



Primary survey: highlights from this issue

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We begin this month's issue of the Emergency Medicine Journal with a focus on Patient Experience. We all know that currently it is hard to offer an excellent patient experience when our departments across the world are bursting at the seams. Often, those that suffer greatest in terms of crowding are our older, frailer patients. Who better to ask then, than this vulnerable patient group on how we go about fixing things? The authors of our Editor's Choice article identified the lack of validated instruments to measure patient experience in older adults and set about to resolve this. Blair Graham, in his excellent Royal College of Emergency Medicine funded PhD work, with the help of multidisciplinary colleagues, designed, refined and internally validated their PREM-65 questionnaire. As our accompanying editorial from our Editor in Chief (and guest star Liza Keating) notes, this is a master class in how to create a questionnaire. It is also a master class in efficient research delivery in utilising a small army of volunteer medical students. PREM-65 is available to readers and implementation is likely to make many of us uncomfortable. However, it is more likely to lead to meaningful change than guidelines like 'Principles for providing safe and good quality care in temporary escalation spaces' that we saw published by NHS England in September 2024.

Further uncomfortable reading is provided by our second original research paper from Clement *et al* in Edinburgh, Scotland. They explore the issue of delay related harm in hip fracture patients waiting for inpatient beds. They demonstrate, in their single centre retrospective study in over 3000 of these vulnerable patients, that a stay in ED of >4 hours correlates with an increased mortality



risk. Of course, the policy makers may argue that correlation is not causation but there is a pretty strong signal here, yet again, that prolonged ED stays do harm. Our excellent Practice Review, from van Oppen and colleagues, brings the themes above together at a patient level around a case vignette to explore person-centred decision making in older patients living with frailty in the emergency setting.

Our next series of papers move from older adults and focuses on children. The first of these takes me back to revising the 'CRITOI' mnemonic for exams and explores the ability of relatively experienced EM clinicians internationally to correctly interpret paediatric trauma elbow radiographs. It appears many of us would benefit from revising the mnemonic again. The accompanying commentary by Metcalfe and colleagues discusses the potential solutions to reducing rates of missed fractures and it is no surprise that AI gets a mention. The second original research paper, from Kumar and colleagues, examines a large database of telephone triage (NHS111) calls. This demonstrates that contrary to popular opinion on the shop floor, there is a surprisingly low attendance rate (41%) when an ED visit was recommended. The

authors suggest that more work is needed in refining telephone triage, especially for younger children. Our final paediatric paper is a research letter examining the state of the medical workforce in Paediatric Emergency Medicine (PEM). It is fantastic to see the growth of paediatric subspecialty trained doctors in the UK from just 32 in 2006 to well over 500 in 2023. PEM is now a burgeoning specialty in the UK.

Under a broad cardiovascular theme, our next papers explore everything from alternative biomarkers in acute aortic syndrome (they don't work-yet), DVT risk stratification (more work needed), peripheral norepinephrine (it's probably safe but does it work?) to triage blood pressure measurements (they over-estimate BP). It is worth highlighting that three of these papers are written as Research Letters (now simply 'Letters'). This format has become increasingly popular at the EMJ to showcase perhaps single centre or service evaluation work that looks to explore important clinical questions in a punchy and succinct way. 'Letters' also give the authors a unique, indexed citation in the same way as an original research article – why not give it a go?

Our Reader's Choice this month was a really fun one to handle as Editor from the excellent research team in Fife, Scotland. In a Concepts paper, they demonstrate how they taught the critical issues in running a randomised controlled (and blinded) study, by tackling the age-old question of whether dock leaves work in nettle stings. This fantastic project really showcases how research engagement and teaching can be enjoyable (apart from the induced nettle stings).

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