

Archives of Emergency Medicine

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Archives of Emergency Medicine provides a forum for the publication, dissemination and discussion of original clinical and scientific research on all aspects of the subject. Particular emphasis is placed on the acute phase of surgical, medical, paediatric, obstetric and psychiatric emergencies, especially in relation to the diagnosis and management of the acutely ill. It is intended that resuscitation be a major component of the scientific content. The Journal, which has been adopted by the Casualty Surgeons Association, the Emergency Medicine Research Society and the Australasian College for Emergency Medicine, publishes both original papers and review articles. Case reports or preliminary communications will be accepted if sufficiently noteworthy or interesting.

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Message to the members of the BAEM

1990 was an exciting year for the Association with a definite and overwhelming vote to change the name to reflect the task of its members. It was also the year in which a firm vote was made to support a single journal.

The Association has won support from all the Royal Colleges for the institution of an intercollegiate assessment for its Senior Registrars in line with the other SACs. This Intercollegiate Board will soon be formed and I am sure will raise the academic standard of A & E medicine further. The formation of an Intercollegiate Faculty is winning support, stronger from some colleges than others, but planning is continuing by the future strategies group of the BAEM.

1991 leads into a major upheaval of the NHS where we are going to meet many problems, financial and staffing, with a complete new system of financing of our departments. We are hoping that at long last work load will be recognized and finance and staff will be related to that load. The BAEM has always striven for improvements in this field and has been successful over the last 24 years in organizing an A & E service which is out of all recognition from two decades ago. We must not relax the pressure until we have finished the reorganization, and look ahead for the type of service we want to give in the 21st Century; we must plan ahead and maintain the initiative.

When writing this I am conscious of the efforts throughout the country that are being made by Accident & Emergency Consultants to ensure that the reception and triage of military casualties from the Gulf is up to the highest standard. Most of us have been involved already by the Region in its plans and most hospitals are only too happy to allow the A & E Consultant to lead on this problem. It reflects the excellent work that we have done in major accident planning and execution that we have been given this important task.

I wish you all well in your future work and am sure that the Association must become stronger to meet the needs of the 21st Century. I am grateful to the Editor, the Publishers and the Publication Committee for the hard work they have done in producing this journal to such a high standard and this opportunity to write to you. I thank my officers and members of the Executive Committee for their strong support.

I hope that during the next two years of my presidency we can establish the pattern for advance in the 21st Century: I am confident that I shall have your support and be able to draw from your ideas to establish this.

N. KIRBY
President BAEM

Notice from the Treasurer, 1991 subscriptions are now due. It would be a great help if these could be paid by Direct Debit. Details are available from BAEM at the College of Surgeons, 35-43 Lincoln's Inn Fields, London, WC2A 3PN.

BAEM News

From the Academic Committee

The Morris Ellis Travelling Scholarship for 1990/91 has been awarded to Mr M. J. Clancy, Senior Registrar in Yorkshire, who will be extending his physiological studies on anti-shock garments.

BAEM research grants are available to any member up to the value of £500 to assist with research, a visit to a Department or the preparation of a paper or thesis. Detail from the Chairman of the Committee.

From the Publication Committee

A new sponsor has been found for the Accident and Emergency Department Year Book. Revision is underway.

The British accident and emergency trainees association – BAETA

This organisation is open to any Doctors pursuing a career in Accident and Emergency Medicine in a recognized training post, membership is free. It aims to promote high standards of training, exchange of ideas between accident and emergency trainees and to encourage research in accident and emergency medicine. It also co-ordinates the views of trainees and develops social contacts within the group.

The January meeting held in Plymouth was a symposium on medical emergencies attracting nationally recognised speakers and visiting the underwater diving research and treatment centre.

Future meetings are planned in Newcastle in September 1991, Liverpool in January 1992. For further details contact Stephen J Hawes, BAETA representative to BAEM at the Royal College of Surgeons.

News from the regions

NWT Thames report successful clinical meetings for doctors and nurses covering nurse triage, nurse practitioners and hand injury services.

SW and Wessex held a combined clinical meeting involving considerable travelling but with trainee papers of a high standard.

New consultant posts

Nicholas H. Jenkins – Abergavenny
Michael Reichl – Bournemouth
Jeremy Booth – Westminster
Robert Cocks – Hammersmith

Recommended teaching standards in accident and emergency department

The Academic Committee have provided guide lines for both Senior House Officers and Medical Students in Accident and Emergency Departments. These have been widely discussed and approved by the B.A.E.M. Executive Committee. Space prevents the publication of both sets of guide lines but in this and the next edition of Archives both will be included. It is hoped that this will contribute to improve standards of care in Accident and Emergency Departments.

Here are the recommended standards of teaching in Accident and Emergency Departments for Senior House Officers:—

Senior House

Senior House Officers

Teaching programmes recurring on a 6-month cycle are a necessity in Accident and Emergency (A&E) Departments because of the regular changeover of junior staff. As A&E Departments provide a 24-hour service, arrangements must be made to release trainees for teaching sessions. It is vital that correct levels of staffing are maintained to allow this. Within the SHO's contract, an average of 4 hours (1UMT) should be allocated to education.

(1) Introductory course

This should familiarize junior doctors with the management of common A and E conditions, taking the form of a 1–2 day course dealing with problems such as head injuries, chest pain, resuscitation, the management of multiple trauma and emergencies in specialities such as ENT, gynaecology and ophthalmology. SHO's in each region must have access to these courses.

(2) Departmental induction course

Daily meetings Monday–Friday for the first 2–3 weeks are recommended to cover topics not dealt with in the initial introductory course and emphasise local practices. These meetings help to bond the SHO's to the Department and improve morale by bringing medical staff together. Consultants from other departments should be invited to talk on subjects of particular concern covering points which may render the SHO's vulnerable to litigation.

(3) Weekly teaching

Consultant-led weekly meetings should deal with all aspects of accident and emergency medicine including X-rays, ECG's and audit. Provision should be made for clinical cover during this time, eg by Clinical Assistants. A programme should be produced for each month of the 6-month SHO cycle.

(4) Situational teaching

It is recommended that senior members of A and E staff are available for immediate advice on clinical problems. This is an effective form of teaching and it also improves the standard of clinical care. Duty registrars should be encouraged to teach but it is vital that experienced A and E doctors fulfil their own teaching role. SHO's should be sent discharge summaries concerning patients they have seen.

Specific topics

(5) Senior House Officers need to become proficient at cardiac and trauma life support and obtain certification if possible.

(6) The British Association for Accident and Emergency Medicine recommends that 1 A & E observation bed should be available per 5,000 new-patient attendances. The SHO should become familiar with the management of patients requiring observation and overnight care.

(7) Meetings and Courses

SHO's should be encouraged to attend:—

- (i) Morbidity and mortality meetings concerning patients treated in the A and E department.
- (ii) Postgraduate meetings such as hospital grand rounds.
- (iii) Courses and meetings relevant to the specialty of A & E medicine.
- (iv) Courses and meetings orientated towards higher examinations (study leave required).

(8) Project Work

The SHO's should be encouraged to undertake project work and present their findings at the end of 6 months. The projects must be supervised and appropriate resources provided. Those of sufficient merit should proceed to publication. It is not unreasonable for this work to be carried out outside the SHO's contractual hours.

(9) Reference Facilities

Within the A & E department, SHO's must have access to reference books and guidance notes.

(10) Assessments

SHO's should have a mid-term assessment to monitor their progress and delineate areas of weakness.

Editorial correspondence should be directed to the Editor, A. D. Redmond, North Staffordshire Trauma Centre, Princes Road, Hartshill, Stoke-on-Trent, ST4 7GJ, U.K.

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Manuscripts should be sent to the Editor of *Archives of Emergency Medicine*, Dr A. D. Redmond, Department of Accident & Emergency Medicine, University Hospital of South Manchester, West Didsbury, Manchester M20 8LR, England. Contributors must send three complete copies of the text, tables and figures and retain one copy as the Editor does not accept responsibility for damage or loss of papers submitted. Manuscripts must be typewritten on one side of the paper only, with wide margins, be double-spaced, and bear the title of the paper and name and address of the author(s), together with the name of the hospital, laboratory or institution where the work has been carried out. The name and full postal address of the author to whom readers should address correspondence and offprint requests should be given on the first page; this will appear as a footnote in the Journal and the publishers will send the proofs to this author and address unless contrary instructions are written on the manuscript. An informative *summary of not more than 200 words must be included*, and should appear at the beginning of the paper, immediately after the title. The Editorial Board reserves the right to make literary changes. Papers should normally be divided into summary, introduction, methods (and/or materials), results, discussion, acknowledgements and references. SI units should be used throughout. The relative importance of headings must be clearly indicated. The main categories of heading are capitals, side bold and side italics. If necessary, small capitals may be used for subsidiary main headings. Papers are accepted on the understanding that they have not been and will not be published elsewhere. The printing of a letter to the Editor is considered full publication and the above rules apply.

Illustrations should be referred to in text as, e.g., Fig. 2, Figs. 2, 4–7, using Arabic numbers. Each figure should bear a reference number corresponding to a similar number in the text, and should be marked on the back with the name(s) of the author(s) and the title of the paper. Where there is doubt as to the orientation of an illustration the top should be marked with an arrow. Photographs and photomicrographs should be unmounted glossy prints and should not be retouched. Colour illustrations are not acceptable. Diagrams should be on separate sheets; they should be drawn with black ink on white paper and should be at least twice the size of the final reproduction. Lines should be of sufficient thickness to stand reduction. Each illustration should be accompanied by a legend clearly describing it; these legends should be grouped on a separate sheet of paper.

Tables should be as few as possible and should include only essential data; they should be typewritten on separate sheets and should be given in Roman numerals. A list of illustrations and tables should accompany the manuscript.

References The number of references should be restricted as much as possible. Observe the punctuation most carefully. Journal titles should appear in full. References to books should include the editor(s), publisher and place of publication. In the text references should follow the Harvard style: Smith & Jones (1991), Jones *et al.* (1991) if there are more than two authors. Check carefully that the references in the text and in the reference list agree. Where several references appear together in the text they should be listed in chronological order. If several papers by the same author from the same year are cited, a, b, c, etc. should be put after the year of publication.

References should be listed, double-spaced at the end of the paper in alphabetical order of (first) authors as illustrated:

Anderson E., Folklow B., Hilton S. M. & Smith M. (1991) A study of assault victims attending an accident and emergency department. *Archives of Emergency Medicine* 8, 1–10.

Davidson F. & Carter S. (1991) Fractures in children. In: A. Smith (Ed) *Paediatric Emergencies*, pp. 26–9. Blackwell Scientific Publications, Oxford.

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