cardiac Sciences Australia (PiCSA) as a board member after realising that Australia requires qualification and registration for my role in echo (where someone else checks my work) but does not have any requirements for my role with devices (where my work is not necessarily checked, and where a mistake can kill someone). Still not fixed, but we've made a lot of progress.

At University, I wanted to be a scientist who could communicate. Within a week of starting Science/Law I discovered this would turn me into a lawyer with a bit of science, rather than a scientist with a bit of law, so I ditched law.

I was initially refused access to human physiology because I wasn't a med student, the science students had to fight our way in. I fell in love with physiology, especially the process of trying to make it make sense and be explainable. My honours degree in physiology was followed by unemployment then waitressing, as my home state had no idea what to do with a science physiology graduate. With no bridge between the university and hospitals, healthcare science jobs went either to nurses, interstate graduates with clinical experience, or to those completely unqualified who learned on the job. *This problem persists.*

I knew I wanted to teach physiology to adults, I received a scholarship for a teaching qualification, but was told I wouldn't be allowed to teach physiology because I wasn't a nurse. I had to find another pathway. I travelled to Queensland to undertake a vocational qualification in clinical physiology. The course included a hospital placement where I chose to specialise in cardiac physiology. I funded this by working part time as a musician with the Royal Australian Navy (still there, a great counterbalance to my science career). The post graduate course gave me a sense of professional identity as a healthcare scientist, enabling me to find a job in cardiac physiology back in Tasmania, and eventually training in echo and pacing.

I was accepted into med school but I turned it down and continued training as a Cardiac Physiologist. For me, I wanted to be able to be both good at my job and have freedom to step in and out of the work force for family responsibilities, without jeopardising my career. Parenting skills have helped me a lot. I think that my contribution as a cardiac physiologist is meaningful, rewarding and needed.

When our senior cardiac device physiologist retired suddenly, I found myself viewed as the resident "authority" on pacing. Tasmania at that time had no electrophysiologist, nobody local who could tell me if I knew enough or not, I thought I had better get credentialed. Initially failing the online IBHRE practice exam, only motivated me to study harder. With no one local to teach me, I learned from Ellenbogen, Wilkoff, Hayes, Friedman, Levine and other textbook authors (all male) and was astonished to come 3rd worldwide in the IBHRE cardiac device exam in 2012. A tremendous boost to my confidence. The Heart Rhythm Society head-hunted me to help prepare online educational material for doctors and allied health professionals preparing for future IBHRE exams.

Whether male or female I think that we can only really achieve anything by practicing the art of selective neglect. Every day we have to choose what we are going to fail at. I don't even try to do it all: I rely on others, tolerate doing some tasks poorly (or less) to achieve other tasks. It's a juggle: for some balls to stay in the air we must drop others, or, give them to somebody else to carry for a bit. Anything else is impossible.

I love my job and get to do plenty of teaching. I regularly present and write educational material as part of my job and as a member of PiCSA. I recently helped CSANZ prepare a guideline document for cardiac device follow-up in Australia. There is so much yet to learn, and so many opportunities to support my profession and to improve patient outcomes, it is a very exciting journey.

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