

# PRIMARY SURVEY

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## EMERGENCY CARE PRACTITIONERS EMERGE

Prehospital care has come a long way in recent years. The provocatively blinkered view that the ambulance service acts principally as a fast taxi service is clearly flawed. Prehospital workers have developed in many different ways. Perhaps the most interesting development is the concept of the emergency care practitioner. Having introduced this earlier in the year in the May issue of the journal, this issue explores the concept further. The experiences of paramedics who adopted the role of emergency care practitioner in Devon and Cornwall having graduated with a BSc in Emergency Care are described by Simon Cooper and colleagues. The authors are cautious in their interpretation of their results, but note the potential benefits of this innovation.

See page 614

## PATIENT SATISFACTION

It may have taken some time, but finally it seems that it has become generally recognised that patient satisfaction is actually quite an important part of treating patients with emergency problems! Clare Taylor and Jonathan Benger review patient satisfaction in emergency medicine. Their task is not helped by their initial struggle in trying to define the term. Having reviewed the evidence, the authors speculate that medicine as an art may have been neglected in favour of medicine as a science. They argue that the imbalance might be partly redressed by studying and responding to issues relating to patient satisfaction.

See page 528

## PROBLEMS WITH SHOs

It is traditional to claim that things aren't what they used to be. In the case of senior house officers in A&E, murmurings sometimes focus around the rate of processing of patients. In a short letter, Gilligan and colleagues confirm what some suspected, namely that SHOs are seeing fewer patients "than they used to". Perhaps these junior doctors are spending too much time doing tasks that could be performed by others? This is the conclusion of the paper by Mitchell and colleagues, who observed what SHOs actually did at work and found that 15% of their time was spent doing technical or administrative tasks. They argue that most of these tasks could be satisfactorily performed by physician assistants, thereby freeing up these doctors to spend more time with patients. Possibly, it would enable them to recapture some of their previous speed.

See pages 646, 545

## CONSULTANTS AT TRIAGE

Consultants concerned about the rate of working of their junior doctors might like to place themselves at triage. Using their own version of "See and Treat", Jane Terris and colleagues report positively on the impact of replacing the standard initial nurse triage with assessment by a senior (IMPACT) team. This team, comprising additional staff in the form of a consultant and senior nurse, appears to have not only significantly reduced waiting times, but also provided the opportunity to detect serious pathology at an early stage. Working along similar lines, Francis Subash and colleagues also examined changes to the initial triage process. In their paper, they investigate the effect of "team triage", where the initial contact of every emergency patient is with a combined team of (middle grade or consultant) doctor and nurse. The reported benefits of the team triage are even more interesting given that they were achieved without additional resources.

See pages 537, 542

## CPR ON FLEMISH TV

The idea of doing research by watching a drama on television does have a certain appeal. Jan Van den Bulck and Kelly Damiaans watched 70 episodes of a popular Flemish medical television drama called "Spoed" (the word used is the name for the emergency rooms in Flanders and the Netherlands). They focused upon the depiction of cardiac arrest in the programmes and found an unhealthy but realistic short term survival rate of only 19%. They discuss the impact of television dramas on public perception of medical conditions and the interventions aimed to treat them.

See page 565

## PERSONAL INCAPACITANT SPRAYS

Hand held CS spray canisters are now in widespread use by police in the UK and elsewhere. Based upon data resulting from exposures reported to the National Poisons Information Service, Euripidou and colleagues raise concerns about the safety of the current formulation. They suggest that it has a longer duration of action than previously believed and argue the case for less concentrated formulations.

See page 548