



# Connexin

Bi-annual SCT Educational update  
ISSUE 01 July 2018



## Welcome to Connexin

The newsletter from the SCT education team. Why connexin? Well, connexion is a protein in the heart that allows for communication and signalling between cells. You know them better as gap junctions. Like these proteins we need to communicate what's happens, when and why. The education team have a lot of changes occurring and it is important we share and discuss them

Nelson Mandela said *“Education is the most powerful weapon which you can use to change the world”* and we all know what he was able to achieve. We are not looking to change the world, but we do strongly believe that our training systems needs to change and evolve with the professions requirements. With that in mind, we are looking to re-develop the CPM and CCP training systems.

We had to think carefully about how the current system serves its members and what we needed for the future of the profession.

So . . . we are looking at the following areas

- Integrating CPM and CCP
- Re-developing the course content
- Modularising all the content
- Developing E learning systems to enhance delivery and accessibility
- Adding additional content to promote new learning
- Ultimately rebranding the educational systems

## Content

Education updates

MTEC Update

SCT Education team

Spotlight—CPD

Important dates

## Acknowledgements

Congratulations to those who have completed their CCP Accreditation

Caitlin Wright

Samuel Zander

Laura Ward

Unesu Chikavhanga

## How are we making these changes?

There is a lot of overlap between CCP and CPM, with a doubling up of information and processes. Furthermore, in the first year of training, the physiology technician and the cardiac physiologist role in the various departments throughout the country are essentially the same. With the same degree of knowledge and experience required. Therefore, we feel integrating the education for these roles is important for consistency and efficiency.

This is where a modular based system will work well. You can choose a module to complete and work toward completing it in your own time and in your own way. This will tie in more succinctly with the practical assessments. Part of the content re-design is to bring the theory and practical components closer together for a better learning experience.

This will require a new delivery approach, in the form of E learning. We will be launching e learning environment, which will allow you to access materials, tools and content, via an app or computer or tablet any time, anywhere. You will be able to complete a quiz or a module on line at your own pace.

This also means that enrolments and exams are not limited to specific dates and time in the year. We will be able to offer you more flexible enrolment times, electronic materials and far more flexibility in final exams.

With the integration of the course, there will need to be a means to recognise and understand the qualification the learner achieves. With this in mind we are looking to re-brand the course, but also retain the terminology that you are already familiar with. We would like the re-branding to accommodate future changes and additional learning modules, to keep you current in your profession and to keep you interested. Life long learning is an integral part of scientific and medical investigation. One in which we continue to grow and enrich our working environments.

We would invite you all to suggest a change in the name of the course, one that maintains the identity of the profession yet allows us to expand and promote the profession and its education. Please send any suggestions or ideas to [education.sct@gmail.com](mailto:education.sct@gmail.com)

In the January newsletter we will show you some of the changes to the course and discuss how it will affect you.



### MTEC Update

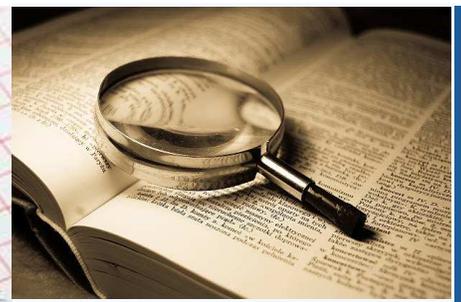
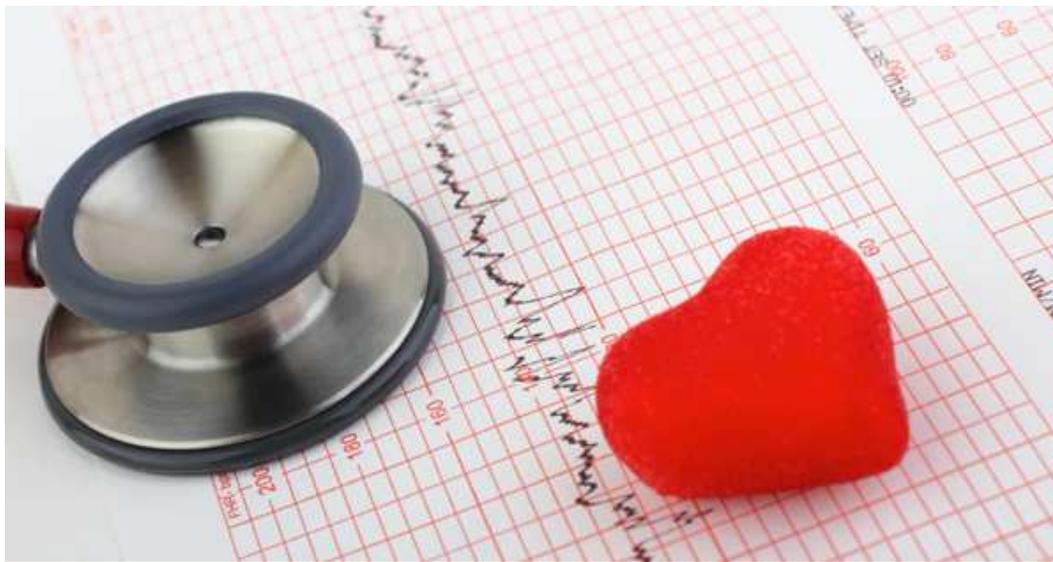
MTEC has been running now for eleven years. During that time we have had over 100 students through the program. There have been constant updates and improvements to the course.

This year we have ten students completing 703 and 704 from around the country. These students come from Wellington, Dunedin, Invercargill, Auckland.

At CSANZ this year we were invited to present and discuss the masters program. This program has been discussed for quite some time and Otago University is close to finalising the process. The masters will be a papers based, taught program, open to a very wide range of learners.

The program will be specific to Cardiac Implantable Electronic Devices (CIED's) and will be run over 2—4 years. If you have any questions or comments, please contact Graham at

[graham.orsbourn@otago.ac.nz](mailto:graham.orsbourn@otago.ac.nz)



## Continuing Professional Development

This year the CPRB implemented new [CPD guidelines](#). This process and recording change will almost certainly improve our learning and development going forward.

The main change is the way with in which we learn. Reflective learning has been demonstrated time and again to provide the most benefit in learning.

### ***What is reflective learning?***

Simply, this is the process where we look back on an event or practice or process and ask ourselves. What could we do better? We read about it and seek evidence based ideas, we discuss them with colleagues and key participants. As part of this process we look to find evidence based solutions that improve the outcomes of an event or practice or process.

How do we implement this into our work?

This is relatively simple to do.

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## Who are we?

The education team are represented by trainers from around the country.

### Chairperson

Ellen Woodcock	Cardiac Sonographer	Christchurch Hospital
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### Site Accreditation

Lauren Clarke	Cardiac Physiologist	Wellington Hospital
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### CCP Administration

Vanessa Beukes	Cardiac Physiologist	Waikato Hospital
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### MTEC Representative

Graham Orsbourn	Cardiac Physiologist	Auckland Hospital
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### CCP/CPM Redesign

Karen Searby	Cardiac Physiologist	North Shore Hospital
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### CPM Representative

Miriama Gideona	Physiology Technician	Middlemore Hospital
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### CCP Administration

Maree McCormick	Cardiac Physiologist	Dunedin Hospital
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## Important dates

### CCP Exam

The CCP exam is held in June and November each year. Those that are sitting the exam should check with their supervisors that all relevant paperwork has been completed. The certified practical assessments must be submitted before the end of May for the June exam and end of October for the November exam.

### CPM Block Weekend

The CPM block weekend is getting closer. In order to attend the weekend you will have needed to have completed all relevant assessments. The block weekend is held on the **1st and 2nd of September 2018**. CPM Workshops and teaching will occur on Saturday 1st September and the practical audit and ECG theory test will occur on Sunday the 2nd September.

### CPM Practical Assessment Deadlines

ECG, ETT, Holter monitoring assessment plus ECG portfolio must be submitted **Friday 10th August 2018—1700**

### CPM Final Exam

To be eligible to sit the final exam, you should have completed the three practical assessments and attended the block weekend. The exam date is **Wednesday 14th November 2018**

**SCT Education Contact**

education.sct@gmail.com

When we have a case where we didn't understand how something worked or why it behaved in that way. We can try to find out why and how

Example:

31 years old Asian male with a structurally normal heart and a family history of SCD, came to have an ECG. ECG looked odd but essentially normal. Later on we found out the patient had Brugada syndrome and we missed some subtle changes in the ECG

Reflective learning in this setting is to understand what we could have looked for and what we could have done to potentially help with the rapid diagnosis of this patient. We could look for journal articles on what different patterns of Brugada could look like. We could look to see if modified ECG lead placements are of value in this patient group.

Along with looking for publications we could engage with our colleagues. They may have had some experience with this and may have ECG recording we could look at and analyze..

In your reading you discover the [CSANZ Guidelines for the diagnosis and management of Brugada Syndrome](#) which give you a lot of information and mandates using 2nd and 3rd intercostal spacing for ECG on patients with suspected Brugada Syndrome.