



Stuck Records in the ED I: Topics

You know those topics that come up again and again when you're talking to trainees in the ED? How many of us scramble for a pen and paper or frantically hunt for an explanatory diagram?

Instead, how about creating a "teaching file" with **pre-prepared resources** to facilitate and expedite teaching on these predictable topics? This could be a lever-arch or box file... or you could just have a sheet of QR codes instead linking to either your own material, or on-line resources you feel are appropriate in content & quality: just google "QR Code Generator".

Here are some topics to get you started: please tell us your favourites too! the.emec@gmail.com

Medicine

- Sepsis – SIRS, Sepsis Six
- Chest pain – troponins, ACS
- Airway disease – COPD, asthma
- PE – D-dimer, Wells, PERC
- DVT – D-dimer, Wells
- ECG interpretation
- ABG/VBGS interpretation
- NIV
- ALS protocols
- Rational use of CRP
- X-rays – CXR

Trauma

- Fascia iliaca block
- HI and Cushing's response
- Ankle injuries - Ottawa
- Head injuries & NICE guidelines re CT
- Patients on anti-coagulants
- Tetanus prophylaxis
- Spinal immobilization & collars
- Chest drains

Surgery

- Abdo pain – differential diagnosis
- Shock - stages of haemorrhagic shock (or rather not, as the case may be!)

Radiology

- X-rays – cervical
- X-rays – elbows
- X-rays – ankles
- X-rays – facial bones
- X-rays - hips

Paediatrics

- Children under 3/12
- Capacity/consent in kids
- WETFLAG

Misc

- Warfarin, interactions, complications
- Tramadol
- Back pain
- Mental Capacity



Stuck Records in the ED II: Themes

As well as the list of ED Topics that are easier to teach if you have supporting resources immediately to hand and/or can easily direct your trainees to (see Stuck Records in the ED I) the EMEC workshop attendees also generated this list of ED themes/concepts.

Have you thought about how you can facilitate your trainees' development around these themes? Can you design some teaching or simulation scenarios or tabletop case-based-discussions to help? Or be ready to bring them up when discussing cases on the shop floor?

As before, please tell us your favourites so we can expand this list! the.emec@gmail.com

- The importance of reassessment
- How to ask for senior advice (are you asking because you don't know, to check your plan, or to develop your own understanding?)
- What sources of advice are available
- How to be an ED detective (no old notes? Try GP. Patient not local and no old blood results available? Call their local hospital's labs - NB also good way to work our their GP!)
- "Document it or it didn't happen"
- Importance of the history
- Integrating clinical findings with the history & the social/family situation
- Pre-test probabilities
- How to work efficiently (e.g. take history and bloods at the same time... or bloods first in the "postcards to Australia" model, i.e. do things that take longest, first!)
- Interpret in clinical context not in isolation ("Discuss a patient not an ABG result")
- Think why you want a certain test: how will it help you manage your patient?
- How sensitivity and NPV are affected by prevalence
- When you call a specialty, decide if you are referring or whether you want advice
- Importance of Respiratory Rates
- What to do when the x-ray looks normal but you think it's broken (especially hips)

This topic list was generated by delegates attending "Lavatory Learning: Teaching in Two Minutes" workshop led by Linda Dykes at the 2015 Emergency Medicine Educators Conference. v1.0 April 2015