Erwin H Hernandez-Rincon, MD, MSc, PhD (c)
erwinhr@unisabana.edu.co

20 – Teaching Immediate Care to General Practitioners

Erwin H Hernandez-Rincon, MD, MSc, PhD (c). Physician, Master in Government and health management, Master in primary care research and PhD candidate in Clinical Research. Professor of Center for Studies in Community Health, School of Medicine, Universidad de La Sabana (Colombia).
Manuela Quiroga-Carrillo, MD. Physician, member of "Research Incubator Program" Primary Care and Health Management, Center for Studies in Community Health, School of Medicine, University de La Sabana (Colombia).

Introduction

Worldwide the emergency departments are facing the increase in the demand for services and inexperience of the professionals that emerges from the gaps in education. The education in the clinical environment must involve the patients and their problems to acquire skills in communication, ethics, professionalism, history taking, and physical examination. Some of the challenges that have to be considered in clinical education are mentioned by Ramani and Leinster, such as, “the lack of clear objectives and expectations, teaching pitched at the wrong level, focus on recall of facts rather than problem solving, lack of active participation by learners, inadequate direct observation of learners and feedback, insufficient time for reflection and discussion, and the lack of congruence with the rest of the curriculum” (1). Based on these aspects the education must agree harmoniously with the experience in the clinical practice when the undergraduates face the health care system (2).

Medical Education in Emergencies

The aim of medical education should be to prepare health professionals with the capabilities and sufficient confidence in their abilities in order to be used after graduation. Many studies conclude that some of the recent graduated doctors feel insecure at the time of confronting reality, especially in emergency medicine. On the other hand, the theory confirms that students at the time of graduation should be able to respond and provide immediate health care in medical emergencies (3). But also, the preparedness and efficiency would depend directly to the experiences learned as students. Therefore, the challenge remains at the support in the transition of new graduates into their workplace.

At the emergency departments, the lack of organization between medical specialities and receiving service is demonstrated in the patient’s prognosis. It’s seen that in complex multi-systemic pathologies such as trauma or sepsis, the patients suffer the consequences when they are shuttled from one department to the other (2). This is one of the reasons why general practitioners must know the integral managements of these type of conditions which would be under their initial or complete treatment. In countries as Rwanda, they assure that the undergraduates refresh their practical knowledge by giving pregraduating courses with exams that emphasizes clinical skills.

This methodology has given encouraging results because undergraduate doctors grant their degrees with major confidence in their knowledge and clinical skills independently if their plans include working in major hospitals, in rural areas or

signing up in a medical, surgical or another medical speciality (4).

Rural and regional emergency departments

There is another great challenge in countries where new graduated doctors go to rural and regional hospitals or primary care because most of the family doctors and emergency specialists work mostly in the major cities. In countries such as Canada and New Zealand professionals in these medical specialities work mostly in rural areas. However, in countries such as Australia, they are dealing with emergency departments in rural areas with lack of resources, difficulty from the referral higher level hospitals, and the insufficient confidence of professionals at the time of facing immediate care situations. For this reason, as it has been mentioned, the aim is to ensure that medical practitioners have acquired the necessary knowledge and clinical skills to proportion a secure and efficient health care to people in the communities (5).

Retrieval medicine

Medical professionals who work in regional or rural hospitals need the support of higher levels of care in some cases. This is why, there has to be a clarity concept in retrieval medicine, which is defined as “the concept of combining transfer from one medical institution to another that is able to provide a higher level of care” of patients who are seriously ill and injured. The cornerstone of the transfer of a patient is assuring that the process will take place without any reduction of the health care and will not take more risks than necessary. Other aspect that has to be taken in account is the importance of control and communication giving the most complete information and vital elements therefore, the receiving hospital could be prepared. As the transfer process is a critical phase of the care for patients, there must be a local strategy that facilitates it (Table 1). The transportation mode should be chosen depending on the availability, distance, time of the day, status of the patient, training of the team, and geographic and climatic conditions (6).

Table 1. Elements to preparation for transfer [Based and adapted from (6)]

Elements to Preparation for transfer
1. Respiration
2. Circulation
3. Head
4. Other systems
5. Monitoring
6. Line placement and securing
7. Investigations
8. Notes and x rays
9. Transportation
10. Destination

Ambulance services and relation with practitioner

As it has been mentioned, the transportation in the ambulances is a critical and complex process. This is why, the medical staff should form an alliance with the ambulance service. At one hand, the responsibilities of the ambulance are: “response to an emergency call, accept vicarious liability for immediate care practitioners responding on its behalf, responsible for the mechanism of call initiation and ongoing communication, ensuring immediate care practitioners have and use appropriate personal protective equipment, active clinical governance program, in which the immediate care practitioner participates, appropriate training in response driving if using "blue lights”, ensure that the immediate care practitioner is in possession of equipment and drugs appropriate to fulfil their clinical requirements as per local

needs (where possible, this should be the same or compatible with equipment carried by the ambulance service), and provide access for the immediate care practitioner to appropriate operational guidelines and protocols".

In the other hand, the responsibilities of the health practitioner are: "be conversant with and be part of the ambulance NHS (National Health Service in England) trusts clinical governance policies, work to a contemporary standard of medical practice within their scope of professional practice, consistent with their level of training and experience, be subject to a revalidation process, which may be achieved as part of appraisal in their NHS employment or by an independent route recording continuous professional development and a portfolio of experience, negotiate and agree their availability and call-out procedures with the ambulance, ensure that appropriate clinical records are created and retained to the normal standard of any competent medical practitioner, maintain the normal code of confidentiality, accept primacy of care for patients while in attendance, and will hand over that care to a suitably qualified person" (7).

Take Home Message

Basic competencies for general practitioners in Immediate care in medical emergencies
• Assess and recognize the severity of a clinical presentation and a need for immediate emergency care.
• Diagnose and manage acute medical emergencies.
• Provide basic first aid.
• Provide immediate life support.
• Provide cardio-pulmonary resuscitation or direct other team members to carry out resuscitation.

Table 2. Basic competencies for general practitioners in immediate care in medical emergencies [Based and adapted from (8)]

Original Abstract

http://www.woncaeurope.org/content/abstract-no-26-free-standing-paper-teaching-immediate-care-general-practitioners

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