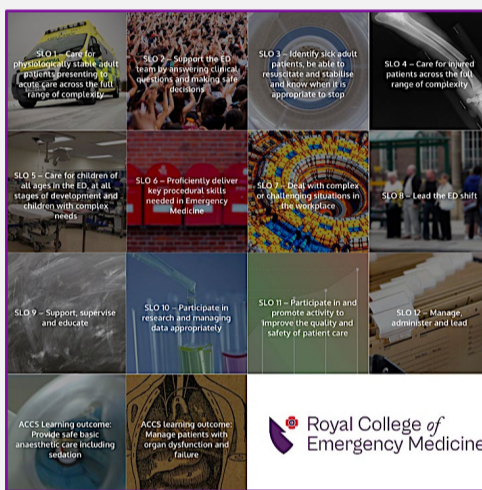


The delivery of simulated practical training in key emergency skills through the national development and delivery of a suite of new Mastery Learning Modules and integrated teaching days

Background

In 2023 there are approximately 160 doctors in Emergency Medicine (EM) Training posts allocated across 4 Deanery training regions represented within the Scottish School of Emergency Medicine. In August 2021, a new curriculum for UK Emergency Medicine was introduced by RCEM. rcemcurriculum.co.uk

It outlines clearly how each EM trainee's Generic Professional Capabilities (GPCs), and EM specific clinical skills and knowledge will be developed and evidenced through achievement of the new Strategic Learning Objectives (SLOs) across twelve domains.



The SLOs duly advance in complexity and sophistication as learners progress through our training programme.

As stated by RCEM, our Emergency Medicine trainees must be able to provide urgent and emergency care to all undifferentiated patients attending Emergency Departments across Scotland 24/7 and 365 days a year.

Aims and Objectives

The challenge is substantial. Our trainees will lead the multi-professional resuscitation of sick and injured patients of all ages (from birth to advanced age and frailty) in addition to managing, leading and supporting all elements of care delivered by the multi-disciplinary teams throughout the full spectrum of acute illness and injury, physical and mental health needs that present to a modern Emergency Department.

Despite existing local and regional and EM simulation training courses available in Scotland, provision and access is variable across regions and individual Emergency Departments. NHS Education for Scotland have a national desire for equity and collaborative cross-region and cross-specialty provision of teaching and training.

Although there are positive results in some areas when comparing the challenges being faced across the UK in EM training, this national survey revealed EM Trainees in Scotland reported the region as having the LEAST proactive teaching culture and the LOWEST number of available weekly teaching sessions.

Methods and Activity

Discussions with Training Programme Directors and EM Clinicians leading departmental teaching revealed key themes;

1. Across Scotland Emergency Department teams continue to face extreme system pressures. The resultant consistently high clinical pressures placed upon medical staff have, in many places, negated any useful 'shopfloor' small group or 1:1 clinical teaching opportunities.
2. Loss of this valuable teaching time has a marked negative effect on the individual acquisition of a vast range of key procedural skills, each essential in the practice of Emergency Medicine.
3. Even the most enthused trainers in larger Emergency Departments with greater trainee numbers who previously aimed to deliver weekly/monthly simulation-based teaching are now struggling to do so consistently.

The details of this new national simulation strategy proposal for EM trainees is focused on the Intermediate and Higher training years with a new emphasis placed on **SLO 6 : Proficiently deliver key procedural skills needed in Emergency Medicine.**

The delivery of simulated practical training in key emergency skills through the national development and delivery of a suite of new Mastery Learning Modules and integrated teaching days.

As evidenced, at present our EM trainees complete 6 years of training consisting of very variable access to simulation-based education. This is dependent upon geographical region, base hospital rotations, clinical pressures, out of hours working and individual financial constraints.

Discussion

This strategy is built upon the core value of equity in training provision with a carefully considered, consistent, robust and sustainable overarching simulation training plan for every Emergency Medicine trainee in Scotland.

In ongoing collaboration with The NHS Lothian Mastery Skills Pathway team, we will proceed to design and deliver **new Mastery Procedural Skills Days for Emergency Medicine trainees in Intermediate and Higher Specialty Training years** to integrate alongside existing training as a continuation of the new ACCS Mastery Skills Days.

All HST Skills Days will require to be completed over the course of higher training but importantly need not be sequential. This will allow trainees to attend with more flexibility (in any order) should that option be required given shift patterns and the current reality of significant clinical workload.

Conclusion

The new suite of Mastery Learning key skills will include pre-learning, peer-assisted deliberate practice and simulation-based assessment sessions and will mirror those already in existence within IMT Bootcamp sessions in terms of administration, course timetables and collation of trainee feedback. Cross-specialty experience and expertise will prove invaluable at this stage.

EMTA Survey 2021
EQUITABLE TRAINING
Differences in the Scottish experience cannot be put down to contractual ones alone. The entire Scottish leadership, from RCEM's through to its Government needs to reflect and act to remedy disparities in the training experience.

To help trainees thrive we need **approachable** and **supportive** training programme directors, educational supervisors, seniors and peers.

Teaching culture by nation
Proactive Teaching culture
Available weekly teaching sessions

Nation	Proactive Teaching culture (%)	Available weekly teaching sessions (0-1)
Northern Ireland	79%	1.0
Wales	67%	0.75
England	75%	0.75
Scotland	52%	0.5

Only half (52%) of Scottish trainees report a proactive teaching culture, this is much lower than 2 in 3 in England (67%), 3 in 4 (75%) in Wales and 4 in 5 (79%) in NI. Unsurprisingly trainees who report a better culture report having more teaching sessions available to access.

In the past 6 months had you received...

Local vs. Regional Simulation training

Region	Local Simulation Training (%)	Regional Simulation Training (%)
Scotland	46%	54%
Wales	71%	29%
England	72%	28%
Northern Ireland	53%	47%

In the 6 months prior to taking the survey only 1 in 10 Scottish trainees had a regional simulation session.

The exposure to regionally delivered simulation elsewhere was significantly better. However, some of the discrepancy regionally may be due to definitions between "regional" and "national".

Unfortunately, Scottish trainees do not have this made up by additional local simulation training, performing worst here with only 46% having local sim session in the past 6 months. This may also be partly due to the increased reporting of OOH working impacting on teaching opportunities.

RCEM Scotland and the Deanery have noted the findings within the GMC survey and this one and are taking steps to improve in this area as well as addressing the much higher intensity of antisocial hours experienced by Scottish trainees.

Please also refer to our survey on "Bullying and Civility"

Better Training. Better Care.

SOURCES: EMTA Survey 2021
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