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Educational Opportunities for Interns working in Emergency Medicine

Introduction

The Emergency Department (ED) is an excellent place for medical training. Doctors are exposed to a wide variety of medical, surgical and trauma emergencies as well as a wide spectrum of less acute clinical problems.

Emergency Medicine is taking an ever-increasing role in the diagnosis, stabilisation and initial management of acute general medical emergencies. In many cases the patient is fully resuscitated and/or worked-up before they are seen by the in-patient team. Therefore, even when an Intern is on *Acute Take* as a member of an in-patient Medical Team, he/she is unlikely to gain experience in dealing with acute undifferentiated illness. Emergency Medicine deals with the initial assessment and management of largely undifferentiated clinical problems and its practice develops clinical decision making skills across a broad spectrum of medical practice.

Current Position

Interns are currently allocated to EDs in St James's Hospital, Dublin, Cork University Hospital, South Infirmar-y-Victoria University Hospital and University Hospital, Galway. The feedback from the interns and their Consultant supervisors over the years has been overwhelmingly positive. This is reflected in the subsequent application of many of these doctors for substantive SHO posts in Emergency Medicine.

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Training opportunities

A period working in an Emergency Department provides excellent training opportunities for newly qualified doctors. These are described below in terms of Generic, Cognitive and Practical skills.

Generic skills

- Experience in the assessment and emergency management of acutely ill and injured patients.
- Management of non-life-threatening trauma.
- Critical decision making, even with limited patient data sets.
- Communication skills with patients and colleagues.
- Ability to perform rapid, accurate clinical assessment and produce concise focused clinical records.
- Team working.

Cognitive skills

- Principles of cardiac resuscitation.
- Development of knowledge and skills in the diagnosis and management of medical and surgical emergencies.
- Development of knowledge and skills in the assessment and management of significant trauma.
- Psychosocial assessment of patients with deliberate self harm.
- Development of an understanding of the management of soft tissue injuries.
- Assessment and management of soft tissue infections and abscesses.
- Development of skills in the interpretation of X-rays, ECG's and laboratory data.

- An opportunity to experience Observation Medicine and the workings of Clinical Decision Units.
- Development of an understanding of pre-hospital systems including the interface between Emergency Medicine and General Practice, Emergency Medical Services etc

Practical skills

- Airway management including bag/mask ventilation.
- Peripheral venous access.
- Local anaesthetic techniques.
- Suturing and wound management.
- Assessment and management of pain.
- Application of Plaster of Paris and splints.
- Use of IV sedation.
- Joint aspiration.
- Reduction of a variety of fractures and dislocations.
- Insertion of chest drains.

Clinical supervision

While working in EDs, Interns will, at all times, be directly supervised by a Consultant or Registrar in Emergency Medicine. All patients seen by the Intern will be discussed with a Consultant or Registrar. This facilitates regular bedside clinical teaching, immediate feedback and appraisal of the Doctor's progress.

Service provision

Interns working in EDs will be supernumerary and will not be used to fill gaps in the SHO rota. All potential patient discharges will be reviewed by a fully

registered medical practitioner and patients will not be discharged except under the supervision of a registered practitioner. They will not be allowed to discharge patients, without discussion with a more senior doctor. As they will be directly supervised by a Consultant or Registrar, they will only be rostered to work when a Consultant or Registrar is present in the ED.

Duration of Post

A period of three months attached to the ED would be the optimum.

Continuing care

As these doctors are supernumerary there will be opportunities for them to follow-up patients that they have seen in ED at review clinics, on post-take ward rounds or by accompanying patients to emergency surgery/cardiac catheterization etc. In Emergency departments with in-patient facilities such as Observation wards, Clinical Decision Units or Chest pain Assessment Units, interns will participate in ward rounds and undertake ward-based patient care, under the supervision of the admitting Consultant in Emergency Medicine.

Teaching

Most Consultant-led EDs have well developed induction and ongoing weekly teaching programs offering protected teaching time. Interns working in the ED would fully participate in these programs, including involvement in departmental clinical audit. Many Consultants in Emergency Medicine are trainers on the definitive Resuscitation Courses such as ATLS, ACLS and APLS courses as well as the MIMMS Course (Major Incident management). As interns are supernumerary there will be an opportunity for them to attend these courses.

Number of posts nationally

Any ED with two or more full-time Consultants in Emergency Medicine could adequately supervise one Intern; this equates to 13 Intern posts nationally at present Consultant staffing. There are likely to be additional Consultant appointments over the next few years which will increase the opportunities further. Multi- Consultant departments that are recognized for Specialist Registrar (SpR) training will be able to accommodate a second Intern; this would provide a further 8 Intern posts. Therefore at the present time Emergency Medicine could accommodate 21 Intern posts nationally.

Summary

The Irish Association for Emergency Medicine supports the rotation of Interns through Consultant-led EDs. The breadth of clinical exposure provided and the opportunity for the development of the generic, practical and cognitive clinical skills outlined above places Emergency Medicine in an ideal position to foster effective clinical practice amongst newly qualified doctors.