LETTERS TO THE EDITOR

Now where did I put that paper?: a simple reference system for accident and emergency medicine related papers and publications

Sir

Papers tend to get read, stored and forgotten! Trying to recall their titles or remember where you put them may be difficult. By having a reference system that is subject orientated one can see which papers one has on a given topic and where they are located, thus making them more accessible. To this end we have developed a simple system specifically for Accident and Emergency publications.

There have been earlier attempts at classifying Accident and Emergency references (McMicken, 1980; 1983) but these appear cumbersome, over-complicated and not entirely suited to U.K. practice. We have used a modification of the classification of A&E problems utilized in the CAER (Computerized Accident and Emergency Records) system i.e. major category: diagnosis: anatomical site. Thus, each paper has a six figure reference code (Fig. 1) whose digits will determine in which file or files the paper is located (Fig. 1). Hence, Bilkstaff D. R. et al: Carpal malalignment in Colles’ fracture is coded as 02–04–8W (i.e. minor trauma-fracture or dislocation-wrist). If the paper does not fit into any of the listed categories it is stored in the 00 file. Each paper has the code written on it and there is a corresponding index card containing the title, authors, abstracts (when necessary) and location code. The system is flexible and categories can be added as required and tailored to the individual’s needs. We have tested the system against nearly 400 papers and find it satisfactory. Problems have occurred when two major categories are included in the title. For example, consider ‘Resuscitation from Major Trauma’. In this case two reference numbers could be used and two separate index cards made out, the paper being identified under two separate headings, 01— and 3—. In the case of paediatric references, a specialized and limited group, we have classified any papers relating to children as 06—. This classification over-rides all other major categories. Thus ‘Major Trauma in Childhood’ is 06— rather than 01—.

The above description refers to a hand-written card index system. It may be greatly enhanced by the use of a computer software program such as ‘Paperbase™’. This has the facility for storing references as authors, year, title, journal, volume, pagination, key words, location and abstract code. The six digit topic code is entered as a key word. By running ‘Paperbase’ in conjunction with the coding system a routine can be initiated to search out a particular topic. The program is able to perform a literal scan on a complete given code or only part of a code.

1 ‘Paperbase de luxe’ is a trademark of Wight Scientific 44 Roan Street, London SE10 9JT.
Fig. 1. Example of codes for referencing papers

e.g. –9 All conditions of the lower limb
     –9A All conditions of the ankle
 03–9A All references to sprains of the ankle
09–03–9A Analgesia, anaesthesia or drugs used in ankle sprains
08–03 Prevention of sprains.

The commercial program has the facility for merging abstract summaries and
information concerning the paper's location if it is stored outside the filing
system. For example, all articles in journals regularly received and held in the department's
library can be added to 'Paperbase' and the location entered directly.

We believe the system to be simple, inexpensive, flexible and comprehensible.
It integrates with a computerized reference database system. We offer it for readers to use and await future comments with interest.

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REFERENCES


Teaching and training of emergencies on ‘newly dead’ patients: national experiences from Norway

Sir
The need for medical personnel to be capable of performing certain emergency medical procedures e.g. endotracheal intubation, intravascular access, defibrillation and tracheotomy, is without question.

However, it is difficult to learn all of these techniques on patients and mannequins. ‘Newly dead’ patients represent an alternative where it is possible to perform the procedures under nearly realistic circumstances. However, this educational approach may raise ethical objections from staff unfamiliar with the educational objectives involved (Orlowski et al., 1988; Brattebo & Seim, 1988; Nelson, 1990).

We conducted a survey of the 10 largest Norwegian hospitals and only two had adopted this practice. The rest had considered it, but decided against the practice, not necessarily after a thorough analysis of the ethical questions involved. Six hospitals utilized cadavers for other instructional purposes.

In Norway the routine use of ‘newly dead’ patients for instruction in emergency medical procedures is not common. However, the practice represents a unique opportunity for training and, in our opinion, is ethically justifiable, provided there is respect and compassion for the deceased. The personnel involved must be made aware of the purpose and ethics through careful discussion (Nelson, 1990).

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