MANAGEMENT ISSUES

Organising training for undergraduates and SHOs

J N Rawlinson

Training, after patient care, is one of the most important functions of an accident and emergency (A&E) department.

A training programme, whether for undergraduates, senior house officers (SHOs) or trainees, must provide both factual knowledge and understanding. It must be relevant and be delivered in a style that will create and encourage enthusiasm. Teaching must be affirming, meeting trainees at their level, acknowledging what they understand so far, and then bringing them on. There is little place for a style that is destructive or engenders fear.

Well organised and well delivered training also influences professional attitudes of all staff. Nurses can and should be included. A multidisciplinary approach creates good working relationships within the department.

There are differences between the training needs for undergraduates and SHOs.

Undergraduate training

Medical students usually attend the A&E department after initial clinical training, when they will have learnt how to clerk patients. A&E is the perfect environment in which to encourage them to focus on history and examination technique and generally improve their clerking skills.

The factual content of a teaching programme is basic but should be enough to provide a foundation on which they can then build by study and further inquiry. Ensure that they understand this when they start in A&E. Be aware of medical students who do not say very much and who may be out of their depth. The concentrated interactive teaching typical of A&E may reveal this. Teachers must identify this and adjust their teaching style to accommodate and help them. Medical students do not know what is relevant and what is not, and the training programme must be designed to tell them this.

One of the most rewarding parts of undergraduate training is to stimulate enthusiasm, a quality necessary to succeed in medicine at any level. The variety of clinical work and the rich spectrum of personalities make A&E an ideal environment to develop this. Tell them the more they attend A&E the more they will learn, and that they must recognise the importance of asking questions and searching out experience. Trainers must respond to this enthusiasm.

An A&E attachment has another important role, as hospital wards become busier and inpatients stay for shorter periods. There is less flexibility on the wards for medical students, who increasingly feel excluded. By contrast, a welcoming environment where they are included as part of the team is much appreciated. A&E should relish this opportunity.

Students are at a vulnerable and impressionable stage of their training. Instil in them the correct attitude towards the job, particularly with patients. Standard of dress and manners are as important as clinical skills. It is sometimes necessary to explain this to them. Such "professionalism" must be perceived as being in touch with current practice and not old fashioned. Circumstances and styles do change and some practices therefore may become out of date. However, there are certain principles of medical practice such as honesty, courtesy, and reliability that are unchanging.

Ideally only two to three students should be in A&E at any one time. Their training programme must therefore be manageable and repeatable, setting out a clear set of goals for them to achieve. It should include the following teaching methods.

Patient assessment—New patients should be seen so that students can learn to take a focused history and examination, present the relevant findings, and make a definitive diagnosis. Allow time for them to do this. Further case discussion depends on the time available.

Informal questions—Medical students should be encouraged to ask questions at all times, and of all staff. They should recognise how much they can be taught by senior nurses on duty. There is always something to see and learn. They must be discouraged from standing around "waiting for things to happen".

"20 minute topics"—These short lectures can be given to the medical students when the department is quiet. Timing therefore needs to be flexible. Subjects may be divided into a core curriculum which you aim to cover with everybody and an optional curriculum which can be covered when there is time. One possible programme might include the following:

**Accident and
Emergency
Department, Bristol
Royal Infirmary,
Bristol BS2 8HW**

Correspondence to: Mr
Rawlinson.

CORE CURRICULUM

- The management of cardiac arrest
- Initial management of multiple trauma
- Differential diagnosis of chest pain
- The management of “collapse ? cause”
- Wound management, tetanus, and suturing
- Dealing with death and bereavement

OPTIONAL CURRICULUM

- Coma
- Back pain
- Burns
- Head injury
- Spinal injury
- Acute asthma

Students should be encouraged to seek out senior members of staff to teach them and ensure that as much as possible of this curriculum is completed.

Procedures—There are many procedures performed in A&E that the medical student should see and be trained to do. A possible list includes the following:

- Cardiac resuscitation (doctor)
- Trauma resuscitation (doctor)
- Aseptic technique (A&E nurse)
- Dressing skills (A&E nurse)
- Analgesia, intramuscular injections, controlled drugs (A&E nurse)
- Suturing (doctor)
- Plaster application (plaster nurse)
- Catheterisation (male, doctor; female, A&E nurse)
- Physiotherapy

Note that these include both nursing and medical procedures. Medical students do and should learn from nursing staff. This will improve their future relations with senior nurses when they are doctors.

Clinical examination—There may be an opportunity during their attachment to revise certain “set piece examinations” on patients, such as hip or knee examination, the assessment of a “lump or bump”, and a diagnosis of a lump in the groin.

The students should be encouraged to return a completed “task sheet” and give feedback. They will appreciate the opportunity to be critical and you will be able to continuously change and upgrade their A&E attachment.

SHO training

SHOs may already know where they want to specialise before they start working in A&E. This influences their approach to training. Their training programme must be relevant to their practice, varied, and include non-clinical topics. They are a more critical audience in this regard and will soon switch off from anything that bores them. Their attendance will then be poor.

The need to nurture enthusiasm among this group takes on a new importance. They may be tired and stressed, and the harsh reality of postgraduate training and preparing for examinations means many become disillusioned. Enthusiastic affirmative teaching does much to compensate for this. It is also more likely to achieve a fuller attendance, particularly as they

may not be keen to attend teaching after a night shift or when off duty. However, they should be expected to attend unless there are exceptional circumstances—8 am is the best time as it enables the doctor on night duty to attend before going home. They must also understand the need to attend teaching so they can be more readily defended for the errors they will inevitably make. Pose this to them as a management problem. Ask them how they would organise training to include all of the SHOs when at any one time someone will be off duty. It is often their reaction to this, or their interpersonal relationships and reliability with their colleagues, rather than their clinical competence that indicates their eventual strengths, weaknesses, and even suitability, as a doctor.

Bearing this in mind, a training programme for SHOs must not be unrealistically burdensome. The lectures need to be daily for the first two to three weeks in order to cover the basics. Later more interesting and unusual topics can be included. Provide a mix of straight medicine and fringe topics, in-house teaching by senior staff from the department and from outside speakers (for example, police from the drug squad, doctors and other workers who deal with the homeless, volunteers who work with alcoholics, etc). The lectures must be good. Attendance will be poor if they are not. Your programme is more vulnerable when you use outside speakers. Do not ask them again if they are no good. Be ready to fill in if they don't turn up. It is disastrous for the SHOs to come in, only to find that there is no one to teach them.

The formal lecture programme is supplemented by the continuous training that occurs in the department. The senior staff should be seen to spend significant time working alongside their SHOs. Much will then be taught by example. It will be appreciated that you are sharing in the stress and hurly burly of the department.

Pastoral care

Trainers have a role in caring for the welfare of both medical students and SHOs. Students are exposed to acute severe illness as well as sudden death and are discovering for themselves where they are vulnerable. It is important to be aware of this and watch for signs of distress. A good teacher will often be respected and approached for counselling. Likewise the SHOs can use tutorial time to be debriefed.

Standards

There is little excuse for a poor standard of training. Tutors need to provide high quality training and reliability. Organisation must be perfect. It is a bad example when this breaks down, as students will become more tolerant of low standards. If you, as a trainer, don't appear to care then they won't see the need to care later. The SHOs' reaction is harsher. If you don't appear to care then they simply won't care either. They just don't turn up. Word will spread on the medical grapevine.

Conclusion

It is very rewarding to teach medical students and SHOs and watch standards improve. Whatever they eventually specialise in you must aim to have some influence in their career. A successful and enthusiastic training programme will also attract students back into your specialty after qualification. Enthusiasm for training

should be infectious and doctors need to be shown that they continue to learn all their professional life. Finally, the hidden agenda is that the high standard and pursuit of excellence in the medical profession is maintained by good teaching, not only by ensuring good standards of patient care in the present but also by training the next generation of medical tutors.