

## A Day in the Life



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### BACK TO DAY IN THE LIFE

The role of the Surgical Care Practitioner is becoming an essential part of the team that operates within the modern NHS. They provide stability and continuity of care within the surgical team. The SCP provides a common thread through all patient episodes within a hospital from the out patient department to pre admission service through to discharge and follow up.

The surgical team at Colchester traditionally comprises a permanent Consultant, a registrar who changes yearly, an SHO who changes 6 monthly and a PRHO who changes 3 monthly. We have recently expanded our laparoscopic colorectal services to employ two further consultants.

At our hospital we provide a wide range of laparoscopic surgical procedures and the registrars that come to work with us are usually in their final year of training. They come to specifically learn laparoscopic procedures, having a competent SCP to assist them allows them to commence the transition to fly solo: as their next position will be that of a consultant. The additional advantage is that whilst the Professor is training in another theatre there is a skilled assistant for the registrar.

We also have a continuing laparoscopic colorectal fellowship running and a full range of laparoscopic training courses for both medically and non medical staff. We have recently implemented an enhanced recovery programme for laparoscopic colorectal surgical patients. The SCP plays a part in all aspects of the team activities and is a resource for both patients and medical staff.

**Each day is very different so I have chosen last Monday.**

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### 07:30

Drop my daughter off at her friends and drive to work. Get changed into my uniform in theatres and walk through theatres on my way to the ward. This way I can scan the lists to see what is going on and identify any free slots.

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### 07:45

On the ward for the ward round we are post take after the weekend and as well as the electives we have an additional 18 patients. That makes a total of 28 patients. The team consists of the registrar, PRHO, SHO and me thankfully nobody on call today but the SHO has been on all night and is keen to go home. The consultant joins us and off we go to sort out additional operating time, investigations and hopefully discharge a few patients.

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### 09:00

Pre admission clinic commences in out patients. Not too bad today as Helena (pre ad nurse) is here and only eight patients to see. However in addition a pre-op patient turns up to have his 3 units of blood preoperatively but at the moment there is no bed. Liaise with bed manager and we agree on a plan. Another patient comes in for her subphrenic abscess drain to be flushed and my bleep goes off to say I am required to camera hold in theatre. Oh how I hate Mondays! Helena agrees to flush the drain, start the preadmission and continue liaising with bed manager.

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**09:30**

Scrubbed in theatre for a lap cholecystectomy, thankfully quite straight forward. The cholangiogram is difficult so that takes a little extra tie. I finish off sewing up the patient and putting the local anaesthetic in whilst the surgeon writes up the notes.

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**10:45**

Back to preadmission to rescue Helena and provide support for the PRHO who is pulling his hair out as he has a million jobs to do. We agree that he goes and does his jobs and we will carry on with the clinic.

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**12:45**

Last of the morning patients have gone and we set about sorting the afternoon notes. We agree to meet upstairs for lunch, I have to go and meet with the anaesthetist about a patient for the next week. In the corridor get stopped by the professor of Urology he is asking about the role of the SCP and how he can go about employing one. We discuss the pros and cons and I agree to email him my business plan.

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**13:15**

Find anaesthetist, decide on a plan of care and go off to arrange an echocardiogram and some spirometry for the patient next week.

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**13:30**

Go to admissions and get a lecture for being late for lunch as now it is time to go back for the afternoon list! Helena agrees to go and start whilst I date some of the patients from the clinic last week as I was not in clinic the previous week, I decide it is not worth going away!

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**14:00**

Registrar calls me, please can I come to theatre, he wants assistance with a very sick patient who needs a laparotomy. I call the PRHO he has managed to recover his sense of humour and has caught up with his jobs, so he goes to do pre-admission clinic. He does not want to go to theatre so off I go.

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**16:30**

Dreadful case, the patient is going to ITU so fingers crossed everything goes ok. At least we have given her a fighting chance. I go to the ward to find her husband and take him to the relative's room in ITU. The registrar and I sit him down and explain what we have done and the gravity of the situation. I sit with him a little while longer as he has no one with him at this time.

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**17:30**

I catch up with Helena and we discuss the days patients and what things I have to follow up the next day. One of the patients has a serious conduction problem with his heart and has a pacemaker. There is normally a consultant cover this particular list but he is away, so will have to reschedule the patient, so off again to find a friendly cooperative anaesthetist. So at least when I ring the patient I have an alternative plan to offer him.

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**18:30**

One of the elective patients has some concerns and the nurses on the ward ask me to go and see him. His wife is also there which is fortunate so we sit down to discuss his problem.

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**18:45**

Everything else can wait till tomorrow; need to shop on the way home cook some dinner for the home crew and have probably missed the chance to go to the gym as the class is at 19.30pm and don't think I'll make it.

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Once home and everyone is fed and watered it's time to face the computer and catch up with my other job that of national treasurer for NAASP, there is usually at least a couple of hours work to do. Then there is my next assignment for my Msc, which is due to be submitted in 3 weeks time, never mind loads of time for that and not to forget the talk I am giving at the ALTS meeting in Glasgow on the 15th April. Neither of which I have started. To bed at 1am, ready for another day!

**Jane**