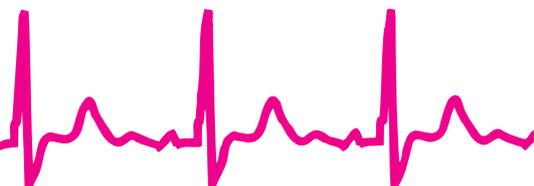


Emergency Medicine Journal

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SUPPLEMENT

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Continuing medical education for consultants

In March 2002 we ran the first of hopefully many courses aimed at the continuing educational needs of A&E consultants. The motivation for setting up such a course came from an acute awareness of our own educational needs which were not being fulfilled by courses we had attended around the country purporting to keep us up-to-date.

Sue Mason, Alan Fletcher, and I attempted to create a tailor-made course for A&E consultants. We believed that there were four main components that we would like to incorporate in such a course. The first of these was a form of assessment. We felt that it was vital that candidates were challenged throughout the course and not allowed to become passive spectators. We were very much aware of the vulnerabilities and insecurities that we all have and it was therefore vital that this assessment was non-threatening, and the best way we felt to achieve this was to make the course self assessment. The course therefore started with an OSCE where candidates were asked to answer 30 questions and then they were provided with the answers. At the end of the course there was a similar OSCE that was designed to show candidates that the knowledge base had improved, reinforcing the value of the course.

The second principle was that consultants should not feel embarrassed or exposed in the environment that we created either because they were having to compete with more knowledgeable/confident registrars or by an over enthusiastic and domineering faculty member with a point to prove. We were very fortunate in attracting high profile

individuals with a good track record of teaching who had no problem in adopting the approach of facilitators rather than teachers.

With regard to the content we clearly couldn't cover the whole range of conditions that make up emergency medicine but decided to focus upon aspects of cardiorespiratory illness and the interpretation of the chest *x* ray, ECG, and blood gases. This approach not only gave us adequate material for the self assessment quizzes but these are some of the core skills required in the management of all sick patients.

The final consideration was that the course should be enjoyable, not over-taxing, and with more than adequate time for networking. The course was therefore limited to two days and ran from 9.30 to 5.00 pm. Sandwiched between the self assessment quizzes were five lectures and five workshops. The lectures covered topics such as oxygen therapy in patients with COPD, venous thromboembolic disease, and the management of acute coronary syndromes. Each lecturer was asked to pose 10 questions to the audience throughout their presentation. The audience had the opportunity of "voting" for the correct answer using a digivote system. We believe this was an essential component and given that the voting was anonymous candidates could participate without feeling threatened. The workshops covered topics such as chest *x* ray interpretation skills, arrhythmia management, and acid base disturbance.

Having agreed the format of the course, it wasn't difficult to attract an appropriate faculty. It was more difficult attracting candidates. We first advertised the course with a flyer at the Spring Conference in Bournemouth 2001. Three hundred flyers were distributed giving a telephone number for further details. It was sur-

prising that not one phone call was received. We then advertised the course on the Acad.A&E web site which provoked about six inquiries. A letter to every A&E department in the country produced slightly more inquiries, though still less than 20. It wasn't until a personalised letter was sent to every A&E consultant in the country that an appropriate response was obtained. We received over 100 inquiries to this method of advertising, which may well have had some-time to do with the rather desperate plea of "please come" at the bottom of the letter.

The venue was the purpose built Postgraduate Medical Education Centre at the Northern General Hospital in Sheffield and the first course attracted 36 A&E consultants. The faculty consisted of A&E consultants, cardiologists, radiologists, and a chest physician. The course appeared to hit many of the right notes if we are to believe the feedback and appraisal forms. However, there are 36 A&E consultants out there who would be able to give you an unbiased view.

There is clearly scope for similar courses covering different issues—for example, neurological emergencies, aspects of trauma management, and soft tissue problems. It wouldn't be too

Did you know . . .

The lawyers' favourite bone, the scaphoid, is so called because it is boat shaped: its name comes from the Greek. Its counterpart in the foot, the navicular, is similarly named after the Latin for boat. It is rather less prone to avascular necrosis or litigation. Under the old Jena anatomical nomenclature every patient had four navicular bones: one in each wrist and one in each foot. No doubt this confused laymen and medical students, always an important function of medical terminology.

difficult to devise a course that lasted a week incorporating a whole range of topics and run it in a plush overseas venue along the lines of a general practitioner update course. However being an A&E course we will almost certainly end up in Skegness.

Further work, time, and consideration is required to see how this course will evolve, though I could see such a course being an essential feature of the revalidation process.

For those of you requiring more details of our next course on 11–12

March 2003 please contact Carolyn on Sheffield 0114 2715973 or email carolyn.whomersley@sth.nhs.uk.

FRANCIS MORRIS
Northern General Hospital, Sheffield

The new A&E specialist registrar personal development portfolio

Later this year a new personal development portfolio will be introduced for specialist registrars in A&E. This replaces the current log book and will form an integral part of future SpR training, with important implications for both trainers and trainees. This article describes the new portfolio and early experiences of its use.

Over the last few years continuing professional development, reflective learning, and personal portfolios have become increasingly important in the world of medical education, revalidation, and appraisal. The old log book has had its day, and when the moment came to review the A&E core curriculum it seemed timely to overhaul the SpR training record.

The appropriate use of the document will be a challenge. It requires a change in the way we approach our personal development and lifelong learning. Structured, regular appraisals of progress should be beneficial to trainees and trainers and it is hoped that the depth of discussion the new portfolio might provoke will encourage direct observation of practice.

The new portfolio has four sections.

- Part 1—Personal details and career summary.
- Part 2—Personal development records.
- Part 3—Record of achievement (courses, publications, presentations, audit).
- Part 4—Appendices (CV, curricula, etc).

The most important changes are to be found within part 2, the personal development records, which have four distinct elements.

Progress meetings

Every three months a trainee will meet their trainer to discuss key achievements and concerns during the previous period of training. These should not only be clinical episodes but also

managerial, teaching, and academic events that have gone well or not so well. This is an opportunity to reflect on that SHO teaching episode when five out of six fell asleep, and that personal thank you card from a successfully treated patient—are there lessons to be learnt or training needs to be addressed? Based on these comments an educational prescription (or learning action plan) is devised for the next three months and a realistic time frame agreed before future review.

Self assessment checklists

At least once a year these six checklists should be completed. A trainee records

both their level of exposure to, and confidence in dealing with, clinical problems, practical procedures (sentinel skills), management, teaching, and academic issues. The last checklist deals with those personal attributes desirable in any future A&E consultant—for example, leadership and communication skills. It is hoped that exposure and confidence will grow over the years and that this will be a better “log” than the old tick-box system. Expected standards of competence are given, recognising that you theoretically need to know how to perform an emergency delivery but might never need to! All the checklists are

Workshops

Royal Free Hospital, Rowland Hill Street, London NW3 2PF

Following the success of our last year's workshops for A&E registrars preparing for examinations (see www.ntrag.co.uk for evaluations) NTRAG is pleased to announce the following two days skills based workshops focusing on evidence based practice, covering search skills, critical appraisal, and research methodology

Tuesday 10 September 2002

- 09.30–13.00 hours—Introduction to evidence based health care: defining the question
Along with basic concepts of evidence based healthcare, a range of research methods is over-viewed including study designs, statistical terms, interpretation of results.

- 14.00–17.00 hours—Finding the evidence

An introduction to search techniques that will improve participants' ability to obtain pertinent information on the best available research quickly and efficiently. Led by our experienced librarian trainers in a fully equipped computer training facility, participants will learn how to develop strategies for searching Medline, the Cochrane Library, and other resources available via the internet. During the session participants will explore sources of effectiveness literature (such as *Clinical Evidence*) available through the National Electronic Library for Health.

Wednesday 11 September 2002

This workshop assumes some familiarity with the concepts of evidence based healthcare and the range of standard research methods. Participants will either have attended our introductory workshop or previously acquired the necessary background.

- 09.30–13.00 hours—Critical appraisal of randomised control trials

This session focuses on the evidence from one particular type of research: the randomised controlled trial (RCT). Using guidelines and checklists, participants appraise one or two RCTs within the context of a relevant decision-making scenario. Special attention is paid to the presentation and interpretation of results, including the concept of “numbers needed to treat” (NNT).

- 14.00–17.00 hours—Critical appraisal of systematic reviews

This session is theme linked to the RCT presented during the morning. The conduct of a systematic literature search and the pooling of relevant quantitative results are considered. Participants will again be guided through a checklist to help them in appraising a systematic review or meta-analysis.

All our workshops are led by experienced tutors who are experts in the field.

Cost: £120.00 + VAT per day (fee includes all teaching materials).

If you wish to book a place on this workshop or require more information, please email the NTRAG office: info@ntrag.co.uk, tel 020 8361 4575, or fax 020 8361 2123. You may also care to visit our web site at www.ntrag.co.uk

what they say—self assessments, but room is left for trainers to add their comments.

Secondments

Well structured secondments with clear aims and objectives and sensible supervision enable us all to learn. In a similar style to the progress meetings and summative training plan this section allows the secondment to be tailored to an individual's requirements.

Summative training plan

This is a learning plan for the whole year ahead. It is drawn up by trainer and trainee based on the above self assessments and progress meetings, and is the only part of this section that must be shared at the annual RITA assessment. The other parts need only be divulged with the trainee's permission.

Over the past six months, a trainer and trainee in the South West of England have been using a prototype version of the new portfolio, and make the following comments on its practical application:

“At first glance, there appeared to be a considerable amount of work involved in completing the record. However, once familiar with the portfolio's aims and design, it became an invaluable part of the trainee's educational planning and documentation. We felt that the structured approach to training needs, the areas for self evaluation, and the three monthly progress meetings were an excellent training framework. It is appropriate that, during progress meetings with the trainer, the trainee can keep a record of achievements and key learning episodes, and also document concerns and update action plans. The structured meetings allow an opportunity to consolidate knowledge on a regular and fairly frequent basis. They also give an opportunity to set ongoing targets. We also felt that the portfolio was good preparation for maintaining a similar record as a consultant, but acknowledge that it requires a fairly high degree of motivation from both trainer and trainee to keep it up to date”.

The portfolio will come as a colour coded folder that the Faculty will

initially provide as a paper document. Many will choose to keep an electronic version and we are currently exploring the best way to facilitate this. The portfolio will not suit everyone—we are all individuals with different learning styles. However Alastair McGowan, Stephen Hawes and Katherine Lendrum, the main developers of this new document, hope that it will prove more useful than its predecessor, both during training and in future consultant life.

KATHERINE LENDRUM
Consultant, Chesterfield & North Derbyshire Hospital

ELIZABETH GILBY
Specialist Registrar, North Bristol NHS Trust

JASON KENDALL
Consultant, North Bristol NHS Trust

JONATHAN BENDER
Specialist Registrar, Royal United Hospital, Bath

Table 1 Recent consultant appointments. The information for the consultant appointments is provided by the Faculty and any errors should be notified to them and not the journal

Name	Hospital	Previous post
Christopher Biggin	North Tyneside General Hospital	SpR, Sunderland Royal Hospital
Derek P A Burke	Sheffield Children's Hospital	
James Connolly	Royal Victoria Infirmary, Newcastle	Consultant, University Hospital, Nottingham
Stephen A Derbyshire	Royal Oldham Hospital	Consultant, North Manchester General Hospital
Rahulan Dharmarajah	North Staffordshire Hospital	SpR, Birmingham Heartlands Hospital
Sylvester I Dima-okojie	Southend Hospital	SpR, North East Thames
Michael J Fenwick	South Tees Hospital	SpR, Gateshead
Chun-Hong Fong	Mater Hospital, Northern Ireland	Locum consultant, Northern Ireland
Louise J Freeman	North Tyneside General Hospital	Locum consultant, South West Thames
Vijayshil Gautam	North Middlesex Hospital	Consultant, Queen Elizabeth II Hospital
Ian M Higginson	Bristol Royal Infirmary	Locum consultant, Bristol Royal Infirmary
Edward T Lamuren	North Middlesex Hospital	SpR, Addenbrooke's Hospital
Witold J S Liskiewicz	North Manchester General Hospital	Kingston Hospital
Gavin Lloyd	Tameside General Hospital	Consultant, Bristol Royal Infirmary
Stephen J Meek	Frenchay Hospital	Consultant, Royal United Hospital, Bath
Roderick K Milne	North Tyneside General Hospital	SpR, Royal Victoria Infirmary, Newcastle
Paul A Ransom	Royal Sussex County Hospital	SpR, St Thomas' Hospital, London
Subrahmanyam Srinivas	Epsom General Hospital	Consultant, Worthing Hospital
Philip J Stamp	North Tyneside General Hospital	Consultant, University Hospital of North Tees
Darren Walter	Wythenshawe Hospital	SpR, St James's University Hospital, Leeds
Paul A Wrenn	Good Hope Hospital	SpR, West Midlands

Career guide

All emergency departments should shortly be receiving a number of career guides containing (almost) everything anyone would want to know about a career in emergency medicine but might be too afraid to ask. It is envisaged that these can be given to anyone who is interested in the specialty and would like to know more. Each department might like to keep one as a reference and more copies can be obtained from the BAEM office. The guide will be regularly updated and all comments should be sent to the authors Ruth Brown and Diana Hulbert via the *EMJ Supplement* address.

To contact the editors write to:

Mike Beckett and Diana Hulbert, Accident and Emergency, West Middlesex University Hospital, Twickenham Road, Isleworth, Middlesex TW7 6AF (tel 020 8565 5486, fax 020 8565 2516, email cjura@bmjgroup.com)

News from BAETA

BAETA Conference, 18-20 September 2002, Armada House, Bristol: "From Casualty to ER"

This year the BAETA conference will be held in the heart of Bristol. The venue is the elegant Armada House, situated close to the historic dockland and marina, and the award winning Millennium "@ Bristol" complex. A full and varied academic programme takes a look at the evolution and future of emergency medicine. This includes state of the art presentations and keynote addresses by leaders in the specialty. There will also be a free paper session. The social programme is just as active, with visits to the Bristol Downs (for a quick game of rounders), the famous Clifton Suspension Bridge, and the "@ Bristol" centre. There's an informal night out on the first evening, followed by a formal dinner on the second, at the spectacular English Heritage listed Goldney Hall, set in 10 acres of gardens. Two nights hotel accommodation and all meals are included in the price. The conference fee is a very reasonable £220 for early birds (before 10 July 2002) or £240 after that date. For inquiries or a booking form please contact either Sian Veysey at sian.veysey@virgin.net or Daranee Boon at daranee@mountain.solis.co.uk.

Round up of "Forum" news from FASSGEM

FASSGEM conference

The 2002 conference is to be held at the Holiday Inn, Portsmouth, from 12-15 November. Topics to be covered during the academic sections of the conference include the work of police surgeons and coroners, the management of sick children, workshops on audit and teaching, plus many more emergency medicine subjects.

There will be a conference session reserved for the presentation of audit/research topics (with a prize for the best presentation). Anybody with work they wish to present should let the organisers have details of their paper ASAP to facilitate programming. The FASSGEM AGM will be held on 15 November.

Faculty news

- Plans for a membership examination, conferring entry to higher specialist training in emergency medicine, are proceeding rapidly. The exam (MFAEM) is likely to comprise MCQ, data interpretation, and OSCE sections. It will be piloted in the near future.
- There has been much discussion regarding the structure and content of the FFAEM exit examination, but although this is under review changes are unlikely in the near future. The next diet will be 6-8 November (subject to confirmation), with a closing date of 30 August.
- The new professional development record for registrars, replacing the old training log, will be introduced later this year. It will be distributed to all registered trainees along with a date from which it should start being used. The new record provides a much greater structure to SpR training, and should act to improve overall training quality.
- The number of registrars in the UK remains constant with no sign of change in the immediate future. Emergency care has a high political priority at present, and consultant numbers are being expanded; there is even the possibility of a small increase in SpR numbers if this continues.

Subspecialty training programme in paediatric A&E

Although there is not yet specific registration for a special interest in

paediatric A&E on the specialist register, or a specific CCST available, the STA is currently reviewing their position on this. The JCHT (A&E), together with the Royal College of Paediatrics & Child Health have produced guidelines for training which can be viewed on the Faculty web site. There is also a separate curriculum for paediatric A&E available from the Faculty (revised November 2001). As an example of what may be available, a subspecialty training programme in paediatric A&E for North East Thames trainees has been approved by the JCHT (A&E). It consists of a three year period, half of which is spent in paediatric related training, including paediatric A&E at the Royal London Hospital. To find out more or for advice about subspecialty training in paediatrics, contact Ffion Davies, Consultant in Emergency Medicine, A&E Department, Royal London Hospital, London E1 1BB (email Ffion.Davies@Bartsandthelondon.nhs.uk).

JASON SMITH

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JONATHAN BENDER

Members' Representative to the Faculty Board; JB@sectae.org.uk

The Portsmouth Holiday Inn is close to the seafront and the historic dockyard and has its own gym and swimming pool. The FASSGEM annual dinner will be held on board *HMS Warrior* and includes an informal tour of this historic ship.

Don't miss this event—come and meet other NCCGs working with the same stresses and strains as you and find out the latest news on negotiations on pay and working conditions!

It is CME approved and the expected cost per person is £395 for BAEM members and £445 for non-BAEM members (remember there is a special deal on BAEM membership for staff grades: contact BAEM Office for details).

More details on the conference are available from the Secretary of FASSGEM and Conference Organiser, Carolyn Hargreaves (chargreaves@doctors.org.uk) or via the A&E Depart-

ment, Queen Alexandra Hospital, Cosham, Portsmouth.

BAEM policy document on NCCGs

The Executive Committee of BAEM has approved a policy document on NCCGs; this has subsequently been formally launched (at the International Conference in Edinburgh).

The full text of the policy document can be found on the BAEM web site (copies have also been sent to all BAEM members).

Pay

Discussions on pay and conditions of work are ongoing, unfortunately it seems unlikely that much progress is going to be made until the negotiations on the new consultant contract have reached a conclusion. Watch this space!

ANDREW NEWTON

Chair of FASSGEM (Forum for Associate Specialists and Staff Grades in Emergency Medicine); apnewton@fairviewshipham.fsnet.co.uk