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REGULAR FEATURE

Uchunguzi (Journal Watch/*Montre de Journal*)



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Uchunguzi means investigation in Swahili and provides a summary of some of the most recent international literature as presented in other leading journals, but with an emphasis on what is relevant to our continent.

Title 1: FOAMidable EM at your finger tips

Content: If you want to know how we practised medicine 5 years ago, read a textbook. If you want to know how we practised medicine 2 years ago, read a journal. If you want to know how we practise medicine now, go to a (good) conference. If you want to know how we will practise medicine in the future, listen in the hallways and use FOAM (Joe Lex, 2012). FOAM is free, open-access medical education. As stated in the Hippocratic Oath: “. . .and to teach them this art – if they desire to learn it – without fee and covenant”, the FOAM community is bound by the loosely woven philosophy that high-quality medical education resources and interactions can, and should, be free and accessible to all who care for patients and especially those that teach others the art and science of medicine. This article defines FOAM, details its development and considers its role, particularly in relationship to scientific journals, textbooks and medical education as a whole. It also provides a detailed list of recommended emergency medicine FOAM blogs, podcasts and websites for the emergency physician practicing in the future.

Reference: Nickson CP, Cadogan MD. Free Open Access Medical education (FOAM) for the emergency physician. *Emerg Med Australas* 2014;**26**:76–83.

Title 2: Layperson first-responder trauma training

Content: An estimated 90% of all trauma-related deaths occur in low- and middle-income countries (LMICs). The World

Health Organization recommends educating layperson first-responders as an essential step in the development of Emergency Medical Services (EMS) systems in LMIC. This systematic review looks at the existing trauma educational programmes and provides formal recommendations directing the development of such programmes for first-responders in LMICs. Based on the literature, an initial needs assessment to determine the burden of injury, current prehospital capabilities, and baseline first-aid knowledge of the target trainee population is vital so as to focus the subsequent educational interventions. Training curricula that acknowledge existing local infrastructure, available resources, and needs are then developed by local stakeholders and healthcare providers familiar with the unique challenges in delivering care in the target region. The curricula should anticipate and prepare for participants with low levels of education and literacy. Post-implementation assessment of the training programme is critical to identify the effectiveness of the training initiative and provide guidance for the future improvement of the programme. In the absence of formal prehospital trauma systems of care, developing training programmes for laypersons to provide initial first-aid will improve first-responder capabilities decreasing mortality and physiological severity scores in LMICs.

Reference: Callese TE, Richards CT, Shaw T, et al. Layperson trauma training in low and middle income countries: A review. *J Surg Res* 2014; **21** March [Epub ahead of print].

Title 3: Tired of caring

Content: The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet. Compassion fatigue is described as “the cost of caring” and “an extreme state of tension and preoccupation with

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individual or cumulative traumas of clients,” whereby persons present a “state of exhaustion and dysfunction, biologically, physiology and emotionally due to prolonged exposure to compassion stress.” Working in the emergency centre (EC) can be considered “chaotic and hectic.” This article looks at the effects of compassion fatigue experienced by health care workers from the view of a trauma nurse. The continuous influx of patients, overcrowding, resource constraints, high acuity of patients, common holdups in waiting for inpatient beds, bearing the brunt of patients’ and visitors’ anxieties and concerns, coupled with few skilled nursing staff increase the stresses placed on the trauma nurse. The cornerstone of compassion fatigue prevention is self-care, which is a contradiction as nurses often have the intrinsic “calling” to look after others while neglecting their own emotional and physical needs until they are in crisis. The article explores some intervention models which are aimed at developing and strengthening individual and professional resilience and provide support mechanisms for stress management. This ensures a balance between “professional and personal stressors,” thereby promoting quality care and patient satisfaction.

Reference: Wentzel D, Brysiewicz P. The consequence of caring too much: compassion fatigue and the trauma nurse. *J Emerg Nurs* 2014;**40**(1):95–97.

Title 4: Quality of emergency care in Ethiopia

Content: Patient satisfaction in emergency care is a challenging experience especially in developing countries. The patients seek high quality care in the absence of well-organised facilities and experienced, dedicated staff usually leading to patient dissatisfaction. The level of satisfaction in emergency care ranges from as low as 2% in Pakistan and 63% in Iran to as high as 99.5% in United States. This cross-sectional study conducted in a tertiary hospital in Ethiopia assessed the disease profile and quality of service among patients presenting to the emergency department (ED). Injuries were the leading cause of emergency visits followed by gastrointestinal disorders and respiratory diseases. The overall patient satisfaction with the service, the providers and the facility suitability was 51.7% (95%CI: 48.4–54.9%). Patient dissatisfaction was related to a lack of confidence in treatment received from the hospital, discrimination towards patient care, and under and delayed treatment of patients who were not in serious medical conditions. These findings highlight a need for ECs in developing countries to develop evidence-based interventions in patient care to improve patient satisfaction while preparing for the growing challenge of non-communicable diseases.

Reference: Taye BW, Yassin MO, Kebede ZT. Quality of emergency medical care in Gondar University Referral Hospital, Northwest Ethiopia: a survey of patients’ perspectives. *BMC Emerg Med* 2014;**14**:2.

Title 5: A disaster in mass casualty incident management

Content: A mass casualty incident can be defined as an incident that has produced more casualties than a customary response

assignment can handle. Even in the best of centres, mass casualty incidents carry the potential of overwhelming the capabilities of even the most organised medical systems. This study looks at a total of 18 mass casualty events managed at a regional trauma centre in Nigeria over a 12 month period, highlighting the challenges in management. The near absence of pre-hospital care is evident as all of the injured and dead are taken together to the hospital by laypersons and volunteers by private means with no form of triage or guidelines. Lack of human and material resources further complicates the management of these casualties. The study highlights a clear need to establish a trauma system, defined as an organised approach to the acutely injured patient with the appropriate personnel, facilities and equipment for optimal care on an emergency basis and within a defined geographical area, beginning right from the field. This would significantly reduce the number of secondary deaths from mass casualty incidents.

Reference: Oboirien M. Challenges of Mass Casualty Management at a Regional Trauma Centre in Sub-Saharan Africa. *Health* 2014;**6**:491–495.

Title 6: Madness in the ED

Content: Psychiatric emergencies are acute mental health disturbances that require immediate intervention. The emergency centre (EC) is increasingly being utilised for non-urgent mental health problems exerting constraint on the resources available to cater for patients in acute crisis. This leads to overcrowding of the EC, thereby compromising the delivery of timely efficient interventions for patients who require emergency attention. This study looks at the level of urgency of mental health problems among patients presenting to an EC in Nigeria. From 700 psychiatric EC visits over a three month period, six out of every ten presentations were “non-urgent”, i.e., the patients who could have been served by routine mental health services such as out-patient clinics. The pattern of utilisation of psychiatric emergency services is a proxy indicator of the performance of the health service, as unmet needs in other components of the health system lead to an upsurge in the use of emergency services. Efficient triaging, which is hinged on the differentiation between urgent and non-urgent presentations, has been recognised as a quality indicator of care standards in emergency services, because it facilitates the matching of acuity of problems with an appropriate level of intervention. Pending the implementation of the necessary reforms, in resource-poor setting, the EC remains the only safety net for the health service.

Reference: Adeosun II, Adegbohun AA, Jeje OO, et al. Urgent and nonurgent presentations to a psychiatric emergency service in Nigeria: pattern and correlates. *Emerg Med Int* 2014; 2014.

Conflict of interest

None.