

Highlights from this issue

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Paramedics' skills

It is understandable that there has been a tendency to focus on ensuring that paramedics have the correct technical skills to perform what can often prove to be a technically difficult job. In a review article, Allan Shields and Rhona Flin consider the non-technical (cognitive and social) skills that form an essential part of the paramedic's armoury. They conclude that this is an area which is relatively unexplored and argue for 'Crew Resource Management' training to be introduced, as it has been in the aviation industry.

Twenty-four hour consultant shop floor presence

Many older ED consultants report that they struggle to get up and undertake emergency work in the middle of the night in the way that they used to earlier in their careers, which is not much of an argument for them regularly working night shifts. Having said this, the current night working of many consultants will reflect being called in and follow a full day at work and then be followed by a full day shift, rather than being a scheduled night shift. Consultants are, after all, mostly older and wiser and much more experienced, so surely it makes sense that ED consultants would do better than their registrars at working night shifts? Some of these issues were put to the test in the Northern General Hospital in Sheffield when due to gaps in middle grade cover, ED consultants worked 26 night shifts in a six month period. Hospital management will prick their ears up when they hear that consultant shifts were associated with shorter waiting times and lower admission rates. Significantly more patients presented to

the department when a consultant was on duty, so perhaps word got around the city that there was a very experienced doctor on duty?

Twitter

Emergency physicians, it seems, are starting to embrace Twitter. Perhaps they are tweeting about their night shifts. Analysis of Twitter accounts of emergency physicians makes interesting reading. A few seem to have a remarkable number of followers, but only a small proportion were well connected with their colleagues. If you really want to spend your time wisely on Twitter, don't forget to join over 9000 others, who follow *EMJ* (@EmergencyMedBmj).

Stocking of antidotes

In the UK, the National Poisons Service and College of Emergency Medicine have jointly agreed and published guidelines regarding which antidotes should be available immediately or within one hour. So, when a poisoned patient presents to an acute hospital needing treatment with a standard antidote, you might expect that antidote to be readily available. However, a national study of the availability of antidotes in acute hospitals in the UK raises concerns about the extent to which hospitals are appropriately stocked. In these times of austerity, it is interesting to speculate to what extent low stock levels may reflect issues around cost.

Public perceptions of conscious level

Emergency medical services call handlers attempt to gain information from callers about the conscious level of patients in order to help prioritise the appropriate

response. A study of 643 emergency calls for patients admitted to a hospital in north-west England with suspected stroke has demonstrated how difficult it is for members of the public to both make a judgement about conscious level and then to communicate this judgement in a coherent fashion over the telephone to the call handler. Given how much difficulty medical practitioners seem to have assessing and describing conscious level between themselves, these results should probably not surprise us too much.

A new air ambulance

There is a wide range of opinion as to the relative merits of air ambulances, but enthusiasts will be keen to read about a new prehospital helicopter service. In June 2008, the Great Western Air Ambulance first took to the skies, providing a doctor and paramedic prehospital team for a large area around Bristol. A retrospective analysis and description of the first cohort of patients treated by this team can be found in this paper.

Acute surgical images

There are some interesting images on offer this month, two relating to acute surgical problems. Practitioners who have enjoyed a traditional training in 'general surgery' will be familiar with the classic x-ray appearances of gallstone ileus, in which small bowel obstruction combines with gas in the biliary tree. Modern day imaging in the form of computed tomography can help make this enigmatic diagnosis. Our second surgical offering also involves gas, this time around the pancreas. Emphysematous pancreatitis is an unusual, but serious necrotising infection, which particularly afflicts patients with diabetes.