

Initiatives in Emergency Medicine from famine to relative feast

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Wessex EM Journey 2012-16

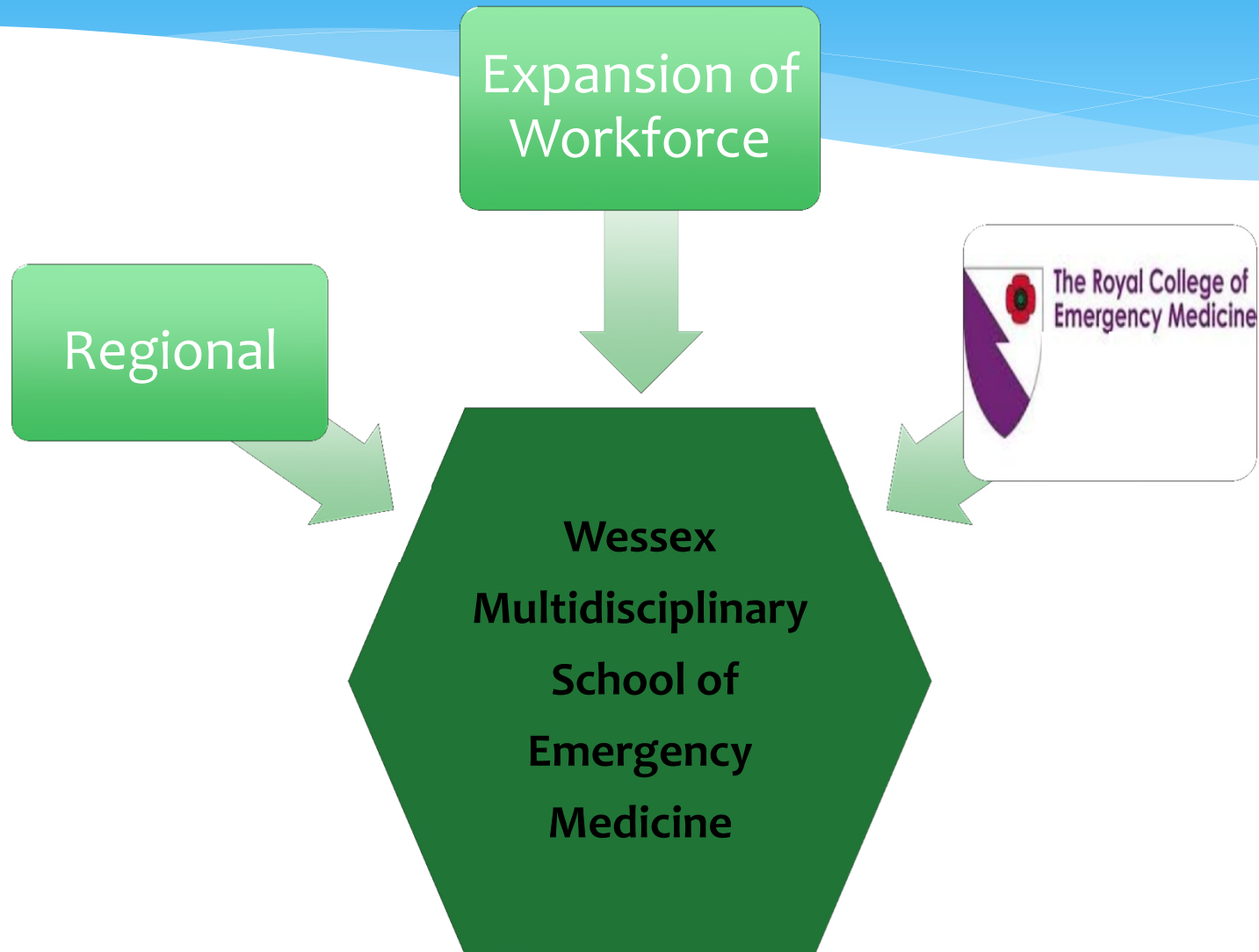
- * In 2012

- * 55% HST places filled
- * 'half HST on antidepressants'
- * GMC feedback 4-9 red outliers per department

- * In 2016

- * Full rotation
- * GMC satisfaction, nationally 1st ACCS, 2nd HST
- * 2nd for FRCER results
- * 3rd for ARCP outcomes

Initiatives



Regional workshop 2012

Worklife

- ‘Service provision’
- * High intensity shifts
 - * Antisocial shifts
 - * 1 in 2.5 weekends
 - * Difficulty getting training
 - * No ‘life’



Training

- ‘Prescriptive and tickbox’
- * 18+ WPBA per year
 - * Patient quotas
 - * Level 1 US
 - * Management, audit
 - * Exit exam
 - * Courses, e-learning

Regional workshop output

Worklife



- * Max shift 8-10 hours
- * Max weekends 1:3
- * Training shift per week
 - * WPBA
 - * Minor
 - * paed

Training

- * Focus regional training
- * ES training
- * Recruit examiners
- * Training shifts
- * Feedback to RCEM

Workforce Expansion

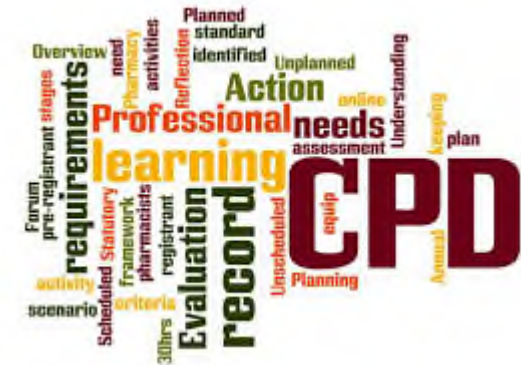
- * Specialty doctor development
- * Majors Assisting Practitioner (MAPs)

LETB Funding



Workforce Expansion

- * Specialty doctor development
 - * ‘night rota competency programme’
 - * Annual
 - * TPD since 2014
 - * CPD and CESR support



AHP development

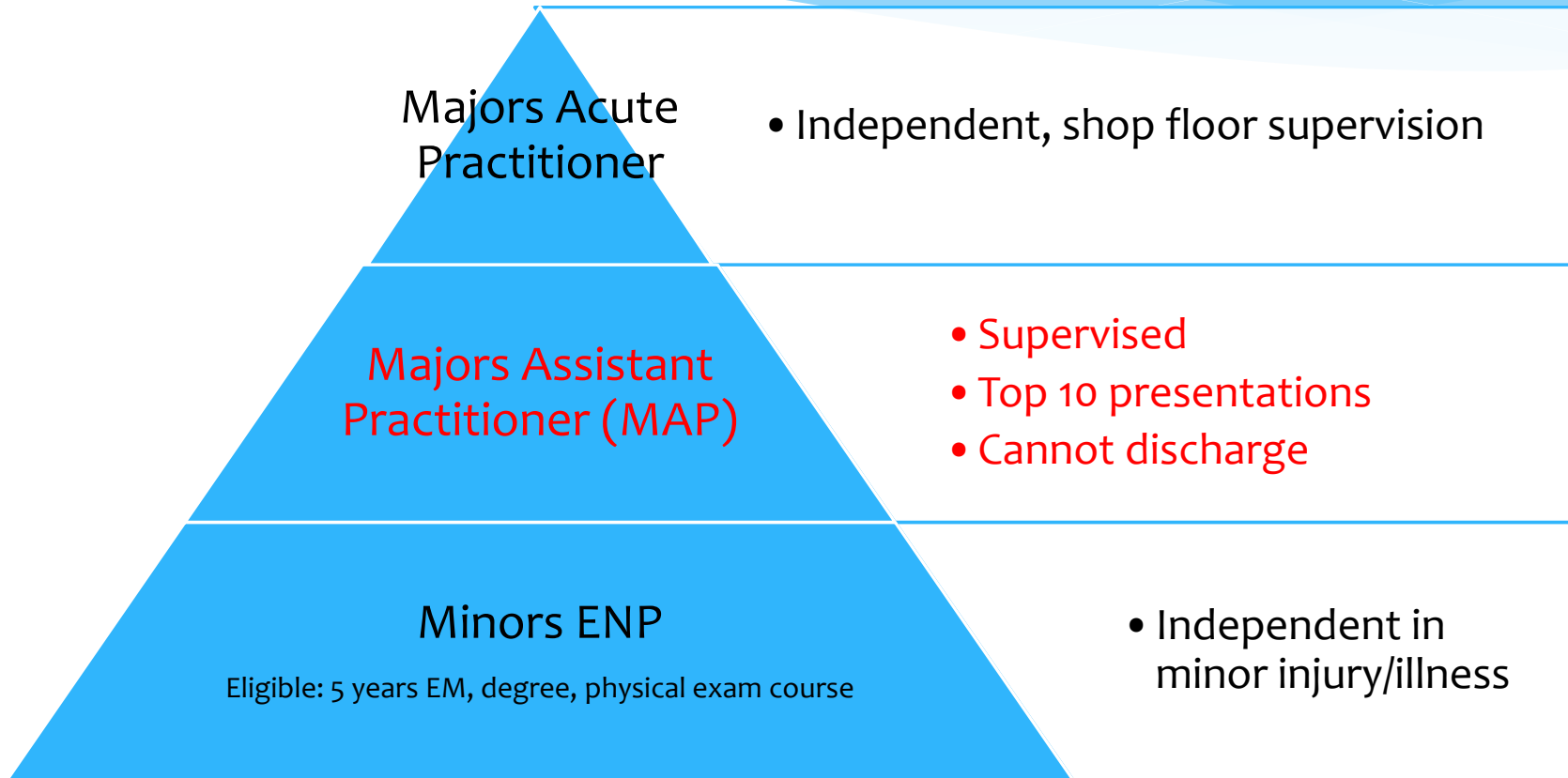
- * Emergency Nurse Practitioner (ENP) for years
- * Consultant Nurse Programme

? middle ground

‘Majors Practitioner’ role

- * Protocol based remit
- * Regional training programme
- * Trust based practice

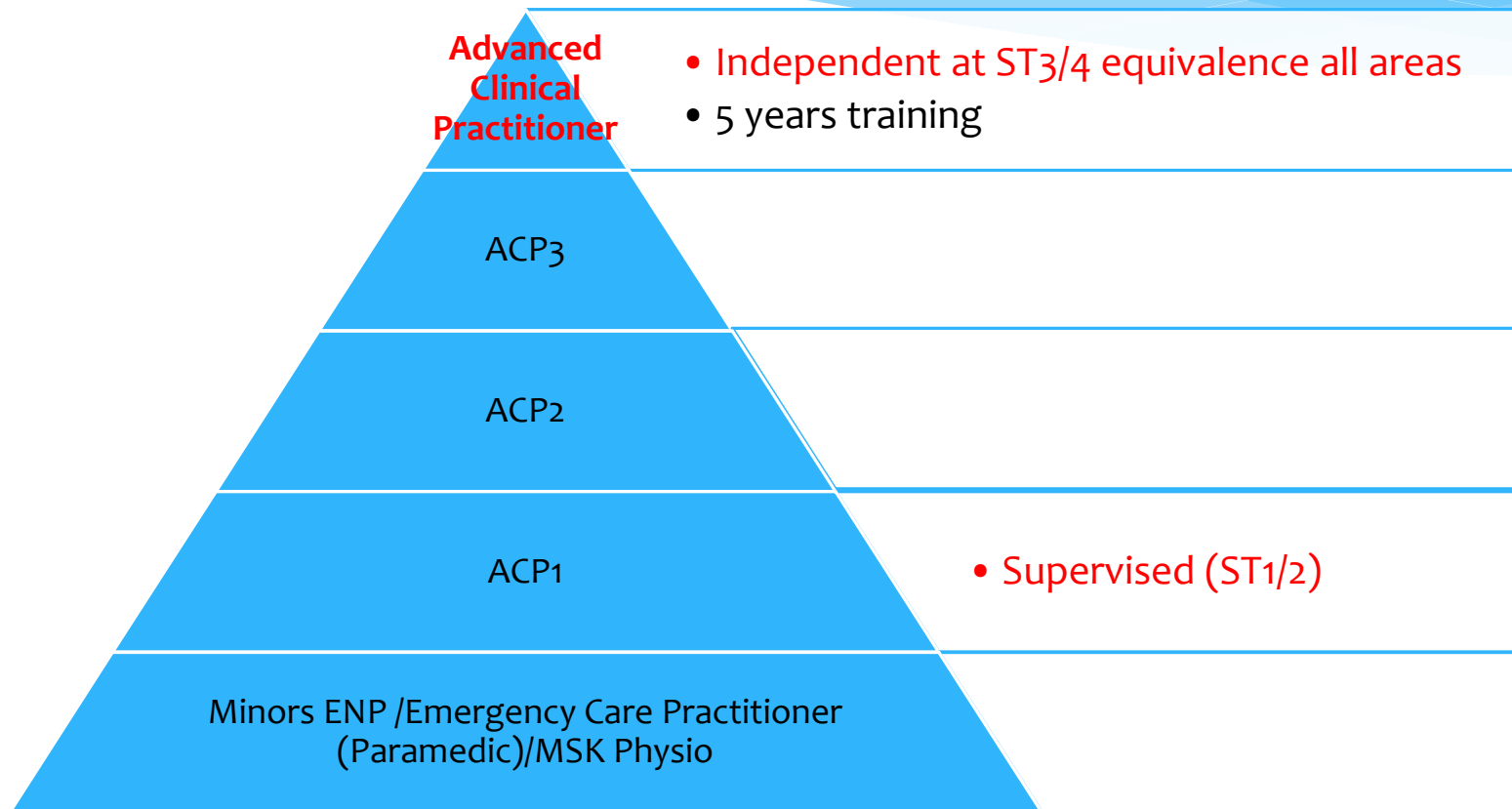
AHP development



Workforce Expansion

- * Majors Acute Practitioner/Advanced Clinical Practitioner
 - * Consultant Nurse led in PHT
 - * Bespoke training to independent practice
 - * Trust funded
 - * Mentoring by EM consultants
 - * Linked to RCEM curriculum
 - * Benchmarked by senior ENP trainers and School
- * work shared with RCEM
- * RCEM Accredited ACP Programme 2016

Advanced Clinical Practitioner training



Regional ACPs

- * TPD for AHP since 2014 on School Board
 - * School visits, ARCP, trainee rep
 - * Support governance
- * MAPs now become ACP1
- * HEE, Wessex funding 14 ACP1 (+ 3 trust funded)
 - * First regional programme
 - * 1 from AMU

RCEM Changes



- * Recoupled Core and HST
- * Expansion EM NTN
 - * ACCS/ST3 2 posts with new training site
 - * Paediatric and Pre Hospital EM subspecialty posts
- * 2015 Curriculum
 - * New WPBA – ELSE
 - * Faculty Governance Statement

ESLE



Extended Supervised Learning Event* (SPA)

2 hours shop floor observation

1 hour feedback – clinical and non-technical skills (NTS)

2-3/year ST3-6

reduces HST WPBA requirements to ~ 6 per year

**Flowerdew et al. Development and Validation of a Tool to Assess Emergency Physicians' Nontechnical Skills. Annals of Emergency Medicine Volume 59, Issue 5 , Pages 376-385.e4, May 2012*

ESLE Feedback

- * Part 1 - clinical narrative & case discussion
- * Part 2 – NTS assessment & developmental feedback
 - * A – level early core trainee
 - * E – senior core, basis HST
 - * H – level expected at HST
 - * C – consultant level



ESLE

PART 2

Review of Non-technical skills

This is an opportunity to consider the session as a whole. The focus is on the skills and behaviours that may be observed during interaction with other team members, between patients or across the session. Please use the tool below to reflect Non-Technical Skills performance. Please rate those domains observed. Please then summarise the evaluation and agree learning objectives that follow.

Evaluation of EM physicians' non-technical skills For rating options please see below Please indicate if Not Observed "N"

	Element		Rating	Observations
Management & Supervision	Maintenance of Standards	Subscribes to clinical and safety standards as well as considering performance targets. Monitors compliance.		
	Workload Management	Manages own and others' workload to avoid both under and over-activity. Includes prioritising, delegating, asking for help and offering assistance.		
	Supervision &	Assesses capabilities and identifies knowledge gaps. Provides opportunities for teaching and constructive		

ELSE Feedback

- * Liked by trainees and consultants
- * Wealth information
- * Facilitates developmental feedback
- * Supports NTS and leadership development

http://www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Assessment_Schedule

Faculty Governance Statement

- * Role for expert training faculty opinion in judging progress
- * Used in support of ES statement
- * Reviewed at ARCP
- * NB/ Must be clear trail of action and supervision to support decision making.

And finally....

Get education right – morale whole team improves

