

Introduction:

Emergency Medicine (EM) became a specialty in Finland at the beginning of 2013. The training period lasts for six years and conforms to the principles of the European Curriculum for EM. The first EM residents started working in Kanta-Häme Central Hospital (KHCH) in 2012 [1]. When they started their specialization, orientation was more compact concentrating purely on practical issues. The orientation curriculum was renewed and structured in 2017, when new generation of residents were starting to work in KHCH.

The first two days of orientation are used with the clinical instructor in familiarizing in the emergency department (ED) and hospital, theory of the common procedures and practical training, and written orientation material. After that, the resident works 0-3 months in urgent primary health care (PHC) embedded in the ED, depending on her/his previous experience, one month in neurological ward including stroke unit and two weeks in ear, nose and throat diseases clinic.

Then she/he is working in daytime shifts in the ED for one month, where first shifts are done with a specialist Emergency Physician. The resident is obliged to do online exams for Identify, Situation, Background, Assessment and Recommendation – method (ISBAR), identification of the patient and patient safety, and the National Institutes of Health Stroke Scale (NIHSS) certificate. A local EM exam is also a part of our new Orientation curriculum. Subsequently the doctor is considered qualified for making independent day- and nighttime shifts as an EM resident in the ED of KHCH. Every resident gets a nominated tutor for guidance.

Methods :

We made a short survey for the EM residents and young EM specialists who have done their specializing and are still working in KHCH. We used a four-level Likert scale from 1 to 4 without the neutral value.



Figure 1: Teaching of residents (Havukainen 2018)

Results:

The survey return rate was 69,2 % (9 out of 13). Residents who started working in KHCH in 2017 and 2018 (n = 3), rated the orientation 4 (very good) before their first independent shift in the ED of KHCH. The orientation of those who started their specialization earlier (n = 6) was on average 2.5. The teaching of the common procedures was also rated as 4 (very good) among those who started working in 2017 or 2018 against the average of 2 (not adequate) among those who started working before 2017.

Conclusion:

The structured orientation program is an important part of the new residents work even among those who have experience from other hospitals. The written material, practical training with seniors and online and written exams make sure that every resident has necessary knowledge and skills when starting the independent shifts in the ED.

Reference:

1. Naskali J, Palomäki A, Harjola V-P, Hällberg V, Innamaa T, Rautava V-P. Emergency Medicine in Finland: First Year Experience of Specialist Training. J Acad Emerg Med. 2014;13:26-9.

	Started working					
	2012 (n=2)	2013 (n=1)	2014 (n=2)	2015 (n=1)	2017 (n=2)	2018 (n=1)
Orientation before the first independent shift in ED	2,5	3	2	3	4	4
Teaching of the common procedures	1,5	3	1,5	3	4	4

Likert Scale: 1 = poor, 2 = not adequate, 3 = adequate, 4 = very good

Table 1: Rating of orientation and teaching of the common procedures