

SHORT REPORT

How important is sport and exercise medicine to the accident and emergency specialist? A study in the UK and Ireland

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Emerg Med J 2003;20:540–542

Sport and exercise related injury is responsible for about 5% of the overall workload in the accident and emergency (A&E) department,^{1–4} and A&E specialists agree that they should have a broad knowledge and understanding of sports medicine issues.⁵ Yet, training in sports medicine is not a compulsory part of the curriculum for “Higher Specialist Training”. We carried out a pilot study in Northern Ireland³ that showed there was considerable interest in sport and exercise medicine, but we wondered if this simply reflected local interest in the topic. The aim of this study was to determine the views of a large representative sample of experts throughout the UK and Ireland.

METHOD

The study used a modified Delphi technique to identify the views of A&E specialists on statements relating to: the role and training of the A&E specialist in relation to sports injuries and, the need for knowledge and understanding of defined skills of importance in sports medicine. These were developed using current guidelines for training in both sports medicine and A&E medicine.^{6,7}

In round one, participants rated the importance of each statement. In round two participants were given an identical list of statements but were invited to reconsider their response and change or maintain their original response as they wished.

The sample frame consisted of the 2001 membership list of the British Association of Emergency Medicine (BAEM),

which listed 538 consultants and 290 specialist registrars in the UK and Ireland. The survey was posted to a random sample of these consultants (268) and specialist registrars (145).

The results were analysed using SPSS, and differences between the responses to each round were examined using the Wilcoxon signed ranks test, and differences between the consultants and training grades were analysed using the Mann-Whitney U test.

For this study we defined consensus if more than two thirds of the panel agreed or disagreed with the statement.

RESULTS

In total 164 consultants (61%), and 95 specialist registrars (66%) completed round one and 107 consultants (65%) and 58 (61%) specialist registrars completed round two. There was no significant difference between consultant response and the response of those in training grades with one exception. The specialist registrar group was more strongly in agreement that a postgraduate diploma in sports medicine was desirable ($p < 0.05$). There were differences in rating between round one and round two in several domains and this trend was not related to the importance attributed to the statement in round one. Results are summarised in figures 1 and 2.

There was agreement (94%) that A&E specialists should treat acute sports injury, and that they should be able to diagnose overuse injuries (86%). There was not consensus on the appropriateness of running sports injury clinics in A&E

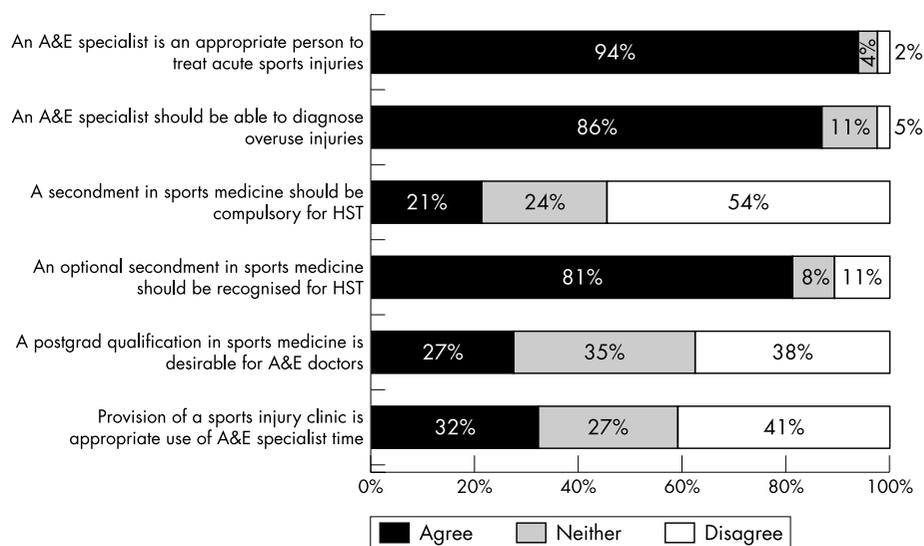


Figure 1 A&E specialist opinion: role and training.

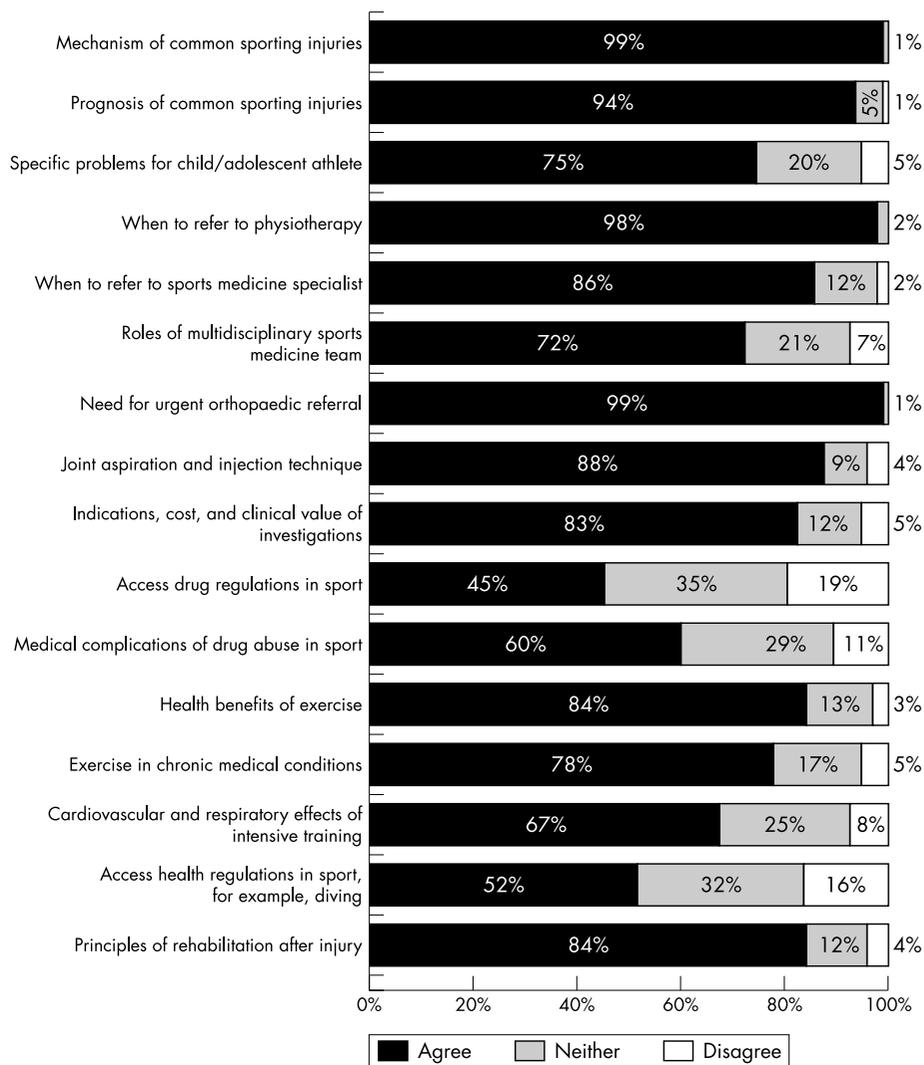


Figure 2 Specialist opinion: the A&E specialist should know and understand the statements in the figure.

specialist time (32% agreed, 41% disagreed). Participants agreed that A&E specialist should be knowledgeable and possess skills in all aspects of sport and exercise medicine care studied with the exception of “drug regulation in sport”, “health regulations in sport, for example, diving”, and “the medical complications of drug abuse in sport”. There was considerable support for recognition of optional sports medicine secondments (81%) only 21% agreed that it should be compulsory.

COMMENT

Participants gave a very strong message in their agreement that A&E specialists have a role in diagnosis and management of sports injury. They also agreed that they should have a broad knowledge and understanding of sports medicine issues. In our pilot study, we were struck by the overwhelming interest in sport and exercise medicine and wondered if this was a quirk of the small and localised sample. But, this study confirms these findings in a much larger sample across the UK and Ireland. One important difference was the overwhelming agreement (81%) that a secondment in sports medicine should be recognised as part of “Higher Specialist Training”. This differs from the pilot study, but supports the findings of another study of sports injuries presenting at A&E departments, which concluded

that A&E staff would benefit from increased training in sports injury management.⁸

Participants, however, considered that qualifications or experience in sports medicine should be optional. The reason for this anomaly is unknown but may be deduced from additional comments made by individual participants in free text; A&E specialists do not consider sports injury to be any different to other soft tissue injuries, or that A&E is already too busy coping with emergencies so that sport and exercise related problems are given low priority.

Despite the strong agreement of the panel on the importance of the A&E specialist’s role, skill, and knowledge requirements in relation to sports medicine issues, education was not considered to be compulsory. We may have expected greater differences overall between the views of consultants and specialist registrars and it is interesting that the only difference of statistical significance was that the specialist registrar group viewed a postgraduate diploma in sports medicine as desirable ($p < 0.05$).

In conclusion, this is the largest and most representative study of the opinion of A&E specialists reported in the literature and gives a very clear picture of the importance A&E specialists attribute to sports medicine.

ACKNOWLEDGEMENTS

The authors wish to thank BAEM for access to their mailing list, all A&E consultants and specialist registrars that participated in the survey, and in particular specialists in Northern Ireland for their assistance with the pilot study.

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Accepted for publication 27 November 2002

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