

The physician, the patient and the student: a 'win-win-win' process in the outpatient clinic

Sir,

To try and improve our teaching of medical students in occupational health (Descatha, 2013), our department now includes junior interns and senior residents in consultants' outpatient clinic, and not just for hospitalized patients. I was concerned about the time involved in teaching students, i.e. the extra time needed to have the students perform the examination, after explaining and showing them the procedure (Harden and Laidlaw, 2012). More importantly, I was worried about how the patient would react: he or she comes to our university hospital to have a private face-to-face consultation after waiting 2–4 months and might be suspicious about being seen by medical students first.

However, I was wrong. First, we distinguish between new and old patients. Medical and occupational histories of new patients are recorded by the student alone in the medical file; at the same time, in another examination room, the consultant sees a patient that he/she already knows and on whom diagnosis and treatment have already been carried out. Second, most patients appreciate

being a part of the medical student training programme. Most of them spontaneously declare that they receive more complete information about their problem, including details that physicians usually don't give, like the interpretation of their symptoms, the pathophysiology of their disease, a work task analysis, how to perform such a physical exam, interpretation of tests.

Furthermore, the time shared with the student was also important for my own medical practice: questions from the young and the more senior students about diagnoses, prognoses and treatments have forced me to be clearer and more exhaustive than I used to be.

Organizing the outpatient clinic to include young and senior students in the process provided a gain in performance for patients, physician and students: a win-win-win situation.

Alexis Descatha

Head

Occupational Health Unit

CHU Poincaré

92380 Garches

France

(Alexis.Descatha@inserm.fr)

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paracetamol poisoning is still a leading cause of acute liver failure requiring liver transplantation (Khan et al, 2010).

With this in mind it is crucial for the assessing doctor to be able to rapidly ascer-

tain which patients will need urgent referral to a liver transplant unit. The most widely accepted and commonly used criteria for doing so are the King's College Hospital criteria (Brok et al, 2006). The criteria to discuss the potential need for transplantation with a liver transplant unit are (O'Grady et al, 1989):

■ pH <7.30

Or all of:

■ Prothrombin time >100 seconds

■ Serum creatinine >300 µmol/litre

■ Grade III–IV encephalopathy.

The authors believe that a simple mnemonic will improve awareness and recall of these important criteria. They propose the ABCD mnemonic as outlined in *Table 1*.

They believe that the similarity of this ABCD approach to that used to assess the sick patient is useful to highlight to junior medical and emergency department doctors the urgent nature of recognizing patients who may require liver transplant. They also hope it is helpful to those sitting examinations.

Matthew D Kelham

Foundation Year 2 Trainee

Brighton and Sussex University Hospitals

Brighton

East Sussex BN2 5BE

(m.kelham@doctors.org.uk)

April L Goundry

Foundation Year 2 Trainee

Worthing Hospital

Worthing

West Sussex

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ABCD: a simple mnemonic for the King's College Hospital criteria in paracetamol overdose

Sir,

Paracetamol overdose is frequently encountered in accident and emergency departments and on the medical take. In the majority of cases potential liver damage can be prevented by using acetylcysteine with the aid of nomograms that use blood paracetamol concentration and time from ingestion. However, in the UK

Table 1. The ABCD mnemonic for the King's College Hospital criteria

Mnemonic letter	Criterion	Positive when
A	Acidosis	pH <7.30
or all of		
B	Bleeding	Prothrombin >100 seconds
C	Creatinine	Creatinine >300 µmol/litre
D	Drowsiness	Grade III–IV encephalopathy