

EMERGENCY MEDICINE NEWS

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Lippincott
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Experts Warn of EMTALA Violations as EDs Turn to Reservation Systems

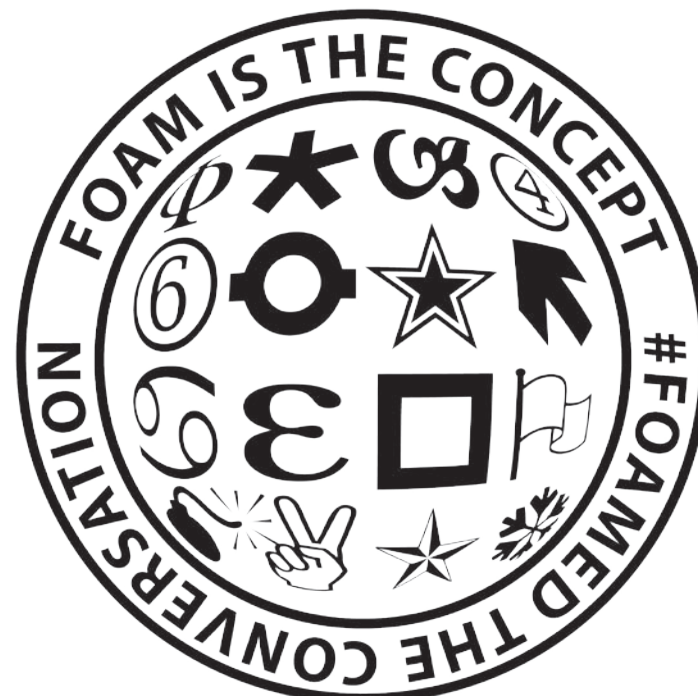
By Ruth SoRelle, MPH

Can the solution to long hours in the waiting room of the emergency department be as simple as point-and-click?

Companies that provide such services tout their online reservation system as a way to reduce that frustrating time, but there are caveats. They can reduce waits and make emergency departments more efficient — when everything goes right. And then there is the not-so-minor issue of EMTALA complicating things.

Park Plaza Hospital, a Tenet hospital near the edge of the Texas Medical Center in Houston, uses a special web-based service called InQuicker to allow a certain subset of the emergency department patients to make free reservations for treatment free. The service advises at the bottom of its web page that patients whose problems turn out to be nonurgent can seek care at an urgent care or primary care center nearby. Those who continue on to “check in” receive a notice that they will receive a medical screening exam regardless of their ability to pay, and that the exam will determine if the condition is a medical emergency. If it is not, the patient may be required to

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FOAM's official logo has a secret code. Decode the icons in the center to reveal the message. Send your guesses to EMN@lww.com, and we'll pass them along to the FOAM team.

Don't Call It Social Media: FOAM and the Future of Medical Education

By Gina Shaw

Any emergency physician will tell you that drinking alcohol rarely yields anything valuable, but to hear Mike Cadogan, MD, tell it, a pint of

foamy Guinness led to one of emergency medicine's best ideas.

It was at a pub in Dublin — where else? — before his lecture at the 2012 International Conference on

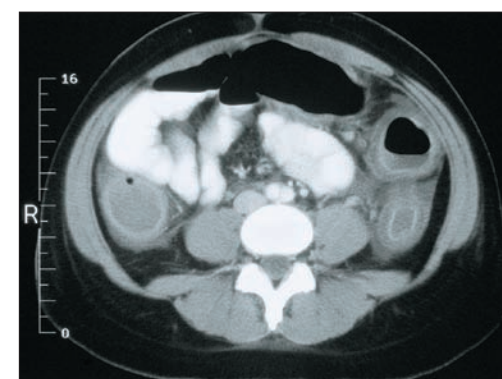
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C. difficile in the ED: Très Difficile

By David A. Talan, MD

Clostridium difficile colitis, also referred to as *C. diff* or *C. difficile*-associated disease (CDAD), used to be confined to hospital and nursing home residents, but now it has emerged as a community pathogen with many patients presenting to EDs, some with

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CT scan showing a patient who had *Clostridium difficile*-associated diarrhea. The radiograph shows thickened bowel wall.

Atlas of Infectious Diseases of the Female Genital Tract.
Philadelphia: Lippincott Williams & Wilkins, 2005.

FOAM

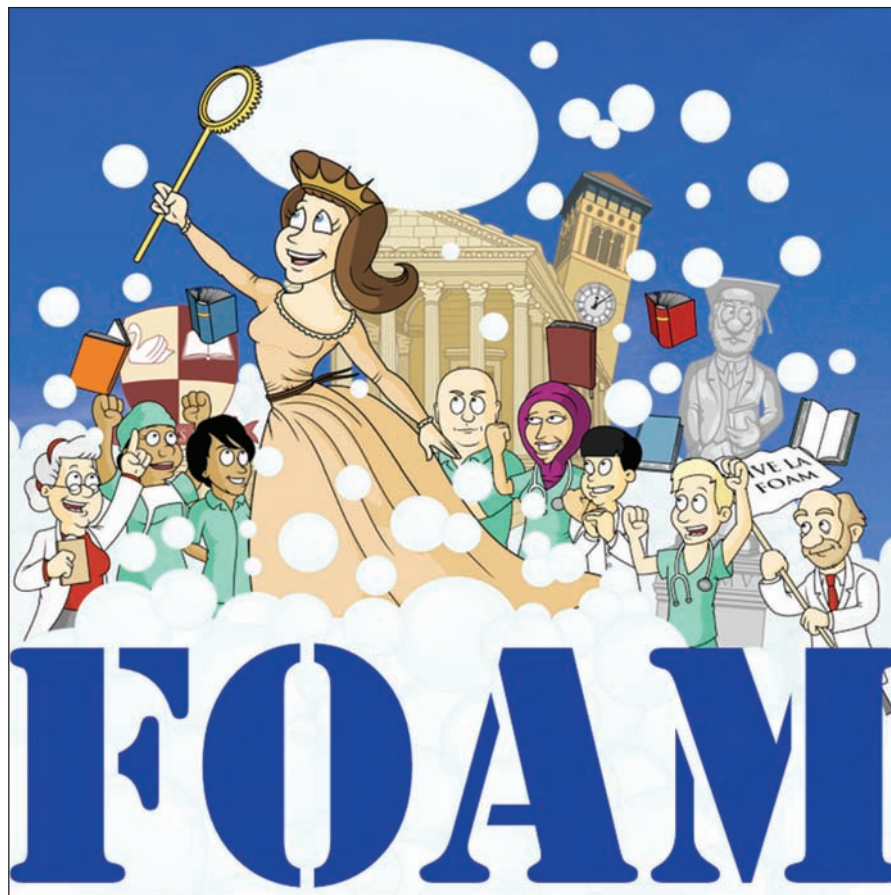
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Emergency Medicine that he coined a new term — FOAM, or Free Open Access Meducation. The idea, as he explains it, was to “define the concept of harnessing the combination of altruistic practitioners with rapidly evolving technology in the setting of increasingly accessible broadband resources to create a network of Free Open Access Medical Education Resources.”

Don't be put off by his erudite explanation; simply put, FOAM is a new way of sharing free medical education resources. It's blog posts, podcasts, and online videos. It's Facebook groups and Twitter feeds, Tumblr and Google Hangouts. You can even buy a FOAM T-shirt or mouse pad on zazzle.com.

No one's officially in charge; FOAM isn't accredited or peer-reviewed, at least not in the traditional sense. “It is merely managed, populated, and curated by the people involved in the conversation,” explained Dr. Cadogan, a consulting emergency physician at Sir Charles Gairdner Hospital in the suburbs of Perth, Australia. “It is a way of sharing education resources — new blogs, vodcasts, programs, etc.,” he said. “It is a way of asking questions pertinent to medical education, research, best practices, and guidelines. It is a way of bringing the global medical community together.”

So back to that pint of Guinness in the Dublin pub. Dr. Cadogan was



FOAM's Twitter avatar is a takeoff on *Les Miserables*, Dr. Cadogan said, with the heroine holding a giant bubble blower over the barricade of FOAM with the universities and institutions in the background and the multicultural supporter base of health care providers cheering.

preparing to deliver a talk on the importance of social media at ICEM, and realized in despair that most physicians saw social media as an unimportant time-waster.

“So, with a bunch of half-prepared slides, a feeling of impending doom, and a wallet full of cash, I headed to the local pub where I explained my plight to some sympathetic souls,” he recalled. “It was decided that a new phrase or term was required to best encapsulate the concept of open access medical education resources. The term had to imply free or low cost to the user, creative commons noncommercial ownership of the media, and have the words medical education somewhere within. Staring through the bottom of a half-finished pint of Guinness provided the inspiration, and the term FOAM was born.”

If you're over 40, you're probably wondering just how something like Twitter — with its 140-character limit — can possibly be a medical education tool. “I had the same first impression: this is crap,” admitted Chris Nickson, MD, an emergency physician now completing an intensive care fellowship at the Royal Darwin Hospital in northern Australia. “But it's a matter of how you use it. Using Twitter hashtags is a very effective way to build up a filter for all of the information coming in about new concepts in emergency medicine and critical care. It's also really taken off with conferences, enabling people on the other side of the world to follow the

events live using a hashtag. You stick a label like #FOAMed onto a Twitter post, and it enables others to connect to that conversation.”

Where does FOAM live? All over the Internet, but the current hotbed of FOAM info is the Life in the Fast Lane blog run by Drs. Cadogan and Nickson. (See FastLinks.) With a like-minded team of fellow emergency and critical care specialists, they have curated a vast array of online resources within LITFL's free databases and recommended resources.

Every few days, they post a new set of online emergency medical education tools and resources, including The LITFL Review, “your reliable source for the highest highlights and loudest shout-outs from the #FOAMed world of emergency medicine and critical care.”

The most recent LITFL Review pointed users to the Intensive Care Network and a discussion of stress ulcers and VTE prophylaxis, a case discussion on managing refractory-hypotensive patients at EMCrit.org, and educational pearls from the University of Maryland Department of Emergency Medicine's Facebook page. (See FastLinks.)


FOAM devotees, including recognized experts from more traditional spheres, will come together in the “real world” at the first-ever Social Media and Critical Care conference to be held in Sydney in March. The sessions — on everything from practi-

cal emergency medicine concepts such as fluid resuscitation and ultrasound algorithms, to clinical simulations, creating medical apps, and the future of medical education — will be tweeted, podcasted, and webinared. “It's fully social media enabled,” Dr. Nickson said. “About one-third of each session will be discussion-based, and we'll be feeding in questions from Twitter followers.”

There is, of course, the not-so-small matter of things like accreditation and CME credits. How does FOAM “count” if you can't get credit for it? “That's an obvious problem. This is not how universities and CME programs traditionally work,” Dr. Nickson said. “But FOAM is attracting independent learners who are taking responsibility for their own education. There's so much stuff out there, though, that it's transitioning into more established ways of learning.” The Australasian College for Emergency Medicine, for example, is currently reviewing its curriculum and looking at ways of incorporating Twitter and other social media learning resources.

Dr. Cadogan is also developing the Global Medical Education Project, which aims to end some of the angst over which resources are reliable, which platform is best, and how to get social media content in medical education to the widest audience. (See FastLinks.)

“GMEP aims to use the applications interfaces of Google, Facebook, Twitter, YouTube, Vimeo, and closed professional networks to provide a safe reliable place to interact,” he explained. “No longer will you need multiple platform passwords, identities, and smartphone apps to be involved in the conversation. No longer will you have to worry about which platform is best and how to get your content to the right audience without shocking 90 percent of your nonmedical Facebook friends with a graphic image of an open ankle fracture dislocation over breakfast. We're building an asynchronous learning platform which allows the free sharing of high-quality media, and lets users add value by creating questions and adding comments.”

Despite this respectable approach, FOAM in many ways is still as free and wild as the current methods of continuing medical education are buttoned-up and traditional. That's the strength of FOAM and its weakness, but if ardent proponents like Dr. Cadogan can guide it through its infancy and adolescence, FOAM may well be the future of medical education. 

Click and Connect! Access the links in EMN by reading this issue on our website or in our iPad app, both available on www.EM-News.com.

FastLinks



■ Keep up with FOAM on Twitter by searching for the hashtag #FOAMed.

■ Visit Drs. Cadogan and Nickson's blog at <http://lifeinthefastlane.com> or at <http://lifeinthefastlane.com/foam/> for more about FOAM.

■ Watch Dr. Cadogan's ICEM lecture at <http://vimeo.com/45453131>.

■ Read posts on the Intensive Care Network at www.intensivecarenetwork.com.

■ Visit Dr. Scott Weingart's blog at www.EMcrit.org.

■ Like the University of Maryland Department of Emergency Medicine's Facebook page at www.facebook.com/UMEmergencyMed.

■ Visit the Global Medical Education Project at www.gmep.org.

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