emj
Emergency Medicine Journal

BMJ

SUPPLEMENT

October 2013

CEM news

"Time and tide waits for no man" and so although my first newsletter as president has yet to be published, I am tasked with putting pen to paper again, to ensure early receipt at the printers to accompany the conference supplement. As I write, I am sat a short distance from my boat (dinghy) on the Riviera (Devon). I trust you too have had the opportunity for some rest and relaxation this summer.

By the time you read this, the Autumn Scientific Meeting will have seen many of us gather for learning and networking, as well as engaging in the witty banter, penetrating analysis and exchanges of ironic anecdote that are the hallmarks of the well rounded emergency medicine doctor.

I will have completed several firsts, including awarding the William Rutherford Prize and giving a 'Keynote address'—I regret to inform you that the organisers have declined to offer refunds to those polite enough to have listened.

What I can announce however is the appointment of Katherine Henderson as College Registrar and Francis Morris as CPD Director. The College is immensely grateful for the time each has committed to these unpaid roles, and from a personal perspective, Katherine at least can only do better than the last bloke!

Moving from speculation to information, I hope that you will all have had the opportunity to read the response of the College to the Keogh Review Evidence Base. I am obliged to the hundreds of individual contributions that were then collated to produce our final submission. I and the vice-presidents have attended several further meetings to discuss 'models of care' and 'delivery of care'—our contributions have been grounded in the responses, suggestions and experiences of fellows and members.

Further to my remarks last time, and by way of emphasis of the key issues of recruitment and retention, I am meeting with the BMA Trainees Committee and Consultant Committee negotiators to outline our thoughts on how the contract in England can be amended to promote both interest and sustainability in an emergency medicine career. Clearly these discussions will relate to the contract in England as this is currently the only one to which both parties have agreed to consider negotiating. Nevertheless, were we to persuade the BMA of our case, and they in turn able to persuade the Government, this would be a powerful exemplar to the governments of Wales, Northern Ireland, Republic of Ireland and Scotland.

The other key driver for the College currently is the need to increase the number of training posts, particularly in the first few years. We need to avoid being 'hostages to fortune' with respect to the proportion of trainees who select to enter higher specialist training. This will require us to increase funding and numbers available for these posts. Improving recruitment rates into higher specialist training will require both short and long term recognition of the workload, and the intensity and proportion of antisocial hours worked.

Our current strategy to the emergency medicine challenges we all currently face can be summarised as: (1) promoting short term training incentives; (2) building medium term capacity; and (3) ensuring long term sustainability.

These 'demands' are not the stuff of dreams, in contrast with the current nightmare of inadequate and incomplete rotas. We know that last year the average locum spend per emergency department was in excess of £600 000. There is also good evidence that senior emergency medicine doctors use resources more efficiently and make better decisions, thereby reducing waste and increasing productivity. We need to persuade governments to spend more wisely, more strategically and to do so now!

Finally, I would wish to urge us all to avoid adopting 'the victim role'. To do so will further undermine our morale at a time when our skills and aptitudes are more necessary than ever. Emergency department doctors have embraced the finest ideals of a service predicated on altruism. We hold the moral high ground. In these times of both austerity and evidence based practice, it is for others to prove their value; ours is not in question.

Clifford Mann

FOAM: the Internet, social media and medical education

"If you want to know how we practiced medicine 5 years ago, read a textbook.

If you want to know how we practiced medicine 2 years ago, read a journal.

If you want to know how we practice medicine now, go to a (good) conference.

If you want to know how we will be practicing medicine in the future, listen in the hallways and use FOAM."
Joe Lex, 2012, Emergency Physician

Social media has changed the way the world interacts with each other. Not only has it brought together old friends, but it is also evolving into an essential tool for medical education. The Internet pervades our lives through smart phones and high speed Internet access. A global audience now exists that listens and watches the creation and sharing of cutting edge medical knowledge freely distributed by experts in their field. Expert discussions are taking place right now that are both free and available for you to learn from and join. It is no surprise that emergency medicine, a speciality that prides itself on innovation, is leading the way in the creation and sharing of online content.

WHAT IS FOAM?

FOAM is Free Open Access Medical Education. The term was coined by Mike Cadogan at the 2012 International Emergency Medicine Conference (ICEM) in Dublin to highlight the increasing quantity and quality of the free, high quality medical education available on the Internet, created and shared by experts in critical care and emergency medicine.

FOAM is available as podcasts (some formatted for audio but some including lecture slides, radiographs, ECGs and/or ultrasound images), tweets, email notifications, webinars, videos and blogs. It is difficult to know which of these to focus on or how to do so. Each author decides how to make his education available, but most of them broadcast through websites with added iTunes Podcasts, Facebook, Twitter, Google+ circles and Rich Site Summary (RSS) feeds (a family of web feed formats used to publish frequently updated works—eg, blog entries—in a standard format). Most of these sites will have a presence on popular social media sites from where they can be followed (Twitter, Facebook, Google+, Vimeo). Podcasts and RSS feeds are the most popular media through which most of the learning can be easily accessed by mobile devices.

For many doctors and nurses, FOAM is now an indispensible tool to keep them up to date in their practice. It dispenses with the old nomenclature of 'social media' and is changing the medical education paradigm to a more distributed, less controlled and, arguably anarchic, embracement of online learning. While there are many vocal advocates of FOAM, there are also some concerns about how it will fit into the future of medical learning and how it is quality controlled.

IDENTIFYING FOAM

A Google search will identify a lot of content badged under #FOAM. The quantity of educational material can be overwhelming, making it difficult to know which sites to focus on and which offer the highest quality material. The user needs to decide not only which sites to use but also in which format to access them. This article hopes to give some brief guidance to FOAM that focuses on emergency medicine and critical care. FOAM offers access to knowledge that many around the world simply could not otherwise afford.

SO WHERE TO START?

1. Make sure that you can access the Internet!
2. Think about how you want to learn and what format best suits you. video? audio? text? websites? or a bit of everything?
3. Visit some #FOAM sites to get a taste of what is available.
4. Ask a friend who already uses #FOAM and get help.

For a great introduction to FOAM with links to many other FOAM sites, try the Life in the Fast Lane (this site is run predominantly by Australian and New Zealand based doctors; links to many FOAM resources, offers blogs, articles and includes an educational resource library) or FOAM. EM (blogs, links to articles, links to other FOAM sites and available in English, French, German, Italian, Polish, Spanish and Turkish). For a more practical clinical learning experience, visit St Emlyns virtual hospital, based in the UK (and the world!). These sites function as single platforms retrieving updated blogs from over 100 emergency medicine and critical care websites, allowing you to access a rich variety of learning. Some sites offer a wide range of emergency medicine related topics while others focus on specific areas, such as academic emergency medicine, ultrasound, trauma or critical care. Below are highlighted a few of the resources available:

- The EMCrit podcast, authored by Scott Weingart, gives insightful reviews of topics related to the management of critically ill patients in the emergency department.
- Traumacast (The Eastern Association of Trauma Surgeons—EAST) delivers interviews and reviews specific details about the acute and chronic management of trauma patients.
- Trauma.org—this site is divided into three main sections: a library of educational material, a community section of blogs and research, and a resources area with information on conferences, training and links to other resources.
- EM ED podcast is a distinctive programme designed to give indepth knowledge of the management of children by EPs.
- SMART EM offers indepth topic specific analyses of best practice.

Table 1 lists some high quality popular #FOAM resources that provide a good place to learn about the range of educational material available. From these sites you can access podcasts and their social media links.

THE PRACTICALITIES OF ACCESSING FOAM

Access to podcasts is simple by searching through the iTunes Podcast library, Zune for Windows phones, Yahoo or Google Play. Accessing the RSS feeds is easy by downloading and installing a good RSS reader (examples include Flipboard, Feedly, Pulse on the iPhone or iPad; NewsBlur, The Old Reader, Digg Reader, Newsvibe, Pulse on your desktop; NewsBlur, Digg Reader, Pulse on Android operating systems). The added advantage of using an RSS reader, or social media sites such as Twitter and Facebook, is that you can also get updates on the journals you prefer to read (eg, *Academic Emergency Medicine* (AEM), *New England Journal of Medicine* (NEJM), *Journal of the American Medical Society* (JAMA), *Critical Care Medicine* (CCM)).

Table 1 FOAM in emergency medicine and critical care

Web address	Podcast	Social media links
Academiclifeinem.com	ALiEM	G,F,T,R
Broomedocs.com	Broomedocs Podcast	G,T,L,R
East.org	Traumacast	T,F,R,Y
EMCrit.org	EMCrit	T,F,G,R,V
Emrap.org	EMRAP	T,R
Ercast.org	Ercast	F,G,T,Y,GI,R
Foamem.com		R
Hq-meded.blogspot.co.uk		G,F,T,R
Intensivecarenetwork.com	SMACC2013 The Intensive Care Podcasts	T,F,R
Iteachem.net	iTeachEM	F,G,T,L,Y,V,R,GI
Lifeinthefastlane.com		T,F,G,Z
Olly flowers critical care podcasts	THE INTENSIVE CARE PODCASTS	
PeerView Emergency Medicine	Podcasts in emergency medicine	
Pemed.org	PEM ED Podcasts	R,F,T
Practical evidence	Practical evidence	
Prehospitalmed.com	PHARM	G,T,R
Pulmccm.org		G,R,F,T
Resus.me	Resus.ME!	F,T,R
Ruraldoctors.net		T,R
Sccm.org	Icritical care	F,G,T,R
Sinaiem.us		F,R,T,V,Y
Smartem.org	SMART EM	F,T
Stemlynsblog.org	St.Emlyn's and EBM in Emergency Medicine	T,L,G,GI,R
Thepoisonreview.com		G,R,F,T
Toxtalk.org	Toxtalk	R,F,T,FI
Trauma.org		
Ultrasoundpodcast.com	Ultrasound Podcast	F,G,T,Y,R

F, Facebook; FI, Flickr; G, Google + ; GI, Global Medical Education Project; L, LinkedIn; R, RSS feed; T, Twitter; V, Vimeo; Y, YouTube; Z, Zazzle.

There are also extensive FOAM libraries that offer training in ultrasound, imaging and ECG interpretation. Many sites allow and encourage downloading of material for educational use.

Useful databases for ultrasound images include:

http://www.ultrasound-images.com/
http://www.ultrasoundvillage.com/imagelibrary/
http://www.ultrasoundcases.info/
http://lifeinthefastlane.com/2012/10/ultrasound-in-emergency-medicine/
http://www.ultrasoundpodcast.com (and sonocloud.org)
www.criticalecho.com- https://www.stanford.edu/group/ccm_echocardio/cgi-bin/mediawiki/index.php/Main_Page
http://www.yale.edu/imaging/echo_atlas/contents/index.html
http://lifeinthefastlane.com/2012/10/ultrasound-in-emergency-medicine/
http://emergencyultrasoundteaching.com/
www.crticalecho.com

Useful databases for ECGs include:

http://www.ecglibrary.com/ecghome.html
http://lifeinthefastlane.com/ecg-library/
http://hqmeded-ecg.blogspot.co.uk/

HOW DO I KNOW IF FOAM IS ANY GOOD?

There are two fundamental issues that need to be highlighted. Firstly, there is a lot of stigma and fear attached to the use of social media in the medical context. Social media is built on seven building blocks, making it very different from other forms of education: identity, conversations, sharing, presence, relationships, reputation and groups. These building blocks are expressed in different ways through websites and online communities (such as Facebook and Twitter). There is no confidentiality, and whatever you say will stay out there forever. The freedom with which material and comment may be placed online means that the risk of unreviewed/censored ideas, perhaps contradictory to widely accepted practice or even dangerous, is significant. There is no formal editorial control or prepublication review; rather, the emphasis is on open peer review post-publication. However, it also offers an opportunity for real time worldwide information exchange, and discussion on cases, ideas and research. If you see comments with which you disagree, you too have the opportunity to comment and receive timely feedback. Some sites offer rating systems by which papers and other material are marked and debated, so providing immediate feedback on their content.

Medical information is expensive, and finding the most recent up to date material frequently involves costly journal subscriptions, expensive conferences and paid access medical education websites. Open access journal articles remain in the minority, and the privilege is often purchased at great expense to the author or their institution. However, open access journals are rapidly increasing their circulation (and impact factor).

The second issue associated with FOAM is that the source of the education is usually from a single or a few people. Local practices may vary. It is difficult to verify that the information is authoritative and independent of vested interests (eg, drug companies). The final responsibility for the management of patients still lies with the individual treating clinician and not with the FOAM source. Care should be taken not to breach local policies or product licenses. Most educational sources will state that they take no responsibility for the decisions of people educated by their content.

SO IS FACE TO FACE LEARNING DOOMED?

#FOAM is not just about online learning. Conferences are now embracing concomitant social media learning through the live tweeting and blogging of content. This will likely increase in the next few years. SMACC (Social Media and Critical Care) in Sydney 2013 showed just how powerful a #FOAM enabled conference can be, with live interaction between speakers, audience and experts around

the world coming together live, free and with open access to an international audience of thousands (and with a massive reduction in carbon footprint/costs). SMACC Gold takes place in Australia next year, and even if you cannot attend you will be able to participate through #FOAM. This provides a paradigm of cheap, high quality, environmentally friendly education.

FOAM is here to stay and will continue to grow. Free education, created and supported by our colleagues' hard work and voluntary donation, is difficult to find fault with. Not engaging in this exciting and rapidly developing educational field is leaving you behind the cutting edge. FOAM and social media will continue to grow and will not only bloom into the next evolutionary step in high quality medical education, but will also transcend our current medical paradigms in ways we do not even know about yet.

Johann Grundlingh, Barts Health NHS Trust
Professor Tim Harris, Queen Mary University of London and Barts Health NHS Trust
Professor Simon Carley, Centre for Effective Emergency Care, Manchester Metropolitan University

Consultant appointments August 2013

The information for the consultant appointments is provided by the College and any errors should be notified to them and not the journal

Name	Hospital	Date appointed	Previous post
Sherif Hemaya	Sheffield Teaching hospital NHS FT	July 2013	Locum Consultant
Hasan Qayyum	Sheffield Teaching hospital NHS FT	July 2013	Locum Consultant
Sundara Manou	Leeds Teaching hospital NHS Trust	July 2013	STR
Jeremy Smith	Sandwell and West Birmingham Hospitals NHS Trust	July 2013	STR
Cliona Magee	Sandwell and West Birmingham Hospitals NHS Trust	July 2013	Consultant
Mohamad Yakoob Wani	Sandwell and West Birmingham Hospitals NHS Trust	July 2013	STR
Dilip Dacruz	Sandwell and West Birmingham Hospitals NHS Trust	July 2013	—
Leesa Parkinson	Betsi Cadwaladr University Health Board	July 2013	STR
Helen Salter	Betsi Cadwaladr University Health Board	July 2013	Consultant
Thomas O'Driscoll	Betsi Cadwaladr University Health Board	July 2013	STR
Ed Valentine	Aneurin Bevan Health Board	July 2013	Locum Consultant
Nirmal James	Aneurin Bevan Health Board	July 2013	STR
Julian Garside	James Paget University NHS FT	July 2013	Staff Grade
Gyorgyi Kamaras	Luton & Dunstable Hospital NHS FT	July 2013	Consultant
Dean Burns	Luton & Dunstable Hospital NHS FT	July 2013	STR
Ashid Kodumayil	Nottingham University Hospitals NHS Trust	July 2013	Locum Consultant
Christopher Gough	Nottingham University Hospitals NHS Trust	July 2013	STR
Abigail Millet	University Hospitals of Leicester NHS Trust	July 2013	—
Asif Malik	University Hospitals of Leicester NHS Trust	July 2013	Consultant
Catherine Carrick-White	Barts Health NHS Trust	July 2013	STR
Matthew Warner	Barts Health NHS Trust	July 2013	STR
Johann Grundlingh	Barts Health NHS Trust	July 2013	STR
Anna Morgan	Barts Health NHS Trust	July 2013	STR
Sarah Nunn	Barts Health NHS Trust	July 2013	STR
Neal Durge	Barts Health NHS Trust	July 2013	Locum Consultant
Derek Hicks	Barts Health NHS Trust	July 2013	Consultant
Neil Slabbert	Barts Health NHS Trust	July 2013	Consultant
Rosie Furse	Royal United Hospital Bath NHS Trust	July 2013	Consultant
Chris Peter	Royal United Hospital Bath NHS Trust	July 2013	STR
Teresa Bentley	Royal United Hospital Bath NHS Trust	July 2013	Consultant
Rob Greig	Jersey General Hospital	November 2012	STR