

LETTERS TO THE EDITOR

Accident and emergency medicine or emergency medicine?

EDITOR,—As trainees in emergency medicine, we welcome Laurence Rocke's suggestion to re-open the debate on the name of our specialty.¹ We would support the dropping of the clumsy "accident and" prefix for the following reasons: it is a mouthful to say; it is redundant since most accidental injuries can be considered emergencies, if not by the physician then at least by the patient; and it carries with it historical connotations of being an orthopaedic subspecialty, reinforcing the attitudes that many other specialists unfortunately continue to hold towards us.

We do not know what the response of the Royal Colleges of Physicians will be to the problem of increased subspecialisation within general (internal) medicine and the lack of acute care physicians,² but if they secure the right to the name "emergency medicine" we are going to experience a serious identity crisis. Our vision of the future in the specialty is one of increasing intervention (where appropriate) in the emergency department, and of growing credibility as specialists. We acknowledge gratefully the enormous achievements made by our senior colleagues in creating and building accident and emergency medicine into what it is today; as the next generation of consultants we intend to honour their efforts by continuing to raise the prestige of our specialty and to attract the highest calibre trainees. To this end we suggest that bringing ourselves into line with much of the rest of the world by renaming the specialty "emergency medicine" is an important and logical step. This window of opportunity may never be open again—it is important to shape our specialty by design, not by default.

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- 1 Rocke LG. Accident and emergency medicine or emergency medicine? *J Accid Emerg Med* 1999;16:74.
- 2 British Association for Accident and Emergency Medicine. *Minutes of BAEM Council meeting*. (2 July 1998: C98.32.) London: BAEM, 1998.

Accident and emergency medicine or emergency medicine?

EDITOR,—As a practitioner of emergency medicine I wish to wholeheartedly support Rocke's assertion that it is time to drop the word "accident" from the title of our specialty.¹ Surely this inelegant tautology has had its day. Our overseas colleagues must wonder why we cling to this term with its evocation of the old "casualty" department.

To start this process why not rename this journal? Anyone for the *Archives of Emergency Medicine*?

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- 1 Rocke LG. Accident and emergency medicine or emergency medicine? *J Accid Emerg Med* 1999;16:74.

Use of the Cochrane Library by emergency physicians

EDITOR,—Given that systematic reviews may be considered the best form of evidence (costing £20–70K per review) it is important to establish that this evidence is reaching front-line clinicians. The rapidly expanding Cochrane Library contains a register both of systematic reviews and controlled clinical trials.

A postal questionnaire was sent to all trainees and trainers in emergency medicine in the Wessex and South West regions; 50/55 (91%) replied. Twenty four of the 50 had used the Cochrane Library, although use was infrequent; typically it was twice or less during the preceding three months.

The questionnaire provided the conclusions of 14 systematic reviews from the Cochrane Library relevant to emergency medicine, asked the respondents if they knew of each conclusion and, if yes, how they had acquired that knowledge (Cochrane Library, journal club, reading journals, teaching, other).

Of 700 possible responses, 405 responded "yes". However, in only 10% of these responses was the Cochrane Library the source of that knowledge.

The Cochrane Library is used infrequently by emergency physicians, although more than reported by other groups.^{1,2} In addition it is clear from these results that the awareness of the conclusions of published systematic reviews can be improved. It is essential that the secondary sources of best evidence are disseminated to emergency physicians and a major step forward is likely to be the making of the Cochrane Library available in full on the internet (<http://www.cochrane.co.uk>). The undertaking of the *Journal of Accident and Emergency Medicine* to publish relevant articles in the journal scan, including systematic reviews, from the journal *Evidence-Based Medicine* is also an important development.

We wish to thank all the emergency medicine trainers and trainees in the Wessex and South West regions for their excellent response to our questionnaire.

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- 1 McCol A, Smith H, White P, et al. General practitioners' perception of the route to evidence based medicine: a questionnaire survey. *BMJ* 1998;316:361–5.
- 2 Olatunbosun OA, Edouard L, Pierson RA. Physicians' attitudes toward evidence based obstetric practice: a questionnaire survey. *BMJ* 1998;316:365–6.

Journal clubs

EDITOR,—Carley *et al* rightly demonstrate the potential benefits of a modified journal club that embraces evidence based medicine principles.¹ However, it appears that they place greater emphasis on journal reviews rather than best evidence topic reports. Yet it is the latter that is rooted in problem based learning, and which addresses individual patient problems directly.² Journal scanning, even in groups, does little to enhance continual professional development.³ Further, greater improvements are likely to be made in searching the literature if all journal club participants search individually and compare strategies and yields with that of a chief librarian.

An alternative "triple jump" format for a journal club would firstly establish the most important question (arising from that week's clinical practice), secondly compare "hits" from each individual's search strategy for the question selected the previous week and finally, critically appraise the key paper(s) from the question agreed a fortnight earlier.

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- 1 Carley SD, Mackway-Jones K, Jones A, et al. Moving towards evidence based emergency medicine: use of a structured clinical appraisal journal club. *J Accid Emerg Med* 1998;15:220–2.
- 2 Sackett DL, Richardson WS, Rosenberg W, et al. *Evidence-based medicine, how to practice and teach EBM*. London: Churchill Livingstone, 1997.
- 3 Davidoff F, Haynes B, Sackett D, et al. Evidence-based medicine: a new journal to help doctors identify the information they need. *BMJ* 1995;310:1085–6.

The authors reply

If our previous papers give the impression that we place more emphasis on journal scanning than best evidence topic reports (BETs) then appearances are deceptive!^{1,2} A large part of the work of the journal club revolves around the conception, planning, searching, and presentation of the BETs as these that are the greatest influence on our practice.

Dr Lloyd's first point regarding the poor yield from an individual doctor "journal scanning" is true. Indeed this has led to the development of secondary publication journals such as *Evidence-Based Medicine*, and for many specialties this is clearly the way forward. Unfortunately, I do not think emergency medicine is ready to go down this route yet. For example when I tested the first 50 BET topics against the evidence based journals available on CD-ROM I was unable answer any of our questions. The systematic scanning of journals by members of the group selects only those papers worthy of consideration. This same rationale is used by the evidence based medicine publications.

Furthermore his suggestion for a triple jump approach is reasonable and appear to be a suggestion to improve the BETs based on the book by Sackett *et al*.³ In fact these ideas were some of the principal starting points for the journal club. However, experience has tailored our methods to emergency medicine.

We prefer to allow members of the journal club to investigate a topic of their own interest rather than one selected by the group. Invariably members select topics based on patients they have personally seen; this makes the process less of an academic exercise and more clinically relevant for those tackling the BETs.