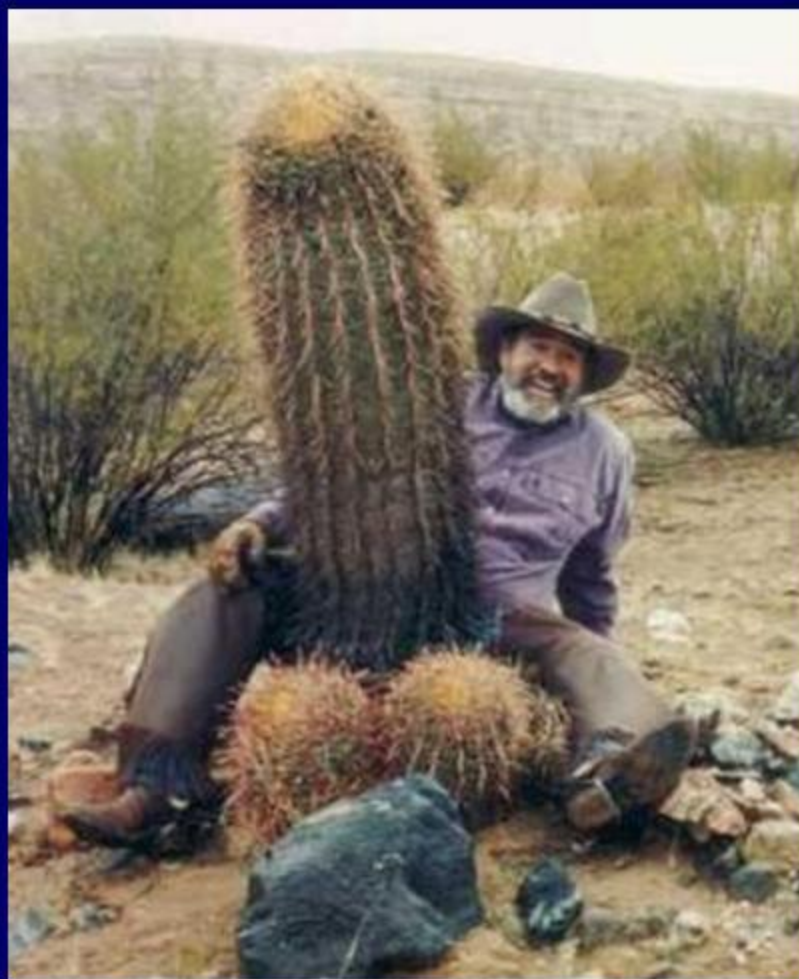


The only role for intensive care staff in trauma resuscitation is to take the patient away at the end...

Tony Smith

Intensive Care Medicine Specialist, Auckland City Hospital
Medical Advisor, St John

Size really does matter...



Propose a new title

- The true role for intensive care staff is to be part of a multidisciplinary team that takes a coordinated and systematic approach to the assessment and resuscitation of trauma patients
- A team is a group of people that work together toward a common goal
- A team player is someone who works as part of a team and not for their own glory
- There is no 'i' in team...

But there is an 'i' in Tim...



Names can tell us a lot

- I want to introduce to you a theory
- It is not well known but there is a substantial amount of level 9 evidence to support it
- It is the 'words hidden in peoples names and titles can tell us a lot about them, but in particular they can tell us about their real nature' theory...

The theory

- Take a name like Tim Parke, take some letters from both names and find the hidden words...

The theory

- Take a name like Tim Parke, take some letters from both names and find the hidden words...
- Like pike...



The theory

- Take a name like Tim Parke, take some letters from each of their names and find the hidden words...
- Like pike...
- Or my favourite...rat...



The theory

- How does it work for Tony Smith?

The theory

- How does it work for Tony Smith?
- Much to my distress I came up with snot...



The theory

- How does it work for Tony Smith?
- Much to my distress I came up with snot...
- Then is was saved when I found mint...



Title a red rag to a bull...



The theory

- What about emergency medicine consultant?

The theory

- What about emergency medicine consultant?
- You get genocide...or genital...

The theory

- What about emergency medicine consultant?
- You get genocide...or genital...
- What about intensive care consultant?
- You get creative...or consultative...

Enough of complicated science

- Enough of complicated science I hear you say
- The real question is: would you trust a man that wore a skirt?



What is worn under a kilt?

- Nothing is worn...it is all in perfect working order...



Doctors that wear skirts are taking over

- 25% of emergency medicine specialists in ACH are from Scotland
- A coincidence?
- A plot...?

The screenshot shows a Microsoft Internet Explorer browser window displaying the New Zealand Herald website. The address bar shows the URL: http://www.nzherald.co.nz/topic/story.dfm?c_id=1066&objectid=10451500. The page title is "The doctor shortage: Foreign physicians backbone of medical system - 14 Jul 2007". The website header includes the nzherald.co.nz logo and navigation links for News, Business, Sport, Technology, Entertainment, Lifestyle, Travel, Opinion, Multimedia, Property, Motoring, and Jobs. The main article is titled "The doctor shortage: Foreign physicians backbone of medical system" and is dated 5:00AM Saturday July 14, 2007, by Martin Johnston. The article text discusses the reliance on foreign-trained doctors in New Zealand, particularly in the Waikato and North Island regions. It mentions that in Waikato, there is a 50/50 chance of seeing a foreign-trained doctor, and that New Zealand's doctor shortage means the country has the highest reliance on overseas-trained doctors, at 41 per cent, compared to other developed nations. The article also notes that immigrant Meccas like Australia and the United States have lower percentages (27 per cent and 25 per cent respectively) and that the figure in New Zealand has been rising steadily since the early 1990s. However, there is pressure to cut this reliance and increase the numbers being trained in New Zealand. On the right side of the page, there is a "Education qualifications Story" section with a list of headlines, including "Bachelor of Information Systems (Level 7)", "BMOC Kiwis set for world champs in Canada", "Good for your health?", "Top girls school latest to offer alternative to NCEA", "Principals seek bonus for standard qualification", "Tertiary courses in prostitution possible", "Students will be able to make their mark under NCEA improvements", "Four more schools opt for Cambridge exams", "The doctor shortage: Foreign physicians backbone of medical system", "MT Diploma in Shipping and Freight", "A man with the gift of the gab", "New school history curriculum open to abuse, claim teachers", "National wants trade training in schools", "Hotel group chops chief for fake CV", "Dream scholarship to Stanford", "Call to ban stressful exams for under 16s rejected", and "NCEA rules confuse students applying for university". There is also a "Sponsored Links" section with links to "Sell online for free", "Where GreenUp click", and "Expand the All Starz". The bottom of the page shows the Windows taskbar with various icons and the system clock displaying 4:04 PM.

The doctor shortage: Foreign physicians backbone of medical system - 14 Jul 2007 - Education qu - Microsoft Internet Explorer

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Address http://www.nzherald.co.nz/topic/story.dfm?c_id=1066&objectid=10451500

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Education qualifications Story

The doctor shortage: Foreign physicians backbone of medical system

5:00AM Saturday July 14, 2007
By Martin Johnston

View as a single page Page 1 of 2

If it wasn't for foreign-trained doctors, you might have a long wait to see a GP in Kawerau.

And in Wairoa. Both places have had near-complete reliance, according to the Medical Council, on doctors who received their first qualification overseas.

In Waikato and throughout the rural North Island you have a 50/50 chance of seeing a foreign-trained doctor. This is because New Zealand's doctor shortage means the country has the highest reliance on overseas-trained doctors, at 41 per cent, of any developed nation.

That's well ahead even of immigrant Meccas like Australia on 27 per cent and the United States on 25 per cent – and in New Zealand the figure has been rising steadily since the early 1990s.

However, there is pressure to cut this reliance on the world and to increase the numbers being trained in New Zealand.

Education qualifications Headlines

- Bachelor of Information Systems (Level 7)
- BMOC Kiwis set for world champs in Canada
- Good for your health?
- Top girls school latest to offer alternative to NCEA
- Principals seek bonus for standard qualification
- Tertiary courses in prostitution possible
- Students will be able to make their mark under NCEA improvements
- Four more schools opt for Cambridge exams
- The doctor shortage: Foreign physicians backbone of medical system
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- Hotel group chops chief for fake CV
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4:04 PM

The truth

- We have uncovered a plot by Scottish doctors to take over our EDs
- The exodus has become a flood



The exodus has become a flood

BBC NEWS | In Pictures | Your pictures: Glasgow alert - Microsoft Internet Explorer provided by Auckland District Health Board

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Your pictures: Glasgow alert



Thomas Conroy took this picture of the vehicle crashing into the Glasgow Airport's Terminal One building at about 1515BST.

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start Rem... Cart... TSm... Rem... Deb... Con... My... BBC... 3:56 p.m.

Summary

- There is no evidence in trauma to help us
 - There is evidence on intensive care involvement outside the ICU
 - There is evidence for early multidisciplinary involvement in other conditions
- Intensive care staff have a long history of involvement in trauma
 - We bring a large collective experience to the trauma team
- We must not ignore the sinister and dastardly plans of Scottish doctors to take us over
- The true role for intensive care staff is to be part of a multidisciplinary team that takes a coordinated and systematic approach to the assessment and resuscitation of trauma patients

Thank you



**“Nurse, get on the internet, go to
emergency medicine.com and click on
the ‘are you totally lost’ icon”**

We all know what happens when you show a red rag to a bull...



Intensive care staff and the trauma team

- Take a look at the evidence
 - There isn't any
 - There is evidence on intensive care involvement outside the ICU
 - There is some evidence on early multidisciplinary involvement improving patient care
- Take a look at the history of intensive care staff involvement in trauma teams
- Take a look at what ICU staff might bring to the trauma team
- Reveal to you a recently uncovered plot by Scottish doctors to take over our ED

Intensive care staff outside the ICU

- MET teams improve outcomes

The screenshot shows a Microsoft Internet Explorer window displaying a medical article. The address bar shows the URL: <http://www.cma.ca/cgi/content/full/173/6/599>. The article title is "Do medical emergency teams improve the outcomes of in-hospital patients?". The authors are Dominique Piquette* and Robert A. Fowler†. The article is from the Canadian Medical Association Journal (CMAJ), volume 173, issue 6, pages 599-603, published in 2005. The abstract discusses the goals of a medical emergency team (MET) and the results of a cluster-randomised controlled trial. The background states that the goals of a MET are the early identification and treatment of potentially unstable conditions among in-hospital patients. The design describes a cluster-randomised controlled trial in public hospitals in Australia.

Do medical emergency teams improve the outcomes of in-hospital patients?

Dominique Piquette* and Robert A. Fowler†

*Department of Critical Care Medicine, †Division of General Internal Medicine and Interdepartmental Division of Critical Care Medicine, Sunnybrook and Women's College Health Sciences Centre, Toronto, Ont.

Hillman K, Chen J, Cretikos M, Bellomo R, Brown D, Doig G, et al; MERIT study investigators. Introduction of the medical emergency team (MET) system: a cluster-randomised controlled trial. *Lancet* 2005;365(9477):2091-7.

Background: The goals of a medical emergency team (MET) are the early identification and treatment of potentially unstable conditions among in-hospital patients so that unexpected cardiac arrests, deaths, and unplanned intensive care unit (ICU) admissions may be prevented. The team usually consists of a physician, nurse and respiratory therapist skilled at critical and emergency care. A number of studies have shown an association between MET system implementation and decreased morbidity and mortality, but those studies have been of limited size and methodological rigour.¹ Despite widespread implementation of METs, it is still unclear whether they lead to improved patient outcomes.

Design: In this cluster-randomized controlled trial, public hospitals in Australia with emergency and critical care services and more than 20 000 annual admissions were assigned to receive a standardized MET implementation program or to continue usual care. A 2-month baseline observation period was followed by a 4-month education and implementation strategy for all hospitals receiving METs. Outcomes were measured during the following 6 months. The primary outcome was a composite measure of the incidence of unplanned ICU admissions, cardiac arrests, and unexpected deaths (without a pre-existing not-for-resuscitation order). Secondary outcomes included each of these events individually. The MET calling criteria consisted of disorders of breathing (respiratory rate < 5 or > 36 breaths per minute or respiratory arrest), circulation (pulse rate < 40 or > 140 beats per minute, systolic blood pressure < 90 mm Hg, or cardiac arrest), neurology (sudden fall in Glasgow coma scale > 2 points or repeated or extended seizures) or "serious worry" about any patient.

Multidisciplinary team involvement is good for patients

- Stroke units an example

Stroke units: more than a sign on a ward wall - Microsoft Internet Explorer provided by Auckland District Health Board

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Scottish Intercollegiate Guidelines Network

Embargo Until: For immediate release 22 November 2002

PRESS RELEASE

STROKE UNITS: MORE THAN A SIGN ON A WARD WALL ...

New guideline provides overwhelming evidence for properly established specialist stroke units able to save, and rehabilitate, hundreds of lives annually

A new SIGN¹ guideline on the 'Management of Patients with Stroke'² has been published which could save hundreds of lives each year, and also allow hundreds of further patients to live independently, if implemented in practice.

Stroke³ is currently the third commonest cause of death and the most frequent cause of severe adult disability in Scotland. 70,000 individuals are currently living with stroke and its consequences⁴, and each year there are approximately 15,000 further stroke events (with 20% of stroke patients dying within 30 days of experiencing a stroke). For those patients who survive, recovery takes place over a variable timespan with approximately 30% of survivors being fully independent within three weeks, rising to nearly 50% by six months.

In order to provide local Trusts and Health Boards with guidance on how best to manage patients with stroke and, in particular, on the most effective methods of organising local services for stroke patients, SIGN has published a new national clinical guideline based on a review of the latest evidence. The guideline makes a number of key recommendations, including -

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start Rem... Cart... TSm... Rem... Deb... Con... My ... Stro... 3:16 p.m.

Intensive care staff have a long history of involvement in trauma

- Drove the development of the first trauma teams at Auckland Hospital in the late 1970s
- Drove the development of a major trauma policy for Auckland City in the 1980s
- Were the initiators of a major public campaign for motorway median barriers in the 1980s and 1990s

What do intensive care staff bring to the trauma team?

- They bring a large combined collective experience
- Intensive care specialists work as a team
 - Hunt as a pack
- Intensive care specialists review, manage and audit the patients as a team
 - We all see all of the patients
 - High degree of scrutiny of each others practice
 - Gives us a very large collective experience that is unmatched by most other services
 - Most others services only review and manage the patients they admit or see when on duty

What does this mean in reality?

- 230 patients a year with major trauma admitted to ACH
 - 95% (220) are admitted to DCCM
- Each intensive care specialist will get to see and learn from 100-200 major trauma patients a year
- Each emergency medicine specialist will only see those patients that come through when they are on duty, 30-40 major trauma patients a year