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**Training non-clinical staff in Primary Care: the class of 2016**

Over the last 16 years I have delivered face to face training to non-clinical staff in primary care. In light of easy access to technology and information on the internet, what are the training needs today for non-medically trained professionals working in close contact with the medical profession?

**What’s required of the role?**

The class of 2016 are involved extracting and imputing key medical data from medical notes. Often referred to as note summarising, they scan medical reports onto IT systems and link them to a problem title. Then once this has been done read codes are attached to each medical diagnosis, operation or problem. This process requires clarity and key medical knowledge; it is not enough to record a patient as having had a hysterectomy (uterus removed). There are at least 10 different codes or ways of having a hysterectomy, and it must be correctly coded.

The non-clinical team also update medical summaries as letters arrive from hospital departments. Staff are expected to work with other agencies and need background information to deal with patients, doctors and other multidisciplinary staff.

The medical secretary role includes listening on audio systems to doctor’s transcript of letters in order to type out referral letters correctly. It was widely reported at the time that medical terminology transcription errors were creeping into medical letters that are being transcribed by secretaries. It is also possible that the use of computer spell checkers is leading to some words being replaced by unlikely ones. In one example, the drug “Lansoprazole”, used to treat stomach ulcers, was transcribed as the popular holiday resort “Lanzarote”.

*In another case, “phlebitis (vein inflammation) left leg” was changed to “flea bite his left leg”, and a “below knee amputation” was transcribed as “baloney amputation”. One note referred to a patient’s “cute angina” instead of “acute angina”. “Euston station tube malfunction” should have read “Eustachian tube malfunction”.*

The problem is that despite ready access to technology and the internet, many people cannot spell medical terminology words correctly.

*A report issued by the U.S. Institute of Medicine concluded that up to 98,000 people die each year in the US as a result of preventable medical errors, including lack of medical terminology training. For comparison, fewer than 50,000 people died of Alzheimer’s disease and 17,000 died of illicit drug use in the same year.*

**So, how best to meet this need in 2016?**

These roles require an easy way to get key information. If anything, internet searches give too much detail for the task in hand and make a time consuming role even longer. What is needed is knowledge of the part of the body involved and what has happened.

Medical terminology training does this so effectively, allowing learners to break down the medical word. For example: endo/card/itis- card refers to the heart, itis means inflammation and endo is within. The answer is inflammation within the heart.

**What are the options?**

Terminology training is a way to understand medical terms for those without a clinical background. But how best to deliver this training

**Face to face**

Face to face has been, and still is, very effective because courses are designed to enable delegates to hear how words and phrases are pronounced. In my experience classroom training remains the more popular and effective method of training because a physical interaction is a better way to retain information, and that dynamic relationships, not only with the trainer, but with other delegates makes for more memorable experiences.

***There is no substitute for physical human interaction***

Face to face communication allows the learning experience to not only be heard but also seen and felt through behaviour such as mannerisms, gestures, tone, language and volume of voice. I employ a few fun learning techniques to recap key points which requires the full attention of the delegate to ‘win’, and these ‘games’ are often a very popular element of my training for that reason. Of course miscommunication and misinterpretation happens in our daily lives, and there’s no better way to check understanding than to ask questions in your own words.

I also find that the face-to-face element adds an opportunity for delegates to bond and learn from each other and this in turn increases their self-confidence back in the work place.

**E-learning**

Clearly not everyone has the time (or budget) to be able to attend a full day training course, and computer based bite sized learning modules allow delegates the opportunity to access training material at a time and place to suit them. There are several benefits to e-learning

* **It's cost effective and saves time:** it reduces the time taken away from the office, removes travel costs and does away with printed materials.
* **Learning 24/7, anywhere**: by allowing staff to complete courses when and where they like, disruptions to an already busy working schedule are minimised. This also means that staff don't need to travel to specific training centres, and if they have important work to catch up on, mandatory training can be done outside of office hours in exchange for lieu time.
* **It makes tracking of course progress a breeze**: perhaps the most important aspect of using computers for training is that it with a well implemented Learning Management System makes it easy to track and prove progress. This can be essential for courses where proof of mandatory training is required.
* **It's discreet:** not everybody feels comfortable learning in a large group, especially if they find something hard to understand that co-workers have no problem with. E-learning allows each individual to tackle the subject at their own pace, with interactive tasks being set in place to ensure a thorough understanding throughout each module.

**The E-merging Solution**

What the class of 2016 are starting to do is merging the advantages of e-learning with traditional face to face training to combine the benefits of both. It is well known that knowledge retention can be significantly improved when training utilises a variety of learning methods. Non-clinical staff start with online computer based training modules to give them the basic understanding. Once completed, staff then move on to a short face to face course

Face to face courses following e-learning optimise the unique benefits of each, with the core facts being conveyed online and questions and answers being addressed personally. During the face to face time staff can interact, and share ideas and best practice with each other.

The importance of staff being able to communicate clearly and effectively with their clinically trained colleagues goes without saying. What the class of 2016 are doing is being selective in maximising the advantages of the conventional and technological options available to them

*E-learning and face to face training enrich each other and one is not substitute for the other.*

*It’s an E-merging solution*

*Vicky Wild runs Medicologic - a training company specialising in medical terminology training courses. The business provides non clinical training courses to a wide range of professionals, who are not medically trained, but whose day to day work brings them into contact with medical words and phrases. www.medicologic.co.uk*