

ACCIDENT AND EMERGENCY BROADSHEET

BRITISH ASSOCIATION FOR ACCIDENT AND EMERGENCY MEDICINE CHOICES IN UNDERGRADUATE ACCIDENT AND EMERGENCY MEDICINE EDUCATION

This broadsheet gives an overview of the scope of A&E medicine. You should focus on a small number of the total topics available and concentrate on core knowledge and skills. Most of the core topics will be covered formally. Select a reasonable number of optional topics because they interest you or you have not covered them previously. • A&E is a unique opportunity to learn because you will see unselected and undiagnosed cases on whom you can develop skills of history taking, examination and diagnosis. The duration and style of teaching will depend on the topic and the resources available. • Be opportunistic. Use the resources as listed below to aid your learning and education i.e. nurses, radiographers, phlebotomists etc. • Self directed learning is a skill you will need to develop for your future career. Ask your supervisor for advice and help with identifying relevant resources and explaining difficult concepts. • Use the PASS method - Pick a patient. Assess him/her, Study related topics, Show to others. Knowledge can be best acquired and remembered in relation to patients you have seen.

<p>Option 1 OPHTHALMIC PROBLEMS</p> <ul style="list-style-type: none"> • The painful eye • Foreign body • Loss of vision 	<p>Option 2 ENT EMERGENCIES</p> <ul style="list-style-type: none"> • Injuries • Foreign body • Epistaxis 	<p>Option 3 ENVIRONMENTAL PROBLEMS</p> <ul style="list-style-type: none"> • Heat illness • Hypothermia • Drowning 	<p>Option 4 MUSCULOSKELETAL EMERGENCIES</p> <ul style="list-style-type: none"> • Painful joints • Back pain • Sports injuries
<p>Option 5 GYNAECOLOGY</p> <ul style="list-style-type: none"> • PV bleeding • Ectopic pregnancy • Management of the pregnant patient in A&E 	<p>CORE KNOWLEDGE</p> <ul style="list-style-type: none"> • BLS • ALS • ATLS • APLS • Chest pain • Breathlessness • Shock • Unconsciousness • Rape • Sudden bereavement <p>CORE SKILLS</p> <ul style="list-style-type: none"> • Dressings • Performing ECG's • Interpreting x rays • Interpreting blood tests • IV access / fluid management • Wound closure • Examination of the eye <p>ADVANCED SKILLS</p> <ul style="list-style-type: none"> • Blood gas sampling • Chest drains / Thoracocentesis • Intraosseous / Cut down 		<p>Option 6 WIDER HORIZONS</p> <ul style="list-style-type: none"> • Communications • Records • Activities of daily living • Legal medicine
<p>Option 7 PAEDIATRICS</p> <ul style="list-style-type: none"> • Difficulty in breathing • Febrile child • Limping child • Diarrhoea / vomiting 			<p>Option 8 PSYCHIATRY</p> <ul style="list-style-type: none"> • Deliberate self harm • Disturbed aggressive patients
<p>Option 9 INFECTIOUS DISEASES</p> <ul style="list-style-type: none"> • Sexually transmitted disease • Overseas acquired infection • Gastroenteritis • Upper respiratory infections 			<p>Option 10 SOCIAL OPTIONS</p> <ul style="list-style-type: none"> • Homelessness • Alcohol / drug abuse • Elderly medicine

HUMAN RESOURCES

- A. Patients
- B. A&E Doctors
- C. Doctors from other specialities
- D. Nurses and ENP's
- E. Radiographers
- F. Radiologists
- G. Pathologists
- H. Business Manager
- I. Librarian
- J. Paramedics / EMT's
- K. Plaster Technician
- L. Receptionists

- M. Secretaries
- N. Community Nurses
- O. Physiotherapists
- P. Social Workers
- Q. Occupational Therapists
- R. Pathology Technicians
- S. Phlebotomists
- T. Computer Technicians
- U. Visiting Speakers
- V. Moulage Specialists
- W. Volunteers

MATERIAL RESOURCES

1. Books
2. Tape Slides
3. Videos
4. Journals / Monographs
5. Internet / Health Intranet
6. Manikins
7. Skeleton
8. Interactive Programme
9. Specialist Centres

ORGANISATION

1. Major Incident
2. Grand Round
3. ITU Round
4. Joint Meetings
5. Courses
6. Workshops
7. Tutorials
8. Peer Tuition
9. Clinics
10. Ambulance Duty

It is important that students utilise their time in Accident and Emergency effectively as there will be few opportunities during their training to see unselected patients who have not yet been fully investigated and diagnosed. Following an attachment in A&E medicine students will be equipped to undertake many of the tasks that a doctor has to perform when dealing with emergencies.

Commentary

Undergraduate accident and emergency medicine education broadsheet

The opportunity

Accident and emergency medicine is a developing specialty which is defining its place in the undergraduate medical curriculum. Students mark accident and emergency firms as useful but the other specialties and the chairs of curriculum committees are often unsure of our scope and capabilities. Our specialty should take the opportunity of defining its core knowledge and skills to ensure that accident and emergency medicine is included in the main lecture course and that all medical students do a substantial period of training (that is, six to eight weeks) in accident and emergency medicine.

Large amounts of SIFTR money (service increment for teaching and research) will soon follow the student, and specialties will need to demonstrate that teaching is being done in order to continue to have students assigned to their firms. As trusts will be accountable for the way they spend SIFTR, there may be opportunities to expand consultant numbers, especially in those single consultant departments which teach undergraduate students.

Using this broadsheet

This broadsheet is designed to allow departments to add topics of special local interest. A well defined core of skills and knowledge ensures that students know which types of case are important, and additional options have been made available to encourage their natural curiosity. Many departments will adapt the broadsheet to produce a log book with columns to grade pre-firm and post-firm knowledge, to be completed by the students. At the start of a firm, a consultant agrees with the students which topics will be taught formally. Students are likely to arrive with variable experience, so there will be times when previous tuition encroaches on our curriculum but as we are a broad specialty, students can choose to fill gaps in knowledge or to supplement what has been taught. It is important to convey that there will be no learning by humiliation; it's good to ask questions and

everyone makes mistakes. The consultant should spend a few minutes at the beginning of each week planning learning for the next seven days.

We are more open to the wider horizons such as communication, ethnicity, and so on, and can help develop the right attitudes in our future doctors. Perhaps the most exciting concepts to teach are those of symptom based evaluation, rapid assessment, and quick decision making. Much of these are acquired by students if they are assigned to particular areas in the department where they are responsible for assisting in early assessment, collecting blood, requesting x rays, starting drips, ensuring transfer to wards, and so on, for unselected and undiagnosed cases. The last 10 minutes of the clinical day should be spent with a senior doctor discussing what has been learned and for giving a reading assignment. Many and varied cases are seen in the review clinics, with opportunities for succinct situational teaching.

The way forward

If we use this broadsheet and adapt it to local needs, the specialty will achieve acceptable standards for undergraduate teaching. It is important to give copies of this sheet to deans of medical schools, directors of clinical studies, chairmen of curriculum committees, and so on, to show that we are serious about teaching and that we can provide a checklist against which they can measure the performance of the department. Like every other new specialty, persistence is required to ensure that a substantial attachment to accident and emergency medicine, preferably in the latter half of the curriculum, is seen as necessary in every medical school.

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