Educating Undergraduates in Acute Medicine

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Acute Medicine
Outline

- Origins
- New approach
- Challenges
- Evaluation cycle
- Future.
Origins

Emergency Block

– No formal timetable
– Lectures interrupted clinical activities
– No Acute Medicine
– Complementary Medicine part of the block

Poor compliance
No student satisfaction
Curriculum
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Challenges

- High Acuity
- Patient Safety
- Bed Pressure
- Personal Limitations

Teaching
High Acuity - Patient Safety

- ABC approach/MEWS score – Risks of clerking in acute setting (CAEs)
- Small group case based discussions
- Coroner’s sessions
- Simulation
Small group case based discussions

What was good?

“Really useful at making us act/think like F1’s”

“Brilliant method of learning, great handouts”

“Really good opportunity to discuss common cases in more detail”

What could be better?

“Excellent, wish more blocks did these!”

“Dependent on tutor”

“Great teaching method for junior doctors to learn Acute Medicine presentations and encourage teaching”

“Dragged out at times but good to discuss treatment and justify why”
Coroner’s session

“Very useful to see where mistakes are made”

“Thaught us how not to kill”

“Good exercise. I think I will recall this when working!”

“Very interactive-tragic”

“Interesting & useful”
Simulation

- “Really good practical experience in a **realistic** but **safe** situation”
- “**SimMan** was excellent, good **confidence builder**”
- “Good learning experience and it is good to practice **team working**”
- “**Great experience** I could do it all week! Fantastic and probably the **most useful** thing I have done this year”
Bed Pressure-Business Ward Round

“The 4 hour breach inhibits learning experience”

“Very busy. Doctors did not have enough time to teach but wanted to…”

**SNAPPS**

**SUMMARIZE**: briefly the history and findings.

**NARROW**: the differential to two or three relevant possibilities.

**ANALYZE**: the differential by comparing and contrasting the possibilities.

**PROBE**: the teacher by asking questions about uncertainties, difficulties, or alternative approaches.

**PLAN**: management for the patient’s medical issues.

**SELECT**: a case-related issue for self-study.

Pre-plan activities!

Helping medical students learn whilst on call

Clinical Logbook

Student name: 
Year: 
Book No: 
Acute Medicine
Ambulance shift
AMBULANCE SHIFTS

- Not available
- Very Good
- Good
- Average
- Poor
- Very Poor

2009
2010-2012
“Excellent, fun and learnt a lot”

“Nothing happened” ...

“Good to see the pre-hospital environment”

“Was good to get the chance to do this.”
• Requested by students:

• Formative MCQ pre and post block with feedback
• Clinical assessment
• Power Point portfolio presentation.

“Would be good to have a formative teaching assessment to focus learning and see how much we have learnt in the block”
MCQ pre and post course

Pre-Course (Paper A)
Exam (Paper C)
Feedback 2009-2012

Not...

Very Good

Good

Average

Poor

Very Poor

Acute Medicine
Intensive Care
Emergency Medicine

599 WMS Students
Evaluation cycle

- Teaching Activity
- Student Feedback
- Review of teaching activity
- Implementation of changes
- Designing possible changes

Evaluation cycle
Future

• Multi-Centre teaching

• MEWS based simulation

• Simulation assessment

• Real life ethic.
Thank you!