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Audiometric screening and education for ENT emergencies

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Editorial

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'Global medicine' is currently fashionable, but has been an interest of this journal and its editors for many years, and has latterly been supported by regular meetings under the umbrella of ENT-UK. This issue contains a review that compares portable audiometric screening equipment suitable for use in low- and medium-income countries (previously, 'the developing world').[1] This complements accounts by Swanepoel and Clark,[2] and Bhutta,[3] which appeared in the most recent issue of *The Journal of Laryngology & Otology*, and set the scene and context of such work. This article should be of practical help to anyone with an interest in helping patients in such environments.

Dealing with a difficult emergency in otorhinolaryngology, out of normal working hours, with limited support, for the first time, undoubtedly concentrates the mind. Unfortunately, it is not an ideal learning environment, nor is it ideal if we are to achieve optimal patient outcomes. Simulation offers a more controlled environment, allows for detailed feedback and interactive learning, and can address both technical and non-technical aspects of this high-pressure work. We publish in this issue a paper by Hogg and colleagues from North West England[4] that describes in detail their experience of several rounds of an evolving emergency course, in which eight simulation scenarios have been developed. The course was open to junior and more senior trainees, as well as advanced nurse practitioners in ENT, and had impressive outcomes. This should be of interest to anyone with teaching or service-delivery responsibilities. It also complements other education-related articles published recently in *The Journal*,[5,6] including research on virtual reality simulation for medical students. The days of 'see one, do one, teach one' are long gone, thankfully.

References

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