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Letter to the Editor

'Is there a doctor on board?' – Preparing students for life as a doctor beyond the clinical environment, a pilot study

To the Editor,

Medical emergencies are not confined to the clinical environment, with 88% of doctors reporting to have offered off-duty emergency assistance to the public.[1] Whilst there is no legal obligation for doctors to carry out these so-called 'good Samaritan acts', there is a moral obligation to do so.[2] It is surprising that there is no requirement for UK medical courses to incorporate teaching on ad hoc emergencies.[3]

To our knowledge there is no formal good Samaritan act teaching for healthcare professionals. Although some medical schools offer teaching on pre-hospital medicine,[3,4] this differs from good Samaritan acts in that doctors attend out-of-hospital emergencies as part of their normal duties, with equipment and possibly as part of a team.

We have developed novel simulation teaching aiming to equip medical students with the skills to deal with emergencies in public places, with no additional equipment other than that which would normally be found in that location, and only lay persons to assist.

Medical students attended a simulation session on common out-of-hospital emergencies (Fig. 1). The scenarios featured a human factors element to recognise the added difficulty of managing an emergency in a public place, with common themes of teamwork, leadership, situational awareness and communication. The ethics and law surrounding good Samaritan acts was also taught. Participants completed pre- and post-session questionnaires. Ethical approval was obtained and students gave consent.

13 students participated of which 5 (38%) had previously assisted a member of the public in an emergency. 10/13 (77%) felt medical school had not prepared them to deal with out-of-hospital emergencies.

Confidence managing such emergencies improved with 1/13 (8%) feeling confident before, and 11/13 (85%) feeling confident after the teaching. Confidence managing emergencies in hospital also improved from 8/13 (62%) to 11/13 (85%) feeling confident, as did confidence leading a team in an emergency both in and out of hospital (from 3/13 (23%) to 10/13 (77%) feeling confident).

Prior to the session, one student (8%) stated they would not help a member of the public during an emergency because they were lacking in confidence. After the session 13/13 (100%) agreed they would offer assistance.

All participants found the session enjoyable, useful and relevant and agreed this should be included within the medical curriculum.

Our results suggest medical students do not feel equipped to manage ad hoc out-of-hospital emergencies. This simulation teaching may improve students' confidence dealing with emergencies not only out-of-hospital but also in-hospital. There was also the added value of teaching students the ethics and law around good Samaritan acts, and incorporating human factors education.

Although a small pilot study, this teaching could easily be scaled up and adopted by other medical schools. Given the high stakes involved and potential benefits to the public, we believe this is a worthy investment.

Fig. 1 – Scenarios were designed to be as high fidelity as possible and included a motorcyclist with a head injury, an adult choking in the canteen followed by cardiac arrest, and a myocardial infarction on a plane.

Conflicts of interest

None.

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REFERENCES

1. Medical Defence Union. Good Samaritan acts. 2018 Published. https://www.themdu.com/guidance-and-advice/guides/good-samaritan-acts Accessed 17 December 2020.
2. General Medical Council. Good Medical Practice. Domain 2: Safety and quality. 2019 Published. https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-2——safety-and-quality Accessed 17 December 2020.
3. Ahmad M, Goodsman D, Lightbody E. Introducing medical students to prehospital care. Clin Teach 2012;9:168–72.
4. Allison KP, Kilner T, Porter KM, Thurgood A. Pre-hospital care—the evolution of a course for undergraduates. Resuscitation 2002;52:187–91.

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