

**Reflections on the Surgical Care Practitioner Programme at the
University of Teesside**

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Abstract

Objectives: To reflect using Kolb Cycle on the challenges of delivering The BSc (Hons) Surgical Care Practitioner (SCP) programme at the University of Teesside.

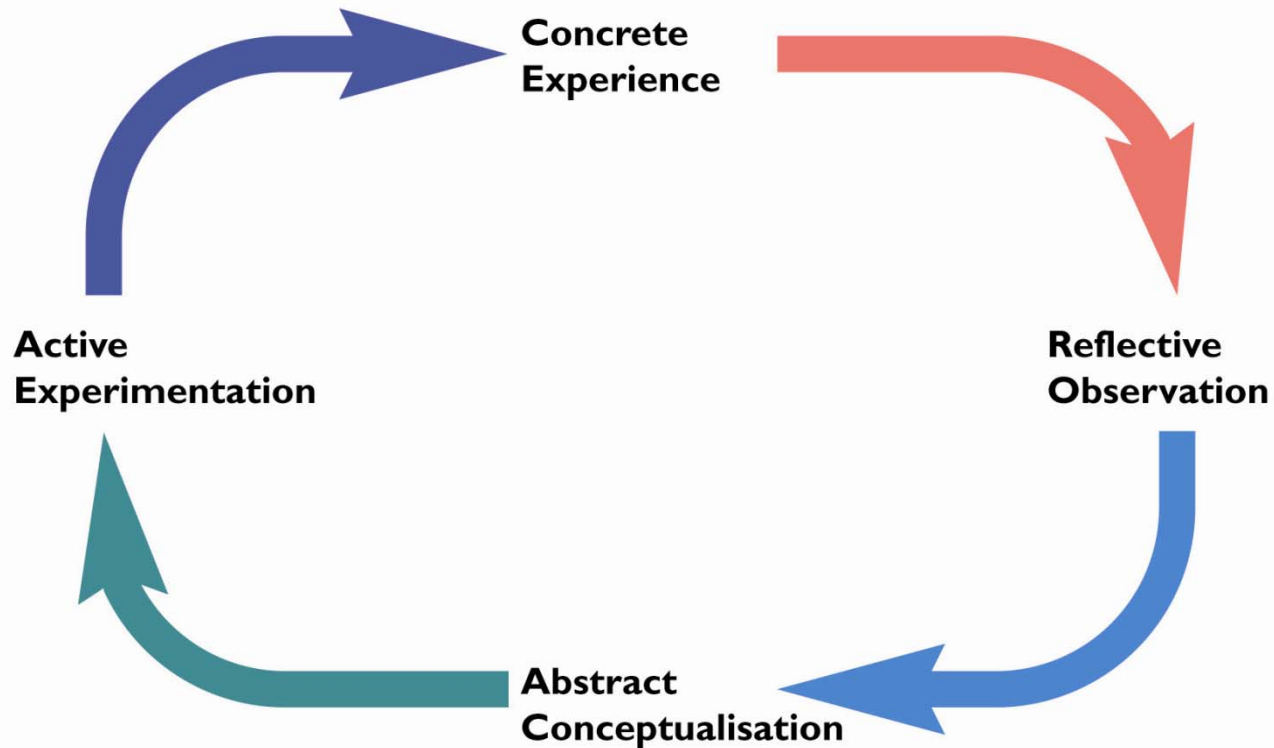
Methods: The role of the SCP is becoming more recognised and accepted within the surgical team. The programme was approved in 2004 with the support from local surgical consultants, academia and the local Strategic Health Authority. The programme was later adapted in 2006 to accommodate the Department of Health SCP Curriculum Framework Document. The programme gained accreditation from the Royal College Surgeons (England) in 2006. Three distinct pathways (Cardiothoracic, Orthopaedic, General surgery) were approved.

Results: There were many challenges faced during the delivery of such a new and unique programme. These varied from the consultant mentors, students and the organisations involved. Challenges have also evolved with different perspectives over the 4 year period. 9 students have successfully completed the programme and there are currently 17 students on three different pathways.

Conclusions: The proven benefits of the SCP role supported by a structured programme far exceed any initial concerns and challenges. The benefits have been particularly in the management and organisation of patient care within the surgical team.

Reflection Cycle – Kolb (1984)

KOLB'S CYCLE OF EXPERIENTIAL LEARNING



Concrete Experiences

- Programme Leader, Mentors, Students, other:
 - Programme Leader:
 - Open to changes as this was a new venture/role
 - Support from surgeons/academia/managers to make the programme successful
 - Teaching, mentoring, constructive feedback
 - Mentors:
 - Mentors support via mentor's handbook, visits, teleconferences, MDT Meetings
 - Involvement with teaching
 - Students
 - Group size 8-9
 - Case study presentation and evaluation, shared learning
 - Acceptance of the role as being a challenge
 - Steep learning curve
 - Student profile is important
 - Other
 - Network with Durham University Medical School for A&P
 - Organisations benefitting with inter professional learning

Reflective Observation

- Challenges
 - Linking SCP programme fully with the DH SCP Curriculum
 - Current 5 Modules integration
 - An increasing number of consultant surgeons mentors each with specific vision and needs
 - Service needs versus student needs
 - Student selection/entry criteria
 - One programme in 2004 to 3 specific pathways in 2006

Reflective Observation

Success

- RCS (Eng) Accreditation for 3 years in 2006
- Successful completion, highly motivated students
- Anatomy sessions
- Consultants as mentors
- Good group support
- Outstanding case study presentations
- Cohort 1-8 students (3 -1st),
- Cohort 2-4 students (1-1st)
- Cohort 3-9 students (completing in July 09, 1 in 2010)
- Cohort 4-8 students on year 1

Abstract Conceptualisation

- SCP role is beneficial to patients and the surgical team through the patient journey
- Role clarity within the surgical team is essential
- Job satisfaction for the SCP
- Steep learning curve in year 1

Active Experimentation

- Programme evaluation
- Clinic times reduction affecting waiting lists
- Implementation of surveillance clinics
- Theatre lists managed more effectively
- Patient management – the whole patient journey- patient can relate more readily with SCPs, involvement in wound audit, preadmission, research
- Waiting List
- Availability of the SCP

The Future

- Block Delivery from September 2009
- Re Accreditation from the RCS (Eng)
- Other pathways:
 - Obstetrics and Gynaecology
 - Other pathways will be developed on demand
- Evaluation of the SCP role

References

- Department of Health (2006) The Curriculum Framework for the Surgical Care Practitioner. London: DH.
- Fry H, Ketteridge S, Marshall S (2009) A Handbook for Teaching and Learning in Higher Education – Enhancing Academic Practice. GB: Kogan Page
- Kolb DA (1984) Experiential Learning. New Jersey: Prentice Hall.