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Bridging the Gap Using ENT Emergency Clinics

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## Bridging the Gap Using ENT Emergency Clinics

Dr Wong EH

### Institution

Royal Cornwall Hospital,  
Treliske, Truro, United  
Kingdom

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### Abstract

The undergraduate teaching of Ear, Nose and Throat (ENT) in UK medical schools is limited. The ENT emergency clinics provide an invaluable learning environment for ENT doctors to develop their practical and clinical skills due to the broad range of common ENT conditions presented there and the availability of senior colleagues to teach at the clinics. With the right motivation and commitment to learn, ENT emergency clinics can be utilized effectively to bridge the gap in knowledge and skills of the new ENT doctors in the specialty.

### Key Words

ENT, Emergency clinic, Learning, VARK, Teaching method, Assessment.

### Corresponding Author:

Dr Wong EH: E-mail: eugene.wong.hc@gmail.com

### Background:

The undergraduate teaching of Ear, Nose and Throat (ENT) in UK medical schools is limited,<sup>1</sup> causing the newly qualified doctors feeling less confident with their ENT history-taking, examination and management skills.<sup>2</sup> Recent study in 2012<sup>3</sup> continue to show insufficient ENT undergraduate teaching where ENT placements were only available to 53% of students with a mean mandatory placement of 8 days.

This means a very steep learning curve is required of the ENT doctors, who are mainly senior house officers (SHOs) such as second year foundation doctors, general practitioner (GP) trainees or core surgical trainees, from an early stage of starting the job. They will need to be able to get up to speed with the practical skills required for this specialty on top of gaining clinical knowledge, which can be very stressful.

A significant part of the workload of ENT SHOs involves running and managing the ENT emergency clinics with the help of supervising registrars. These are clinics that run regularly, which allow patients with acute ear, nose and throat problems to be assessed and managed promptly by an ENT doctor, usually with short notice.

These clinics provide an invaluable and essential learning environment for ENT doctors and are ideal in helping them develop their practical and clinical skills, thus preparing them for the job quickly.

### Maximising Learning in Emergency Clinics:

Ericsson *et al*<sup>4</sup> explained that innate talent does not play a significant role in accounting for the difference between expert and non-expert performances in tasks. Instead, non-expert individuals can improve their performance and skills to the expert level when there is motivation and commitment to deliberate practice, with good training environment and supportive mentors.<sup>4</sup>

### Motivation and Commitment to Deliberate Practice:

The emergency clinic is an ideal place for repetitive exercises because many patients would require the same set of practical skills from their doctors in the management of their conditions. However, for new doctors to improve their performances, they need to be motivated to learn in the first place by attending the clinics regularly, to allow themselves maximum opportunities to practice their skills and learn to manage a condition by repetition. There is usually an emergency clinic book containing a list of patients with their presenting complaints in advance. This serves as a good source of information for those who want to improve a specific area of knowledge or skill, by making sure they are present at the clinic during that particular appointment time slot.

It is also crucial for the doctors to identify and recognize their own learning styles to allow them to perceive, process, store and recall what they are attempting to learn more efficiently and effectively.<sup>5</sup>

The VARK learning model<sup>6</sup> suggested four modality preferences for learning information, represented by the acronym VARK itself; Visual, Auditory, Read/write and Kinesthetic.

By understanding their preferences in learning, they can use the appropriate resources or strategies to further reinforce their learning experience. For example,<sup>6</sup> visual learners should search for diagrams and flow charts or create a new mind map that will highlight the information they wish to learn. The auditory learners should organize discussions with a senior colleague or join a web-chat forum where the group members discuss a particular topic. On the other hand, the Read/write learners should read from journals, PowerPoint presentations and articles from the internet to improve their understanding on a subject. Lastly, kinesthetic learners should ask for demonstrations or watch videos of certain procedures and look for opportunities to perform what they have learnt. Having said that, it is common to be multimodal (MM)<sup>6</sup> where more than one mode of learning is preferred.

Therefore, for effective learning to take place, new doctors have to be keen to learn and improve their knowledge using their preferred mode of learning.

#### Good Training Environment:

The spectrum of disease seen in ENT emergency clinics is very broad with more than 70% of patients not being seen by another doctor before.<sup>7</sup> Examples of ENT conditions commonly seen in the emergency clinics and the practical skills required for examination and management of patients are summarized in **Table 1**.

These clinics allow plenty of opportunities for new doctors to learn about the specialty. ENT doctors should therefore take full advantage of this optimal training environment to improve their knowledge and to learn new practical skills required for the job.

#### Supportive mentors:

Having supportive mentors will help improve learners' performance and skills.<sup>4</sup> Registrars play an important role as the mentors for SHOs in emergency clinics, teaching and assessing their competencies and performances.

George and Doto<sup>8</sup> suggested a simple five-step method for teaching clinical skills, which can be used by registrars when teaching in the emergency clinics.

**Table 2** summarizes the key elements of the five-step method described by George and Doto.<sup>8</sup>

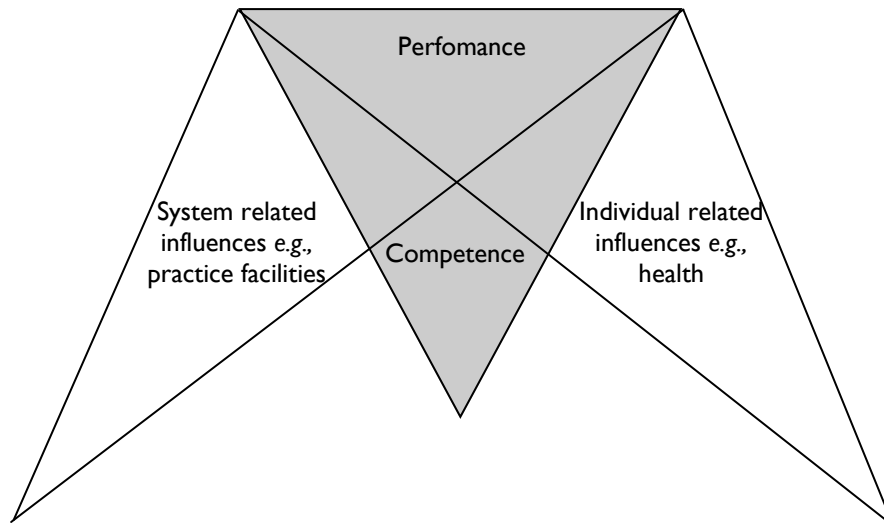
<b>STEP 1:</b> Understanding of why the skill is needed and how it is used in the delivery of care to motivate learning
<b>STEP 2:</b> Silent demonstration of the skill to give a mental picture of what the skill looks like when it is being done correctly
<b>STEP 3:</b> Procedure repeated with detailed description of each steps allowing time for questions
<b>STEP 4:</b> Students talk through the skill to help them commit the process to memory
<b>STEP 5:</b> Students perform the skill while being observed followed by feedbacks

**Table 2:** Five-step method for teaching clinical skills adapted from George and Doto.<sup>8</sup>

Rethans *et al*<sup>9</sup> derived the Cambridge Model as an extension of Miller's Triangle and identifies performance (what doctors do in actual professional practice) as a product of competence (what doctors can do in controlled representations of professional practice) combined with the influences of factors related to the individual (e.g., physical and mental health, relationships) and factors related to the system (e.g., facilities, practice time, accessibility to other health professionals).

	Examples of common acute ENT problem seen in emergency clinic	Examination or diagnostic skills required	Management skills required
<b>Ear</b>	Otitis externa, ear wax, ear foreign body, ear trauma, vertigo	Microscopy, tuning fork, otoscopy	Microsuction, removal of wax and foreign body under microscope
<b>Nose</b>	Epistaxis, nose trauma, nose foreign body	Anterior rhinoscopy	Cauterisation of septum, removal of foreign body, manipulation of nasal fracture, removal of nasal splint
<b>Throat</b>	Sore throat, hoarse voice	Flexible nasendoscopy	Removal of skin clips and sutures

**Table 1:** Examples of common ENT conditions seen in emergency clinics and relevant skills required



**Figure 1:** Cambridge Model, taken with permission from Rethans *et al*<sup>9</sup>

**Figure 1** shows the Cambridge Model, illustrating the importance of considering other factors when assessing doctors' performance. Understanding this model is important for the supervising registrars when assessing SHOs' performance in the clinic.

#### **Conclusion:**

ENT emergency clinics provide an ideal environment to bridge the gap in knowledge and skills of new doctors who need to play catch-up in this specialty quickly. It is crucial for both the learners and teachers to understand effective ways to utilize these clinics to their full potential.

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