

Core medical skills training days: streamlining practical and resuscitation skills training in our local health board

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Aims

To create a training day of practical and resuscitation skills tailored specifically for core medical trainees (CMTs) within the local health board.

Methods

The annual review of competence progression (ARCP) decision aid was used to identify key practical skills for CMTs. The CMT curriculum was used to identify 'emergency' and 'top' presentations suitable for the resuscitation skills stations, with emphasis on the use of simulation to provide experience in a variety of critical conditions including less-common presentations such as anaphylaxis. Faculty for the training day were recruited from medical registrars and consultants working within the health board, and equipment sourced or innovated according to trainee needs. Two training days were organised throughout one academic year, each attended by 12 CMTs. The days consisted of four morning practical skills sessions and three afternoon resuscitation skills sessions. Data was collected from all trainees (24) attending the training days in the form of anonymised written feedback. This consisted of rating scales with a maximum score of four, and free-text comments to allow trainees open space to highlight particular aspects of each day. Feedback forms were collected by an independent convenor to help preserve anonymity and reduce potential bias through the collection of forms directly from trainees.

Results

All attendees (24) completed feedback forms. The majority (21/24) gave the simulation sessions the maximum score. Feedback for the practical skills sessions was also very positive, with average scores for each station ranging from 3.6–3.9 of a maximum of 4. Free-text comments specifically mentioned CMTs' appreciation of a full day of skills and emphasis on small-group teaching.

Conclusion

This initiative, which streamlined skills training for CMTs, was very well received by trainees as demonstrated in the excellent feedback. In addition, it provides a means for trainees to demonstrate experience in practical skills which they might otherwise have limited exposure to. Additionally, the use of simulated resuscitation scenarios using the experience of current senior medical faculty allowed exposure to less commonly encountered emergencies such as anaphylaxis and poisoning. Following the excellent feedback, we have established these skills days regularly for CMTs within the health board. This year, we have additionally extended these skills days to other CMT trainees in Wales.

The model represents a practical and time-efficient means of providing such training for CMTs. It has been used to model training for CMTs in other health boards and may provide a simple solution to standardising such training for CMTs in the Wales deanery. ■

Conflict of interest statement

The authors wish to declare that they have no conflicts of interest.

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