

Organising Local Support for International Studies

At the moment, research in EM is underdeveloped.

This has some advantages.

Even if you don't work in a teaching hospital, you can participate in international research studies. Indeed many, if not most, of the very large clinical trials are conducted outside teaching hospitals. In teaching hospitals, the constraints of departmental politics often get in the way of the true collaboration needed to conduct these important research studies.

Laboratory work is important and most of this is done in the teaching hospitals but finding new treatments requires the conduct of clinical trials and small emergency departments can make a major contribution to these.

For lot's of health problems the emergency department is the ideal location to do research. We do have to convince some of the specialities about this and also those that design studies, but interest is growing.

We have to understand and to transmit the message that participating in international or national studies is one of the best way to maintain interest in the job for individuals and for the team.

Participating in research brings many non-financial rewards. Often, after working on a study, we find that our clinical practice has changed as a result. For example, research in cardiovascular disease clearly shows that those hospitals that take part in large clinical trials are more likely to change their clinical practice when the results of the trials become available. This improves patient care. Our practice can also change in other ways that are not necessarily the aim of the research study. For example, we often improve our technical abilities and change the way that we organise our work.

Funding is essential, but even with small amounts of money or small non-monetary incentives (such as the mugs we receive in the MRC CRASH Trial) can help motivate your clinical team.

In non-academic hospitals, research is rarely the priority because we are all too busy with our clinical workloads.

But there are some studies that do not involve a lot of extra work and this is a good way to stimulate research interest in your team.

You'll have to do most of the "administrative" work by yourself. Leaving your team to include patients and giving you a great part of "paper work".

Then with growing interest and experience, high level studies become open to you which can improve the position of the ED in the hospital.

Never forget to distribute the benefits.

Try to find nurses with interest and ability. Nurses are often the best people to chase after everybody asking why they forgot to include patients.

To save time, you need a good local organisation. Using simple tools to help can make a big difference.

You have to “increase the interest” of each member of your team, finding what motivates him or her personally, remembering that this may not be what motivates you.

The pharmaceutical industry tends to show little interest in the nursing staff because nurses do not write prescriptions. Don't make the same mistake. Nurse involvement is critical for success. Just as in our clinical work, our contributions are complementary. Nurses have qualities you'll have difficulty to find in doctors.

So when there are benefits, don't forget to share them with the nurses. Have no illusions, research involves a lot of hard work. Taking on research is taking on extra responsibility. Lot's of things will depend on you and on your ability to manage problems other than those for which you were trained.

But if you succeed, well it's so good !

When you find that 'non academic' and relatively small hospitals are able to conduct high quality research and lots of it, that is every bit as good as in the teaching hospitals, this provides great satisfaction.

The doctors in the teaching hospitals are usually the ones that write the clinical guidelines. However, we have to remember that it is often the doctors and nurses in the so called non-academic hospitals that provide the evidence on which these guidelines are based. This will certainly be the case in the MRC CRASH trial of corticosteroid in head injury. Most of us became doctors to help patients. Generating research evidence is a really important way to help patients.

At least this is what motivates me. Perhaps it is also true for you?