

Prehospital medicine

Prehospital emergency medicine: the series

P Driscoll, J Wardrope, C Laird

Introducing a new series

Prehospital emergency care is changing at a breathtaking pace. The supply of doctors able to provide assessment and treatment out of hours is not keeping pace with increasing demands for emergency care. The result is over stretched out of hours primary care, ambulance services, and A&E departments. In response, the NHS wants to increase the scope of practice of doctors, nurses, and paramedics to help provide a first class service to patients who need clinical advice and assessment in the evenings, nights, and weekends. As a result new roles are being established in primary care nurse practitioners and paramedic practitioners. However, the education, curriculums, and standards vary from place to place and there is a lack of educational material to assist those undertaking these new roles.

To help fill this intellectual gap, the *EMJ* is planning a new series on the initial assessment and treatment of common illnesses that these new practitioners will be asked to manage. The choice of topics needs to reflect the health care needs of the population. We have obtained information from both out of hours primary care and ambulance services on the commonest medical problems. We have taken these topics as the starting point for the series. As a consequence the assessment of sore throat and ear ache will be given as much prominence as chest pain.

The series will set out a system of assessment and management for these common problems, highlighting those that might be suitable for home care and

those requiring only initial treatment and transfer. With each topic, the series will address the variety of different health care settings and levels of expertise and empowerment that may be available. It will also try to provide a practical guide to the "clinician on the spot" for the safe management of 60% to 70% of the conditions they are likely to face out of hours. We will also try to promote the ideal of the whole system working together with common guidelines, treatment plans, and even common documentation. In aim for this goal, the editorial team draws on expertise from primary care, the ambulance service paramedics, and A&E.

The series is due to start in January 2004 and will use both the print journal and emjonline. We hope that existing readers will enjoy the series and that new readers will be attracted to the journal, so please tell your friends!

Emerg Med J 2003;20:304

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BETs

Accumulating knowledge: five years of BETs

K Mackway-Jones, S Carley

Introducing the accumulator BET

Best evidence topic reports (Best-BETs) were first described by the emergency department at the Manchester Royal Infirmary.¹ They were originally developed as an educational tool to focus teaching of competencies in the practice of evidence based medicine to junior doctors,² but soon developed into a means of identifying the need for evidence based changes in practice and of helping to effect these changes. BestBETs have been published regularly in peer reviewed journals (currently this journal³ and the *Archives of Disease in Childhood*⁴), and are listed and updated on a dedicated web site.⁵ This web site (www.bestbets.org) has been enthusiastically reviewed both nationally⁶ and internationally,⁷ and is recognised as an

important resource for evidence based practice.⁸ The web site has been upgraded to allow the underpinning critical appraisals to be posted, thus further increasing its educational and reference value.⁹

At the time of writing this editorial there were 609 BETs in various stages of completion on the web site, 203 of which had been published in peer reviewed journals. This is quite an impressive output for five years and far exceeds any expectations we had at the outset. Can we do better still?

Initially all the BETs were researched and checked in the Manchester Royal Infirmary. Now authorship of the BETs has widened with contributors from all around the world. Some of this work has

been undertaken in a focused way, with projects run for Rural and Remote Practice for the Scottish Executive and for prehospital care with the Joint Royal Colleges Ambulance Liaison Committee. The core, however, remains the individual efforts of clinicians inspired to find out an answer to conundrums and conflicts in their practice. If every reader of this journal contributed one BET and checked one other then the shared evidence base for our specialty would be hugely increased. As those of you who have undertaken these short cut reviews will have found they are not as easy as they look, but the outcome is definitely worth the effort. We will make an effort to ensure that courses are available to support acquisition of the basic skills needed for BET production; then there will be no excuses for non-participation in this underpinning project.

Unexpected success has brought unexpected problems. The sheer number of BETs has meant that keeping these reviews current has become a huge problem. Our stated aim was to ensure that each BET was re-researched and re-edited every six months so that the web version was always up to date. We have struggled to get anywhere near this standard but, with the help of our new BestBETs web editors (acknowledged at the end of this

editorial) we hope to do better. If any of you feel you have the skills and time to help with this glamorous, but unpaid, task then please join up today.

This issue of the journal includes the first of an occasional series of "Accumulator BETs". It struck us that with so many BETs now completed it should be possible to put some together to explore particular pathways of care. Our first effort is for atraumatic pleuritic chest pain; some of the BETs to support this are published in this issue of the journal, some have been published already while yet others are currently just available on the web site. We will publish other Accumulator BETs as the number of reviews in particular areas increase. If you have particular requests or suggestions then please let us know.

The BestBETs have become one of the most popular features in this journal, probably because they fulfil their aim of

allowing practising clinicians to find real answers to real life problems. Of course they are not perfect but, with your help, we can make them even BetterBETs. Sign up today.

BestBETs web editors

Howard Simpson, Steve Jones, Magnus Harrison, Bob Phillips (*Arch Dis Child*), Ian Maconochie, Ian Crawford

Emerg Med J 2003;**20**:304-305

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Presented to you by the BMJ Publishing Group (London, UK) and Institute for Healthcare Improvement (Boston, USA), supported by the New Zealand Ministry of Health, ACC, and Standards New Zealand.

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