

Emergency Medicine Journal

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SUPPLEMENT

July 2007



BAEM conference at Lords Cricket Ground

The BAEM conference at Lords Cricket Ground in early May was a celebration of

40 years of organised Emergency Medicine in the UK. Its growth from being a Cinderella specialty is due in no

small measure to the wisdom and dedication of the group of Fairy Godfathers pictured here.



Back row (left to right): Roger Evans, Chris Cutting, Don MacKechnie, Carlos Perez-Avila, Jim Wardrope, Stephen Miles, Ed Glucksman
Front row: Ian Stewart, David Willians, John Thurston, Gautam Bodiwala, Norman Kirby, John Heyworth

The e-Portfolio

The age of the internet has re-defined the way many of us work. While we all know someone who still gets their secretary to print out their emails, most health professionals relish the immediacy of the information superhighway. Correspondence can be written and returned many times over in a single day and to a thousand people at once. There is a vast library of information available anywhere you can connect.

Having stated the obvious, we have a long way to go before we have really tapped the potential of e-resources as a speciality. Many of our colleagues have been working with electronic versions of their curriculum and logbooks for some time. Meanwhile, my back pocket is crammed with scraps of paper with scribbled notes about patients I've seen, procedures I've performed, topics I need to read up. Every so often, far too infrequently, I gather the jumbled mess and try to sort them into some kind of order, typing them up painstakingly over several long hours. No doubt several of my peers are more organised, more proactive. However, I believe such admirable folk are in the minority. RITAs are generally preceded by a panicked frenzy of paper-tossing and fabrication.

Fortunately there is a great deal of hard work going on behind the scenes to alleviate my litter-laden desk. The College have begun work on the development of an e-portfolio—based on the curriculum and linked in to an electronic version of it, this will allow trainees and trainers to keep a record of achievements, identify learning needs and plan how best to tackle them. This will ultimately replace to cumbersome

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Near Patient Testing

We are all being encouraged to save on pathology costs, so emergency departments should be looking at quick and inexpensive ways of deciding who needs to be in hospital and who can safely be sent home. We offer some tests that we have been using for some time. They have not yet been validated in rigorous clinical trials. However, we do think that is due to any fault in the tests: more likely because the patents have expired on the relevant diagnostic products and it is difficult to get the sponsorship needed for large scale studies. We offer here sufficient details of the testing process to enable anyone working in a suitably equipped department to replicate our results.

THE CUP OF TEA TEST

The patient is usually female and elderly. Reasons for attending are obscure, and a detailed examination has found little of

white folder we currently use, and do much more besides.

Various e-learning sites already provide structured modules of education and means of recording your progress as you go. A strategy is under development to provide a similar service through the combined emergency.org.uk website, and the first wave of modules should be available early next year. As you complete modules, so your e-portfolio will be updated. In time the whole curriculum will be linked to trusted resources that will make your medical education easier.

An electronic logbook of procedures and significant patient events is being developed in partnership with other specialities. This can be accessed on line from work, or for those who like their toys can be used with handheld devices, so it will be possible to keep a live record from case-to-case. This can be backed up to your computer and your portfolio, so scraps of paper and hours spent hunched over my education folder will become a thing of the past.

This won't just benefit trainees preparing for their RITA. The e-portfolio can be carried through to your consultant career and will generate CPD reports. It will make demonstrating your professional development a much easier task, and equally may allow those looking for experience in new areas to demonstrate their learning needs more effectively.

Until the e-portfolio is available, there are already some great resources at your disposal, I'd encourage every emergency physician to use and contribute to them:

- The shared resources area of the emergency.org.uk site is a fabulous

project, but uptake has not met its potential – if you have completed a CTR, audit or presentation you are happy with, upload it for others to see and learn from. The more contributions online, the more benefit to you and your colleagues.

- The BESTBETS website <http://www.bestbets.org/> is a great way to find clinical evidence quickly, and if you have a clinical question that hasn't been answered, it's a good way to get a simple publication.
- The National Library for Health – Emergency Care <http://www.library.nhs.uk/emergency/> is an easily navigated goldmine of published guidelines and evidence, and should have a place in every emergency physicians' bookmarks.

Finally, the combined Emergency Medicine site, <http://www.emergencymed.org.uk/> (and all feedback on the site is welcomed). We hope to have a new "ac.uk" type URL when the merger is completed. If you think there's an aspect of training that needs guidance or comment, we welcome contributions from anyone, from the trainee or trainers' perspective. Participation is the key to the success of all of these projects. Any good website is in constant development, perpetually an unfinished project. *You* can always make it better.

Handy links:

- <http://www.emergencymed.org.uk/>
- <http://www.bestbets.org/>
- <http://www.library.nhs.uk/emergency/>

DAN STRONG

EMTA Website Co-ordinator;
danstrong@mac.com

significance. The doctor asks the patient the simple question, "would you like a cup of tea?".

Positive response ("Oh, I'd love a cup of tea"): patient can safely be sent home after suitable refreshment.

Negative response ("I couldn't face a cup of tea"): clearly unwell, patient needs admitting for full diagnostic workup.

THE CHOCOLATE TEST

This test is only reliable with children between the ages of 2 and 8 years. A miserable child has been brought in by an anxious parent as a result of a minor injury or illness. Physical examination shows an unhappy patient but no serious abnormality. The patient is asked "would you like a piece of chocolate". Children distrust doctors so it is essential that the patient also sees the chocolate for full effect.

Positive response: child eats chocolate, stops crying and demands more, serious

illness or injury very unlikely. Parent reassured.

Negative response: child still crying and refuses or ignores chocolate, clear evidence of serious pathology.

THE CHIPS TEST

This is most reliable with boys with abdominal pain between the ages of 4 and 15.

The patient is offered a plate of chips with ketchup. If they eat it, there is nothing much the matter, at worst mesenteric adenitis. Patients with appendicitis refuse the plate and turn green.

No doubt there is much more scope to develop similar decision making tests in other difficult clinical areas. Work is progressing on the use of the cigarette test in exacerbations of chronic pulmonary disease for example. This test, however, is still under development and is not yet ready to be released for general use.

NEWS from EMTA

EDUCATION AND EXAMINATION COMMITTEE

I have attended four meetings over the last year representing the trainees' opinions on a committee that has overseen the development of the curriculum and the development of the MCEM and FCEM examinations. At my first meeting of the Education and Examination committee of the College of Emergency Medicine in July last year, I was introduced to the rest of the committee before the Chairman, Pete Driscoll, asked me to ensure I would attend every meeting as my opinion as the trainee's representative was valued. Having sat on several committees for various organisations I have not usually found that many people's opinions were valued, least of all mine, so this was a very welcome change.

Since then I have had a new problem—finding the opinion of the trainees—and this appears to be a problem across the all the committees that EMTA has representatives on. There are over 500 trainees across the nation and the majority I have met are more than willing to offer complaints and problems about issues relating to the education and examination committee, but they represent a

small proportion of the total number of trainees. So to adequately represent your views on the committee I need to know what you think about the College's approach to your Education and Examination.

Within a week of each meeting I write a summary that is posted on the EMTA part of the college website. It is a synopsis of the major issues relating to trainees that we have discussed. If any one reading that has any comments in regard to these then my email address is always at the end of the postings. I welcome any and all views so I can represent these as appropriate at the next meeting. I look forward to hearing from you!

EMTA CONFERENCE 2007

This year's EMTA conference will be held in Newcastle, Gateshead from the 12–14 September at the Sage, on the banks of the Tyne. Full details and bookings are available on the conference website www.emta2007.com. We are offering a 3-day conference with two social events for a total of £300. This will buy you a varied programme of speakers covering topics related directly to your training and the FCEM exam, topics of general emergency medicine interest and topics of emergency medicine political interest including a symposium on the future of

emergency medicine with contributions by Prof Sir George Alberti and the President of the College Jim Wardrope. There are two afternoons of workshops, which include prehospital care, ultrasound, a skills laboratory, nerve blocks and a major incident exercise. The dinner dance on Thursday night will be held at Lumley Castle, one of the North East's finest examples of a border defence castle that was built in the 14th Century.

There is also some time to enjoy the glorious North East, which is renowned not just for its night life but also the stunning scenery and heritage of the border counties as well as there being a few football teams up here!

Places are limited and selling fast so book now at www.emta2007.com.

EMTA CONFERENCE 2008

After the success of last year's conference in Poole and the high quality of the programme for this year we need to continue the tradition of the trainees' conference. If you would like to host the conference for 2008 please get in touch with me at jamesmcf@doctors.org.uk or any other member of the EMTA committee.

JAMES MCFETRICH
jamesmcf@doctors.org.uk

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Development of a Doctoral Educational Research Programme in UK Emergency Medicine

Completion of a Masters in Medical Education is an increasingly common route for doctors interested in engaging with the academic medical educational community. Subsequent enrolment onto research programmes allows for a deeper understanding of the complexities of curriculum design, assessment and evaluation. Within Emergency Medicine, an initiative has been established to develop a core community of doctoral researchers, allowing for development of critical thinking and awareness of the philosophical tensions in medical education. Working within a supportive community of practice, collaboration between the College of Emergency Medicine and the Educational and Social Research Institute of Manchester Metropolitan University has led to the establishment of a specialty doctorate

programme comprising consultants and trainees. Participants uniquely receive intellectual support from both the University and the College. The programme aims to enhance specialty development by producing educationally aware Emergency Medicine leaders for the future.

Links with CEM allow access to national, and in some cases, international data.

Currently participants are engaged in a wide range of topics. Michael Clancy chairs the CEM curriculum group formulating postgraduate training in Emergency Medicine up to consultant level/completion of training. His studies are focused on researching the transition to a new curriculum. Another, Derek Burke, is examining concepts of professionalism and appropriateness of multi-source feedback as a means of assessing professionalism in junior doctors. Meanwhile Darren Kilroy is examining how knowledge required for Emergency Medicine practice can be rationalised through the use of Delphi "consensus techniques" involving expert panels. By sharing their work with each other and with other members of the group, the research carried out by each becomes

more collaborative and attentive to shared professional ambitions.

Participation in a doctorate programme is a daunting experience. A linked initiative between university and specialty College combines peer support with educational development and is an effective way of encouraging critical thinking and research.

A new course commences in September 2007 and applications can be made now. For those without substantial research experience the normal point of entry would be registration for the Masters of Research degree. This provides a substantial research background for subsequent doctoral studies. More experienced applicants can be considered for direct entry to PhD.

Enquiries should be sent to: Barbara Ashcroft, Educational and Social Research Institute, Manchester Metropolitan University, 799 Wilmslow Road, Didsbury, Manchester M20 2RR; phone 0161 247 2320; email B.Ashcroft@mmu.ac.uk.

DARREN KILROY
TONY BROWN
MIKE DAVIS

College update— Research Committee

The CEM Research Committee is responsible for advising on academic matters in Emergency Medicine, the organisation of College conferences, increasing the quality and scale of Emergency Medicine research, advising on academic training and the administration of College grants and Fellowships. The Research Committee is supported by a network of regional college academic leads (RCALS) who are responsible for linking the work of the Research Committee to Emergency positions within their regions. With many changes occurring in the legal framework around Emergency Care research, training in academic medicine and the funding of medical research in the UK a major part of the work of the research committee is to keep abreast of these rapid developments and disseminate relevant information to Emergency Medicine Researchers.

FUNDING FOR EMERGENCY MEDICINE RESEARCH

Traditionally there has been little funding available for Emergency Medicine research. However, over the last few years the research committee has developed a relationship with the Health Technology Assessment Process within NHS research and development. Each year we collect the top ideas for Emergency Care research projects through the regional college academic leads and submit these into the HTA Evaluation Programme Process. We have been very successful in getting suggestions adopted by the HTA and the total funding that has come to Emergency Medicine Researchers through this route now exceed £5 million. We do not at present have similar links to the new National Institute for Health Research, so this will be an area of active future work.

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LEGAL FRAMEWORK FOR EMERGENCY MEDICINE RESEARCH

The Research Committee has been very active in coordinating a campaign, which resulted in an amendment in October last year to the legislation surrounding consent in incapacitated research subjects. There is now a very clear legal framework in this area, however, we now have the challenge of translating this clearly into policies that facilitate emergency research within each NHS trust in the UK. We will be collecting examples of policies for emergency medicine research consent on the college website, please contribute if you have one.

RCALS

There is now a Regional College Academic Lead in each training region. These individuals are responsible for running a regional academic day once a year and for acting as the link between researchers and trainees within their region and the research committee. Research Committee minutes are circulated to all the RCALS so that they are familiar with current issues in academic emergency medicine.

MMC AND ACADEMIC TRAINING

The research committee successfully campaigned to get emergency medicine on the priority list for academic clinical fellow and academic clinical lecturer posts. The challenge now is to integrate these NTN(A) posts with clinical training in a way that is attractive to future trainees and allows ask them to complete both their academic and clinical requirements in a reasonable time.

CONFERENCES

With the merger of the CEM and BAEM Conference programmes the research committee is busy setting up systems that will allow us to continue to run two high quality conferences each year. It is intended that each will retain its own "flavour" and will build in some of the CPD required for re-validation.

Overall much of the work of the Research Committee may not be immediately visible, however, it is important for the development of our speciality that we create an environment in which cultivates academic work.

Managing sepsis study

The University of Pittsburgh is leading a large, NIH-funded, multi-centre trial in the USA (ProCESS) looking at the early management of patients presenting with severe infection. ANZICS and the ESICM are applying for funding to do parallel studies in Australasia and Europe. ICNARC, the Intensive Care Society and the Society for Acute Medicine are interested in making links with emergency physicians to develop a parallel study in the UK.

As a prelude to this study, the researchers are very interested in knowing how we currently manage these patients. They strongly suspect doctors in different specialties and countries have different approaches. They have designed a short survey to assess these approaches and provide an accurate comparison. The survey asks how you would manage two different patients presenting to your emergency department with pneumonia.

The survey should take you 10 minutes to complete. They will not collect any information that could identify you personally or the hospital where you work. Go to: <http://www.surveymonkey.com/s.asp?u=467543748887>

Professor John Henry who died in May was admired by all who knew him as a rigorous scientific researcher and a warm and caring doctor. The College Board is discussing appropriate ways to honour his memory.

RUTH BROWN

THE WEST MIDDLESEX UNIVERSITY FCEM COURSE

"This course was instrumental in me passing the exam"
 "This course brought my SpR training years together for the exam"
 "Friendly, exam oriented young faculty who had all passed the exam"
 "Excellent taught me what I needed to know"

There are more interactive OSCE's, video scenarios, focussed individual feedback with a high faculty/candidate ratio.

This course, previously held at Chelsea in its 7th year, is at the West Middlesex University Hospital, Twickenham Road, Isleworth, London TW7 6AF
 The Course dates are 13th and 14th September 2007.

Course details and application form can be obtained from: FCEM Course Secretary, Miss Lara Higginson; tel 02083215406; email: lara.higginson@wmuh.nhs.uk