



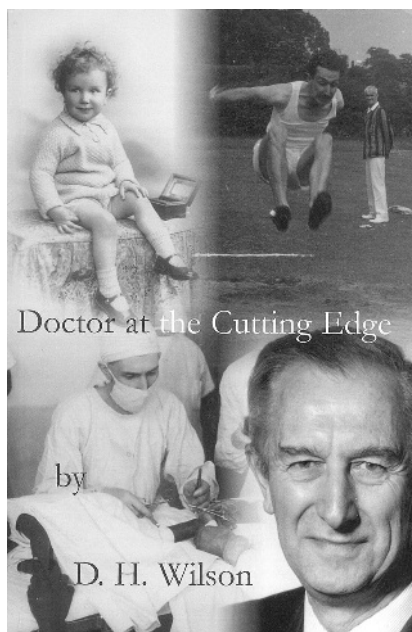
Medicine at the cutting edge by David Wilson

As well as charting the course of an extraordinary life and medical career, this little book should be read by anyone interested in the roots of emergency medicine as practiced in the UK.

Many of the founders of the specialty were, like him, medical missionaries who returned to the UK as the colonial period was coming to an end. They brought with them their own ethos and no-nonsense, hands on approach to all aspects of running a department that influenced the way emergency medicine developed, the effects of which can still be seen today.

David Wilson entered Leeds medical school in 1945. In the first year of his clinical training, in 1948 he was attached to the Casualty department for 6 weeks. On the morning of his first day he was required to give a general anaesthetic for a patient with a forearm fracture. He had received no training, but the surgeon told him what to do. He was amazed when the patient woke up and thanked him! Encouraged by this he sought out other opportunities to give anaesthetics and, by the time he qualified in 1951 he had given 120 general anaesthetics. How times have changed.

After 6 months as a house surgeon he applied for a Senior House Officer post in Casualty. By then there had been a dramatic development. In 1949 Maurice Ellis, a surgeon who had been working in



the Colonial Medical Service in Nigeria, was appointed as Senior Registrar in Casualty in Leeds. Then in 1952 he was upgraded to Consultant, the first ever such appointment in Great Britain. He bought order and professional discipline to the department. He even initiated research into Casualty!

He was an inspiration and a role model. The junior doctors referred to him as 'Father Ellis' such was his care and concern for them.

After training in Obstetrics, David took a diploma in tropical medicine in

Antwerp and then, in 1954 he went to work in the Belgian Congo. As the only doctor in a jungle hospital he was challenged by widespread crippling from polio, leprosy, tuberculosis and long standing untreated injuries. Consequentially, on his first leave he worked at the Royal National Orthopaedic hospital and then returned to work in the Congo's only orthopaedic centre. In 1960 Belgium granted independence to the Congo and all law and order ceased. David's wife and child were removed by an American army helicopter and repatriated to the UK. He stayed on for a further year caring for thousands of refugees in a situation of personal danger.

On his next leave he worked for a year as Research Registrar for Maurice Ellis in the Casualty department and took the FRCS. On returning to the Congo in 1964 he continued to raise the standard of the Orthopaedic service with its limb fitting centre and he established the first paraplegia unit in central Africa. For his last 2 years in the Congo he taught orthopaedics and trauma to the first ever medical students in the newly created University in Kinshasa.

In 1968 David and his wife reluctantly decided that as they now had a family of four children they should stay in the UK for the sake of their children's education. David took orthopaedic posts in Leeds, Halifax and Bradford. He had hoped to follow Maurice Ellis when he retired in 1968. There had been a gap in the post because the hospital tried to follow the recommendations of the Platt report and asked the orthopaedic surgeons to be

responsible for the department. When in 1970 no doctor applied to work there, they realised they had made a mistake and so they re-advertised the consultant post. David Wilson was put in as a locum, he applied for the post and at interview he was appointed. He had two juniors and a number of general practitioners contributing occasional sessions to provide emergency care for a city of half a million population.

To make the department more attractive to junior doctors he introduced a half day of structured teaching and training. He could do this by doubling up the number of GPs on duty each Thursday afternoon. He also developed a curriculum of teaching for the medical students assigned to the department. Surprisingly, while sharing coffee and mince pies on Christmas day morning 1970, the Regional Medical Officer asked him to submit a request for the appointment of a senior registrar. He did so, and this was the stimulus for the Department of Health to set up a National Training Committee, on which David and Dr Howard Baderman from University College were the two accident and emergency consultants. The Committee had to prepare an outline curriculum and visit hospitals who had applied for a senior registrar to see if they had the capability of giving adequate training and experience.

In 1967 the Medical Assistants, who were responsible for most of the Casualty departments in the country, formed the Casualty Surgeons Association. They invited Maurice Ellis to be their President. In 1971 he invited David to accompany him to the Annual Conference in London. There they met with 30 other doctors working in Casualty. Shortly after they learned that

the Department of Health was planning to establish 32 new consultant posts in Casualty departments. Thus there would be consultant posts for some of the Medical Assistants, who were already doing the work, but also for the senior registrars who were to be trained for them. Also the name was to be changed from Casualty to Accident and Emergency.

From then onwards there was a growing momentum. In 1973 Dr Ian Adams was appointed consultant in the newly created accident and emergency department at St James hospital on the east side of the city of Leeds. Also in 1973 David was given the opportunity of enlarging and redesigning the Infirmary accident and emergency department and this new building opened in 1975. In preparation for this, in 1974 the General Infirmary allocated funds for the appointment of a second accident and emergency consultant and Mr Michael Flowers was appointed, making Leeds the first place in the UK to have two accident and emergency consultants in one hospital. Having three consultants in the city enabled the establishment of a rotating senior registrar training programme.

In 1973 David was invited to lecture on his research work at the New York Academy of Science. While in New York he made contact with an emergency department and learned from the staff that there was a College of Emergency Physicians based in Dallas, Texas. When the newly built accident and emergency department opened in Leeds in 1975, it was the first emergency department in Europe to have daylight loading of x ray films. This resulted in an invitation to speak at the annual meeting of the International Congress of Emergency Surgery in Zurich. Since David was

French speaking, resulting from his studies in Belgium and his work in the Congo, he was asked to join the Permanent Committee of the Congress as the UK representative.

These contacts with the USA and Europe and soon after with Australia led to professional contacts around the world. In 1981 the Casualty Surgeons Association hosted its first International Congress in Brighton and invited guests from abroad. From this grew the International Federation for Emergency Medicine. David chaired the first meeting of the planning committee in Edinburgh in 1984 and presided at the first international meeting that was held in London in 1986. It was a great success and subsequent meetings have been held every 2 years rotating through Australia, Canada, USA and UK. In appreciation of this David is now an Honorary Fellow of the American College of Emergency Physicians and of the Australasian College for Emergency Medicine.

These international contacts have led to another change in the specialty's name in the UK. Casualty became Accident and Emergency and this has now become Emergency Medicine, which is the world wide accepted title for this new and basic element within the medical profession. David Wilson is now retired, and living in a beautiful and peaceful part of mid Wales. He has watched with great interest as the intercollegiate Faculty has become the College of Emergency Medicine and it is a source of deep pride that one of his former registrars, Jim Wardrope, is the College's first President.

Doctor At the Cutting Edge is available from D Wilson, Lower Ackhill, Presteigne, Powys LD8 2ED, price £15.00

Consultants - Do you need some CPD?

Trainees: Are there areas of the curriculum you need to revise?

Everyone: Come to the RSM—gold standard lectures, classy setting, a little light shopping after you have been educated.

The section of Emergency Medicine of the RSM (formerly known as the section of Accident & Emergency Medicine) invites you to the next meeting. Entitled Women and Children first. It will cover topics including the new red book, CEMACH, hot toddlers and emergency sections.

This is being held on Friday June 29th. For more details email a&e@rsm.ac.uk or ring Anna Jesse on 0207 290 2987.

Preparing for the FCEM exam

The Fellowship Exam (FCEM) has undergone a series of recent changes. The College of Emergency Medicine website published a curriculum for specialist training in July 2006, forming the basis for the exam. There is currently no published or online revision resource for the FCEM. However, a combination of personal study, attending revision courses and learning from your consultants and post-exam trainees appear to offer robust preparation.

REVISION COURSES

There are a small number of revision courses for the FCEM exam, of which I attended two, prior to the November diet of exams. Courses run 1–2 months prior to each sitting of the FCEM.

General Revision Courses

There are two 2-day courses covering all aspects of the exam, held in London and in Birmingham.

I attended the **West Middlesex FCEM course** in London (formerly the Chelsea course), run in March and September. It has a faculty of young consultants all of whom have sat the FFAEM in recent years. During the 2 days, there were a number of introductory talks covering each aspect of the examination, followed by small workshops with a high faculty to candidate ratio. In the workshops, mock vivas for the CTR, critical appraisal and management were conducted with helpful feedback and tips from the faculty. The 2 days also included a mock SAQ paper, a mock OSCE and a group in-tray with feedback sessions.

The 2-day course was most useful for refining and consolidating exam technique rather than for acquisition of new knowledge, due to the time constraints. I would therefore recommend a 2-day course for candidates requiring a general overview of the exam who want to improve their viva and OSCE techniques. A definite strength of this course was the small group workshops, allowing feedback to be more individual. It is less suited to those wanting more SAQ testing or those unsure of their critical appraisal techniques.

I also attended the 5-day **Middlesbrough FCEM course** at the James Cook University Hospital, run in March and October. It has a faculty of both academic consultants and young consultants who have experienced the exam in recent years. Over the 5 days, there were daily mock SAQ papers, two full mock exams including OSCEs and vivas, management teaching and very

useful statistics and critical appraisal sessions.

I felt that the 5-day course allowed for each area of the exam to be covered in greater depth, and in particular was excellent preparation for the viva components of the FCEM. It was held in the week prior to the written paper, making the daily SAQ papers invaluable. I would strongly recommend it for anyone needing more critical appraisal teaching, as it was especially good for this aspect of the exam. Another strength of the course was good management teaching (although I would suggest attending a separate management course such as the ones listed below). In the week before the SAQ paper, going away to the course also allowed me to have a week of dedicated revision with other trainees sitting the exam and away from the distractions of a small baby at home.

Other Revision Courses

A 1-day OSCE revision course in Manchester is run in March and October. The course does not currently cover other aspects of the exam.

There are also two 5-day management courses useful for the FCEM exam, held in London and Middlesbrough. The **London Management course** is run annually at the Homerton Hospital and the **Middlesbrough Management course** runs April and September at the James Cook University Hospital. Although the courses are not specific to the exam, they are good preparation for FCEM, future consultant interviews and life as a new consultant.

USEFUL READING

I found the following book list useful. It is a personal, rather than exhaustive list.

General Revision:

- OJ Ma, D Cline, J Tintinalli, *et al.* *Emergency Medicine Manual: A Comprehensive Study Guide*. McGraw-Hill Publishing Co, 2004. ISBN: 0071410252.
- RJ Evans, D Burke. *Key Topics in Accident and Emergency Medicine*. Bios Scientific Publishers Ltd, 2000. ISBN: 185996124X.
- RJ Morton, BM Phillips. *Accidents and Emergencies in Children*. Oxford University Press, 1996. ISBN: 0192627198.
- EF Crain, JC Gershel. *Clinical Manual of Emergency Pediatrics*. McGraw-Hill Publishing Co., 2004. ISBN: 0071433791.
- KA Illingworth, KH Simpson. *Anaesthesia and Analgesia in Emergency Medicine*. Oxford University Press, 1998. ISBN: 0192629085.

- RM Walls, MF Murphy, RC Lutten, *et al.* *Manual of Emergency Airway Management*.
- Lippincott Williams & Wilkins; 2Rev Ed, 2004. ISBN: 0781747643.
- D Semple, R Smyth, J Burns, *et al.* *Oxford Handbook of Psychiatry*. Oxford University Press, 2005. ISBN: 0198527837.
- N Raby, L Berman, G de Lacey. *Accident and Emergency Radiology*. Bailliere Tindall, 2005. ISBN: 0702026670.
- E Dick, I Renfrew, I Francis. *Emergency Radiology: Rules and Tools*. Remedica, 2003. ISBN: 1901346285.
- ATLS, ALS, EPLS, APLS and MIMMS manuals.

OSCE Revision:

- G Douglas, F Nicol, C Robertson. *Macleod's Clinical Examination*. Churchill Livingstone; 11Rev Ed edition, 2005. ISBN: 0443074046.
- J Gray, A Thillainayagam. *MRCP 2: Passing the PACES*. PasTest, 2003. ISBN: 1901198731.
- C Parchment-Smith. *Surgical Short Cases for the MRCS Clinical Examination*. PasTest, 2002. ISBN: 1901198448.

Critical Appraisal Revision:

- T Greenhalgh. *How to Read a Paper: The Basics of Evidence-Based Medicine*. Blackwell Publishing; 3Rev Ed edition, 2006. ISBN: 1405139765.
- N Gosall, G Gosall. *The Doctor's Guide to Critical Appraisal*. PasTest, 2006. ISBN: 1905635028.
- B Faragher, C Marguerie. *Essential Statistics for Medical Examinations*. PasTest, 1998. ISBN: 0906896827.

Management Revision:

- AP Montague, A Hopper. *Legal Problems in Emergency Medicine*. Oxford University Press, 1996. ISBN: 0192624962.
- A Young. *The Medical Manager: A Practical Guide for Clinicians*. BMJ Books; 2nd edition, 2002. ISBN: 0727917811.
- C Baxter, MG Brennan, Y Coldicott, *et al.* *The Practical Guide to Medical Ethics and Law*. PasTest, 2005. ISBN: 1904627315.

Other Useful Resources:

- EMJ Simulated Management Series, S McCormick and J Wardrope, EMJ, 2001–2003
- <http://www.emergencymed.org.uk/BAEM/>
- <http://www.emergencymed.org.uk/CEM/>

- <http://www.dh.gov.uk/Home/fs/en>
- <http://www.nelh.nhs.uk/>
- <http://www.nice.org.uk/>
- <http://www.sign.ac.uk/>
- <http://www.brit-thoracic.org.uk/>
- <http://www.bma.org.uk/>
- <http://www.the-mdu.com/>
- <http://www.gmc-uk.org/>

COURSE CONTACTS

West Middlesex FCEM 2-day course

West Middlesex University Hospital, Twickenham Road, Isleworth, London

Contact: FCEM Course Secretary, 0208 565 5406.

Birmingham FCEM 2-day course

Birmingham Heartlands Hospital, Birmingham

Contact: Mr O Erinfolami Ola. erinfolami@heartofengland.nhs.uk or

ellouise.bratby@heartofengland.nhs.uk or 0121 424 0797.

Middlesbrough 5-day FCEM course

The James Cook University Hospital, Middlesbrough

Contact: Pat McSorley pat.mcsorley@stees.nhs.uk or 01642 854122.

See <http://www.teessidecem.org.uk/index.htm>

Manchester 1-day FCEM OSCE course

ALSG Centre for Training and Development, Manchester

Contact: manchesterem@googlemail.com or 0161 794 1999.

See <http://www.manchesterem.co.uk/index.html>

Managing an Emergency Medicine Department 1-day course

Homerton Hospital, London

Contact: Mr S Miles stephen.miles@homerton.nhs.uk

Management in Emergency Medicine 5-day course

The James Cook University Hospital, Middlesbrough

Contact: Pat McSorley pat.mcsorley@stees.nhs.uk or 01642 854122.

See <http://www.teessidecem.org.uk/index.htm>

SERENA AYERS

serena.ayers@blueyonder.co.uk

References

- 1 R Brown. Faculty/College examinations: fitness for purpose *Emerg Med J* 23 924-926.
- 2 College of Emergency Medicine. 4. College of Emergency Medicine Curriculum [Online] 5. Jul [cited 2007 Jan 02]. Available from <http://www.emergencymed.org.uk/CEM/Curriculum/Default.asp?f=archive>.

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The exam volunteer

The actors in the MCEM and FCEM exams are usually paid professionals (and in the mock exams, often medical students whose consent may be more implied than real). Very different indeed are the genuine patients, those who have real physical signs waiting to be unearthed by the perspiring candidates.

These genuine patients are volunteers and their motivation is rather more altruistic than the actors or students: they get little material gain apart from the taxi fare and a supply of tea and unexciting biscuits.

These saintly people put up with a long day of repeated physical examinations by complete strangers because they want to help medicine, to give something back, and because they realise that they are in a small way contributing to improved standards of medical training.

There can surely be no group of patients who are more favourably

inclined towards the medical profession. Their comments about the way they are treated therefore are likely to be less harsh than those of many ordinary patients, but are nevertheless worth hearing.

Its very appropriate that the patients comments are taken into account in the scoring for the FCEM and MCEM, although most of them are far too kind hearted to want to fail anybody outright.

The following are a few comments made in a recent exam course...

"Some of them looked such a mess, and their hair was all over their face, they should tie it back."

"I don't particularly like looking at bare midribs when they lean over me."

"Doctors don't seem to realise how much their approach matters. Some of the people I met today looked nervy, dithery and as if they didn't really know what they were doing or meant to be doing. It was not

particularly confidence-inspiring and made me feel uncomfortable."

"I could not believe this lot were nearly consultants, most of them looked so young and didn't seem to know very much. I wondered if perhaps they hadn't had to examine a shoulder before..."

"One of the girls actually listened to everything I said, which none of the others did."

"One of them was very nervous: I wanted to help him but he made me feel a bit nervy in the end with all his shaking and the way he repeated everything I said."

"The one I thought was best had a really confident manner. He was calm and clearly in control and totally reassuring."

"One of them really hurt me, and the examiner stopped him, which was all a bit tricky."

"Aren't the examiners lovely, ever so kind and patient. The candidates could really learn something from them."

Consultant appointments December 2006 to January 2007. The information for the consultant appointments is provided by the College and any errors should be notified to them and not the journal

Name	Hospital	Previous post
Mr Andrew J A MORGAN	The Royal Wolverhampton Hospital (New Cross)	SpR, West Midlands
Dr Jane A GWILLIAM	Royal Gwent Hospital, Newport	SpR, Wales
Dr Shafique Ahmad	University Hospital (Nottingham) Queen's Medical Centre	Associate Specialist
Mr Subramanian R DHINAKHARAN	Luton and Dunstable Hospital	Consultant, Bedford
Mr Asghar A WAIN	Queen's Hospital (Burton)	Unknown
Dr Katherine ROBINSON	North Devon District Hospital	SpR, South Western
Dr Jeremy F HARRISON	The Royal Lancaster Infirmary	Consultant, Warwick Hospital