

St George's Education Committee

Educational Lead Report

Programme/Specialty:	Emergency Medicine
Date of report:	6/9/23
Period covered:	Aug 22- Aug 23
Report produced by:	Dr Yasser Iqbal (Specialty Tutor for Emergency Medicine)
Achievements:	<p>Good feedback from GMC NTS Good feedback from all trainee groups at Local Faculty Group meetings</p> <p>Regular teaching programmes continuing despite ED pressures</p> <p>New AV system installed in ED seminar room to support teaching and access remotely for juniors who are off Regular journal club for EM trainees Balint sessions incorporated into teaching programme</p> <p>Implementation of new rota patterns since August 2022 to facilitate better shopfloor cover during protected teaching.</p> <p>Regular simulation teaching in teaching programmes – scheduled every 6-8 weeks. Also 4x simulation weeks over the course of the year (2x paediatric sim and 2x trauma sim) where there is daily simulation practice on the shopfloor and a learning points email sent out each day covering the themes and learning points. Annual mock major incident exercise Trauma Team Leader course run locally – Senior EM trainees encouraged to attend</p> <p>Consultant Ultrasound lead and Ultrasound fellow provide regular shopfloor teaching sessions – both group or 1:1. Ultrasound teaching open to all grades of clinicians Opportunities towards Level 1 sign-off and also extra skills such as SA blocks – most ST4+s have now had exposure to this.</p> <p>ED has a Clinical Research Unit and all trainees are given guidance and support to get involved in research and TERN projects and help to identify patients to recruit for studies. Senior EM trainees also strongly encouraged to complete GCP training.</p> <p>Creation of 5 Consultant Clinical Practice Educator roles to assist with real-time WPBAs and shop-floor supervision</p>

<p>Issues:</p>	<p>Continued Trust pressures with regards to bed capacity mean that patients referred for admission to hospital remain within ED for extended durations. This directly impacts space for trainees to see new patients and trainees are consistently not able to deliver care to patients in optimal locations.</p> <p>Normally get 80-90% of medical students rating ED placement as excellent. One recent batch rated 74% excellent which is the lowest in a while. Space for medical students to see patients cited as one of the main issues.</p> <p>No funding for better simulation equipment despite lots of simulation teaching and a huge number and turnover of juniors dealing with critically unwell patients for whom regular simulation training is required</p> <p>Insufficient number of computers available to juniors for non-clinical / portfolio work</p> <p>A business case for this was submitted via Training recovery funding bid, as well as more simulation equipment to support our in-house simulation teaching programme</p> <p>Several consultants have left the Trust recently and not yet replaced. However, job plans have been adjusted for now for all Supervisors to take on more trainees than normal</p>
<p>Plans for next quarter:</p>	<p>Continued support of Trainers with respect to training updates across all trainee groups</p> <p>Continued development of educational and teaching programmes</p> <p>Redesigned monthly major incident training days to make them more relevant for all clinical staff</p>