BRITISH MEDICAL JOURNAL

SATURDAY 15 JUNE 1985

LEADING ARTICLES

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

MEDICAL PRACTICE

NEWS AND NOTES

SUPPLEMENT

NO 6484 BRITISH MEDICAL JOURNAL 1985 VOLUME 290 1763-1844
BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR.

WEEKLY. ISSN 0267-0623
ASTM CODEN: BMJOAE 290 (6484) 1763-1844 (1985)

CORRESPONDENCE

Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Resuscitation needed for the curriculum?

SIR,—Once again the undergraduate medical curriculum is under assault (25 May, p 1531). On this occasion resuscitation is the weapon and anaesthetists threaten the medical schools that unless they "put their houses in order voluntarily" they know what will happen. I have argued elsewhere, probably unsuccessfully, that the present undergraduate curriculum is dangerously congested as a result of inserting fashionable subjects without removing anything else. At the same time I drew attention to the opportunities in the preregistration year for some further structured medical education.

The demand for some or more resuscitation teaching in the undergraduate curriculum illustrates the absurdity of the present climate of increasing demands for teaching time by "craft" disciplines without taking into account the consequent erosion of time available for the teaching of basic medical science and clinical skills such as history taking, physical examination, diagnosis, and management of the whole patient. While there may be a case for enrolling first year medical students in the St John Ambulance weekend parades, the real place for teaching resuscitation, including intubation, is at the start of the preregistration year. Not only will the trainee be more receptive to the tuition but also this will "stick" because the young doctor may well have to practise imminently the recently acquired skill.

Recently medical schools were adjured to improve the basic undergraduates' clinical skills, which were alleged to be in decline. If the decline is real one of the reasons may be found in the tendency of medical schools to accept into the undergraduate curriculum the teaching of craft procedures.

F HARRIS

Department of Child Health,
Alder Hey Children's Hospital,
Liverpool L12 2AP

SIR,—Dr David Skinner and colleagues (25 May, p 1549) have highlighted the woefully inadequate ability of newly qualified doctors to perform satisfactory cardiopulmonary resuscitation. In contrast to the media, however, I suspect that his results will have been greeted with something less than surprise by many junior doctors.

The theoretical knowledge of the final year medical student may be excellent, but his preparation for the practical work of a houseman is markedly lacking—whether he is called on to perform lifesaving resuscitation or merely to carry out the day to day duties on the ward. For in the same issue (25 May, p 1581), but not attracting quite so much media attention, we are told by Professor M J S Langman that hardly a single final year clinical student can write a prescription for a controlled drug correctly. It is high time that this lamentable situation was remedied.

Acquiring these practical skills by "osmosis" (or by asking the nursing staff, as often happens) is unreliable, undesirable, and certainly does not occur overnight during the metamorphosis from medical student to house officer.

I strongly endorse Dr Peter Baskett's view (25 May, p 1531) that resuscitation should be given priority in the student curriculum but also ask that some of the more mundane practical aspects of medical care should be taught to medical students before they are let loose on the unsuspecting (or now not so unsuspecting) public.

NEIL SNOWISE

Bath, Avon BA2 1HE

SIR,We admire the courage and honesty of colleagues who have shown the frequent shortcomings in resuscitation skills of new graduates (25 May, p 1549). Though this medical school is one of those in which there is compulsory training (from term 1) and formal assessment (in term 5) we are under no illusion that this is enough for the demands of real clinical emergencies. Regular rehearsal by clinical students under the tutelage of a senior anaesthetist seems to us to be essential.

W S MONKHOUSE
A H SHORT

University of Nottingham Medical School,
Queen's Medical Centre, Nottingham NG7 2UH

SIR,—Resuscitation skills can be easily forgotten, and instruction needs to be continued throughout the medical course. I would like to suggest that it should start in the second preclinical year with an optional one week's course similar to that designed to train ambulance staff. This would give students a suitable introduction to emergency work. In the first clinical year the teaching proper could begin with one week's course consisting of lectures, tutorials, and practical tuition in all aspects of resuscitation. Undergraduates could progress from learning on manikins to applying these methods on anaesthetised patients under supervision. In the second clinical year students should receive further practical training in emergency care during a one month attachment to the department of anaesthesia, accident and emergency department, or intensive care units. In the final clinical year, a nine week elective clerkship to one of the departments dealing with resuscitation would give the opportunity to study the subject in depth.

A survey that I did in 1973 into undergraduate training in resuscitation was discussed at a meeting of the General Medical Council. At that time the Council thought that the curriculum was already overcrowded and provisions to teach emergency