# EM Well-being week: Making training, work (Or making work, training).

Those of us in training each have a certain number of hours between now and our expected end of training date. Obviously, we will – and must - continue to learn throughout our careers, but the question remains: how do we make the most effective use of the time we have?

As EM trainees, we all balance a number of roles: as clinicians, as learners and as educators and role-models within our teams. As clinicians, we have a responsibility to the patients who attend: if they come, we see them and treat them or redirect them as best we can. That is the job. Delivering high quality Emergency medicine is also an opportunity to deliberately apply relevant guidelines and clinical decision rules, or discuss further management options with the specialty team. Imagine how you would write an exam question about this case. Try to follow your patients up – in EM this only happens when it is deliberate. Find the time (while maintaining patient flow).

As learners, EM trainees are supported by a clear framework in the Gold guide (www.copmed.org.uk/publications/the-gold-guide) and relevant GMC guidance (www.gmc-uk.org/The_Trainee_Doctor_1114.pdf_56439508.pdf). Note point 6.13, that trainees should always put the patient first but not regularly do work which neither makes use of nor progresses their training (paraphrased).

Controversially, training can be considered to include a certain amount of tick-box completion of mandatory requirements. Although it is good to record evidence of interesting and unusual experiences or opportunities, it is essential in the pursuit of a satisfactory ARCP (annual review of competence for progression) outcome to achieve the defined objectives. The RCEM ARCP checklists can be found at www.rcem.ac.uk/RCEM/Exams_Training/UK_Trainees/Assessment_Schedule/RCEM/Exams_Training/UK_Trainees/Assessment_Schedule.aspx?hkey=67d9cac9-8e51-4c86-b559-a1fa5c826530.

Many of the workplace based assessments in EM will be familiar from foundation training – DOPS, CBD, Mini-CEX. Others – specifically the ACAT (acute care assessment tool) and ESLE (extended supervised learning event) may be new. Each of the WPBAs are explained definitively at www.rcem.ac.uk/docs/Training/2015%20Curriculum%20-Appendix%201%20(July%202016%20update).pdf. Consider consciously working on your weaknesses.

Outside of work, taking responsibility for your own learning will pay dividends. Although as stated by www.aliem.com/2016/06/top-10-success-resident. FOAM (free open access medicine education) doesn't cover everything you need to know. Although www.rcemlearning.co.uk is close to complete curriculum coverage.

Throughout our EM training, we act as role-models (positively or negatively) to our peers, our juniors and the wider EM and hospital teams. Trainees also become increasingly involved in teaching and training, formally and informally, as they progress. There is some valuable advice on supervising others for the first time from Prof Judith Tintinalli at www.emdocs.net/em-mindset-reading-mind. It is also worth considering completing the modules on WPBAs for assessors (and linking in your e-portfolio, of course); these are found at www.etft.co.uk

Debriefing after significant cases, such as a challenging resuscitation, can help to support the team emotionally, clear the tension and reinforce good practice. A structured approach is outlined here: intensiveblog.com/amazing-awesome-hot-debriefs-critical-incidents.

As a final point, EMTA are represented on various RCEM committees advocating for trainees on changes to training, education, examinations, the curriculum and more. Please get in touch with us via your regional representatives, on Twitter (@EMTAcommittee) or Facebook (www.facebook.com/uk.emta) or in person at our 2017 Conference www.emtraineesassociation.co.uk/emta-conference-2017.html.