

EMERGENCY MEDICINE

» AN INTEGRAL COMPONENT OF MEDICAL TRAINING «

I have often been asked what kept me practising emergency medicine (EM) all these years and my answer has always remained – teaching! If I were to live my life again, I would still choose to be an emergency physician closely involved with teaching. Why is this so? There are many reasons, but I personally think that EM offers the best opportunity to teach and train medical students and doctors while remaining in touch with all fields of medicine throughout my working life. I really treasure this privilege!

ALL-ROUNDED LEARNING

Which other discipline would allow doctors to hone their skills as they endeavour to be excellent diagnosticians who will be able to manage a patient presenting with an undifferentiated symptom complaint by relying on their clinical acumen in a time- and resource-constrained situation, while learning to multitask? For medical students and junior doctors, the emergency department (ED) can be the place where they really learn to test their approaches to patients presenting with an undifferentiated complaint without knowing which organ system or specialty the patient falls under. Every patient whom they clerk fresh from the street allows them to be a medical detective! Isn't this a basic skill that every doctor needs and what better

place to acquire these skills than in the ED? The added advantage of learning in the ED is that students are able to see to and learn from a wide range of patients that cuts across various specialties within a short span of time. The patients are often very cooperative and allow the students to clerk them. I also tell my medical students that EM is the best revision posting for them to prepare for their final MBBS exams.

One can never be bored with a diverse specialty such as EM. Unlike other specialties (except for family medicine) which dwell deep into a subject, EM is at its core broad and cuts across all specialties. However, it does not stop one from going deep in a particular subspecialty of interest. Taking me for example, with my interest in emergency cardiology, especially in the teaching of ECG reading, I have taught various groups of learners and have also been invited overseas to teach ECG reading in workshops and conferences.

Being able to recognise a life-threatening condition, resuscitate and stabilise a patient are among the most critical skills of a doctor, especially a junior one, at the frontline of patient care. Working in the ED is the best way to learn how to secure an unprepared airway in a collapsed patient and perform cardiopulmonary

resuscitation beyond simulation training. I have heard my EM colleagues say that they feel like "real" doctors, as they can handle almost anything in the acute phase!

HANDS-ON EXPERIENCE

Despite having practised EM for a few decades, every clinical shift with medical students and junior doctors to teach still recharges me. I particularly like the fact that there is minimal hierarchy, such that I can teach my students by being intimately involved with patient care in the acute phase. I also enjoy the opportunity to keep my procedural skills intact, even in something as basic as intravenous cannulation, and being able to teach and share tips with my medical students and junior doctors. Indeed, the ED provides many opportunities for medical students to learn under supervision the basic essential procedures required of a house officer. These procedures include venepunctures, intravenous cannulation, arterial blood gas tests, blood cultures and urinary catheterisation.

I think overall, EM is the branch of medicine with the greatest opportunity to demonstrate public service ethos to train the next generation of doctors. This is because the ED is a refuge for all; the rich and

poor from all strata of society are able to walk in and receive the treatment they need without the differential class status. Patients are attended to based on the principle of triage, which means they are seen according to how serious their condition is and not on a first come, first served basis. As such, an emergency physician is able to teach medical students and junior doctors how to manage patients with the most appropriate care.

TEAMWORK AND COLLABORATION

EM offers ample opportunities to learn interpersonal and communication skills. It has been said that if one does not like to talk or deal with many patients within a short span of time, it is best not to be in EM over the long haul and how true that is! When patients come to the ED, they are stressed and anxious. It takes good communication skills to be able to reassure the patient and their family members. One learns to empathise and break bad news to the patients and their family. One also learns to communicate with colleagues from all departments and specialties, as the ED is the “front door” of the hospital and many specialties converge or begin from there.

The ED is a good place to train a junior doctor on the importance of teamwork, as well as inter- and trans-professional collaboration. It is not a place for prima donnas but one where the ability to work in a team is integral in the daily functioning of the care of the emergency patients. It is a place where the word “we” is used more often than “I”. We teach our

junior doctors personal and collective accountability to our patients.

A doctor may be the primary doctor, but when he/she goes off shift, the patient is deliberately handed over to the next doctor who then assumes primary responsibility.

An EM rotation is good for learning systems-based practice to see how a patient flows through the healthcare system. One gets a good idea of the workings of the whole hospital, and gets to interface with the community. In fact, working exposure in EM teaches one administrative skills early in one’s career, as it is very important to learn how to lead a team in resuscitation, handle a patient complaint, deal with a mass disaster, and set up multidisciplinary pathways and protocols. It is no wonder the EM exit exam has a unique mandatory component called “Administration”!

All in all, EM is a key specialty that helps equip every medical student and doctor with the essential skills to be a safe and competent doctor. I hope that EM will be made a compulsory posting for all junior doctors before they are allowed to exit to practise in their respective specialties or in private practice. ♦

PROFILE



TEXT BY

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A/Prof Shirley Ooi is a senior consultant at the Emergency Medicine Department, National University Hospital and the Designated Institutional Official of the National University Health System Residency Programme. She won the National Outstanding Clinician Educator award in 2013 and has written three books: *Guide to the Essentials in Emergency Medicine (1st and 2nd editions)* and *Medicolegal Issues in Emergency Medicine and Family Practice: Case Scenarios*.

Legend

1. A/Prof Ooi supervising a junior doctor in resuscitating a patient in the emergency department

