Lehigh Valley Health Network

Department of Medicine

Accurate Murmur Recognition by Cardiologists – Premature Requiem or Phoenix Rising?

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Disclosures: None.

Introduction

- The emergence of an armamentarium of cardiac diagnostic tools over last three decades has lead to a decline in interest in the timehonored skill of cardiac auscultation.¹
- Cardiac auscultation not only offers important clinical information but also is a cost-effective skill to decide on additional tests e.g. echocardiography.²
- It has been shown in various studies that the majority of echocardiography tests are normal when performed for evaluation of systolic murmurs.³
- This fact highlights the need for improvement in proficiency of cardiac auscultation skills in physicians.

Objectives

The objectives of this study were twofold:

- To access the current accuracy of cardiac auscultation in cardiologists since auscultation will now be tested on the ABIM cardiology boards.
- To access the impact of a brief intervention on their proficiency.

Methods

- 1244 Participants (cardiologists, Fellows, CRNPs) attending a national cardiology meeting from 2011 to 2013 were assessed on their ability to recognize murmurs.
- A pretest evaluated the participant's ability to recognize heart sounds prior to the learning module.
- Each of these learning modules consisted of 200 repetitions of each heart sound with phonocardiograms and echocardiographic images lasting 30 minutes.
- The heart sounds were retested in a post-test immediately afterwards.

Basic Murmurs

- Aortic Stenosis
- Mitral Regurgitation
- Innocent Murmur
- Aortic Regurgitation
- Mitral stenosis

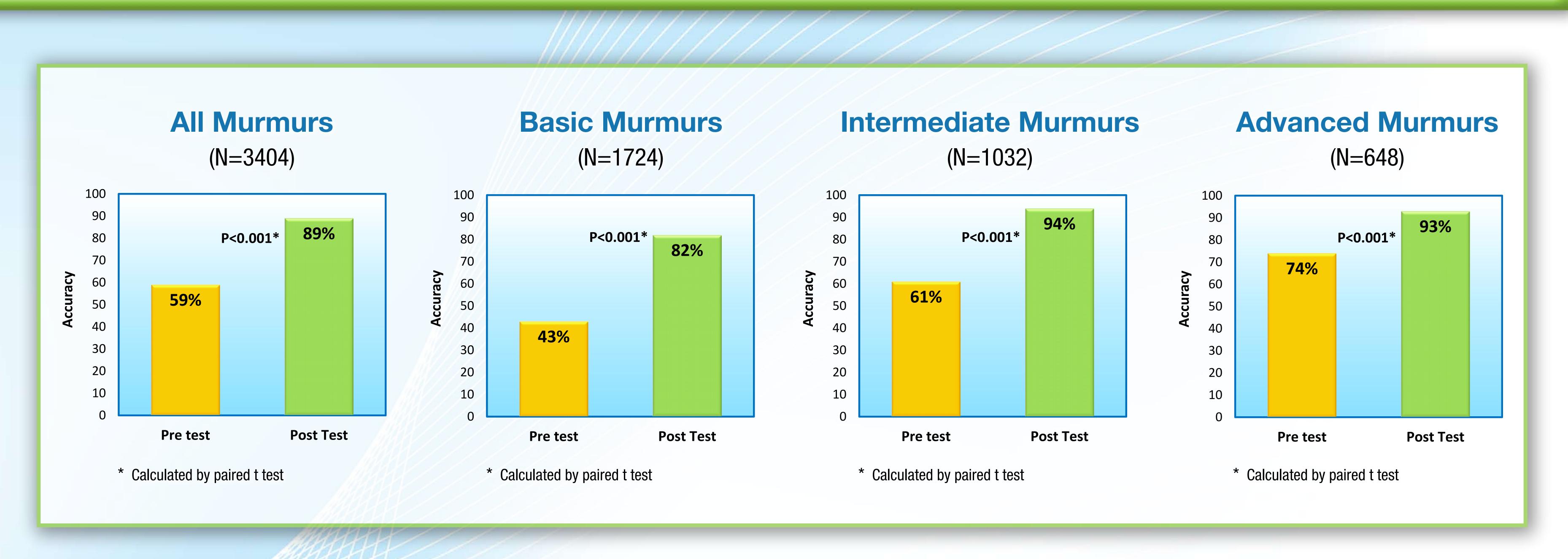
Intermediate Murmurs

- Biscuspid Aortic Valve
- Mitral Valve Prolapse
- Hypertrophic Obstructive Cardiomyopathy
- Atrial Septal Defect
- Patent Ductal Arteriosis

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- **Advanced Murmurs**
- Aortic Stenosis and Aortic Regurgitation
- Mitral Stenosis and Mitral Regurgitation
- Variations of Aortic
- Regurgitation
- Variations of Mitral
- Regurgitation



- in cardiologists is not optimal.

References:

- Marcus FI: The lost art of auscultation. Arch Intern Med. 1999 Nov 8;159(20):2396.
- 2 Craige E: Should auscultation be rehabilitated? N Engl J Med. 1988 Jun 16;318(24):1611-3.

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Discussion

• Psychoacoustic research has shown that there are large gains in the performance of an auditory task during a training session followed by slower but continued improvements afterward.⁴

In addition, intensive repetition, similar to what we used in this study, improves the recognition of complex auditory sounds.⁵ • This intense repetition is the missing element in the current teaching of cardiac auscultation with resultant sub optimal proficiency. • Sztajzel et al. found that the diagnostic accuracy of cardiac auscultation for cardiologists across all heart murmurs was 57%.⁶ • Our study, comprising of one of the largest cohort of practicing cardiologists, also suggests that proficiency of cardiac auscultation

• We showed that with intense repetition there is a significant improvement in recognizing various heart sounds.

Limitations

 Limitations of our study include the element of selection bias given the volunteer nature of the participants. • We believe that the paradoxical increase in baseline accuracy in cardiologists from basic to advanced murmurs likely resulted from selection bias by which the physicians self selected themselves based on their level of comfort with various heart sounds.

3 Etchells E, Bell C, Robb K: Does this patient have an abnormal systolic murmur? JAMA. 1997 Feb 19;277(7):564-71.

4 Atienza M, Cantero JL, Dominguez-Marin E: The time course of neural changes underlying auditory perceptual learning. Learn Mem. 2002;9:138-150. Menning H, Roberts LE, Pantev C: Plastic changes in the auditory cortex induced by intensive frequency discrimination training. Neuro-Report. 2000;11:817-822. Sztajzel JM, Picard-kossovsky M, Lerch R, Vuille C, Sarasin FP: Accuracy of cardiac auscultation in the era of Doppler-echocardiography: a comparison between

