

Fenice: opportunita' di “rinascita”

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CRITICITA' NEI NOSTRI PS

Il Teatro della Medicina di Emergenza-Urgenza: formazione, competenze e organizzazione - Roma 25 maggio 2018

il peggio è arrivato!

SOVRAFFOLLAMENTO, BOARDING, BLOCCO AMBULANZE IN P.S.

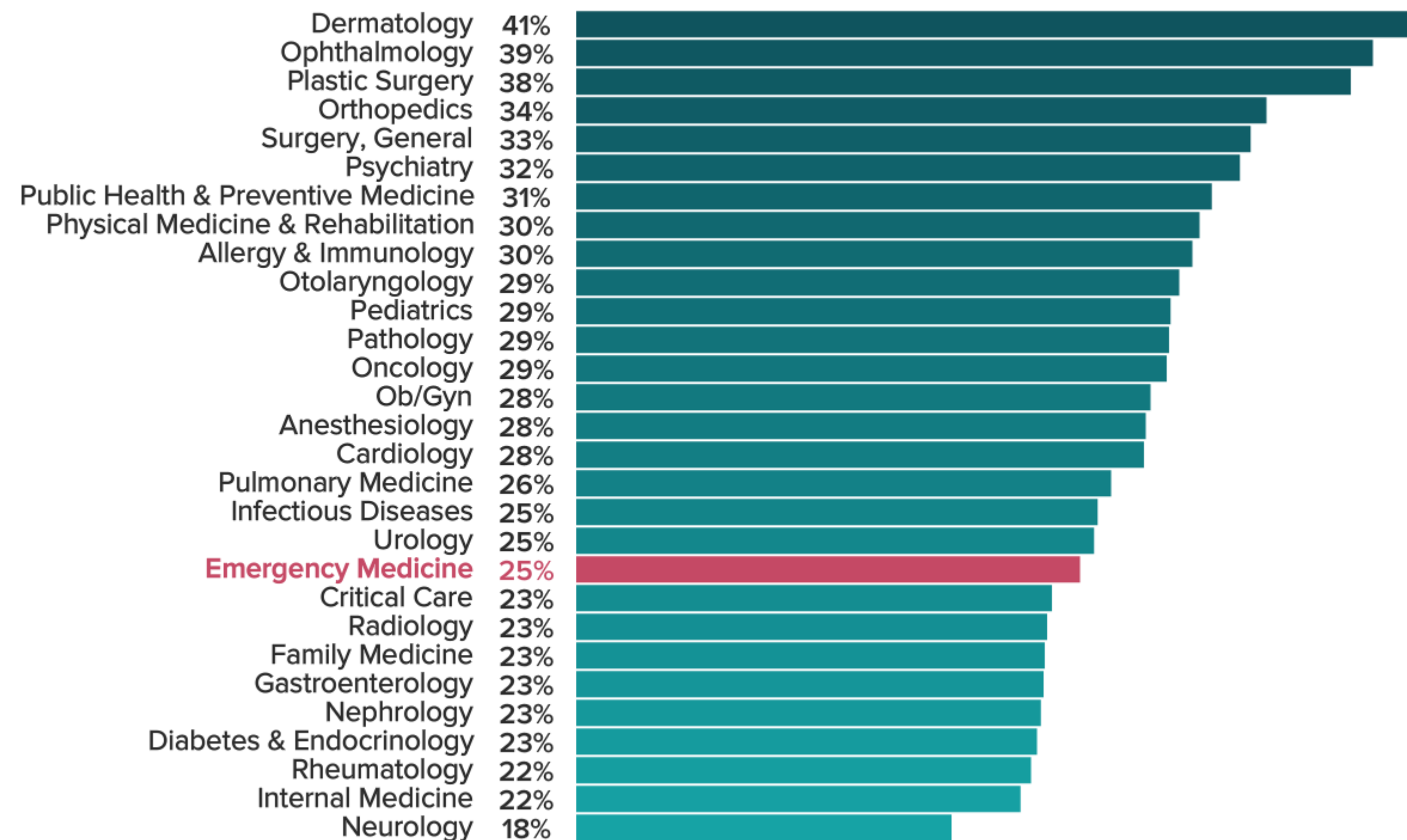
Rottura del coordinamento tra Servizi Ospedalieri e Territoriali

- ❑ Carenza di interconnessioni strutturate in entrata
 - ❑ RETE TERRITORIALE MMG – SPECIALISTICA AMBULATORIALE – DISTRETTO SANITARIO
- ❑ Carenza di interconnessioni strutturate in uscita
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 - ❑ RETE OSPEDALIERA HUB e SPOKE





How Happy Are EM Physicians at Work?



Punti chiave



- Elevato rischio di burn-out e di “abbandono da parte del personale della ME
- Strategie per contrastare questo fenomeno
- Perche’ fare ricerca in Medicina d’Urgenza/PS
- Criticità in PS
- Situazione internazionale
- Possibili strategie

ELEVATO RISCHIO DI BURN-OUT



ORIGINAL ARTICLE

Occupational stress in consultants in accident and emergency medicine: a national survey of levels of stress at work

R Burbeck, S Coomber, S M Robinson, C Todd

Emerg Med J 2002;19:234-238

Fattori di stress	Frequenza	Deviazione standard
Mancanza di posti letto	1.81	0.43
Sovraccarico di lavoro	1.67	0.48
Conflitto tra attività cliniche e doveri amministrativi	1.60	0.55
Mantenere le conoscenze aggiornate	1.59	0.54
Trattare con il management in generale	1.57	0.56
Effetti delle ore lavorative sulla vita privata	1.55	0.55
Prendere decisioni importanti da soli	1.49	0.62
Trattare con le singole figure dirigenziali	1.47	0.62
Prendere la decisione giusta come gruppo	1.46	0.67
Ritagliarsi il tempo per l'insegnamento	1.41	0.63
Adattare gli standard previsti in presenza di risorse scarse	1.40	0.61
Gestire i casi di decesso	1.37	0.63
Parlare con i parenti	1.28	0.71
Effetti dello stress sulla vita privata	1.28	0.65
Paura di commettere errori	1.16	0.53
Avere a che fare con compiti ripetitivi	1.14	0.64

Fattori di stress	Frequenza	Deviazione standard
Mancanza di un riconoscimento del proprio contributo da parte degli altri	1.14	0.69
Basso prestigio	1.14	0.70
Pressione delle norme vigenti	1.09	0.72
Relazioni difficili con i colleghi più anziani	1.02	0.50
Mancanza di protocolli per la gestione del paziente	0.99	0.58
Ore di sonno ridotte	0.94	0.61
Ritagliarsi il tempo per la ricerca	0.92	0.92
Gestione del budget	0.88	0.77
Troppe responsabilità	0.83	0.71
Difficoltà relazionali con lo staff junior	0.82	0.48
Minaccia di violenza	0.79	0.52
Revocare un trattamento	0.77	0.58
Trattamento inadeguato/troppo zelante	0.75	0.53
Difficoltà relazionali con il personale infermieristico	0.73	0.53
Sentirsi inutili	0.54	0.67
Impegni connessi all'attività privata	0.50	0.63
Molestie sessuali	0.06	0.23



OPEN ACCESS

High risk of 'failure' among emergency physicians compared with other specialists: a nationwide cohort study

Yi-Kung Lee,^{1,2} Ching-Chih Lee,^{2,3,4,5} Chien-Chih Chen,⁶ Chun-Hing Wong,¹
Yung-Cheng Su^{1,2}

INTRODUCTION

The intensive physical and psychological stress of emergency medicine has evoked concerns about whether emergency physicians could work in the emergency department (ED) for their entire careers.^{1–3} Compared with other specialists, emergency physicians have more stress factors.

Elevato rischio di abbandono: Curve di “sopravvivenza” dei tre specialisti

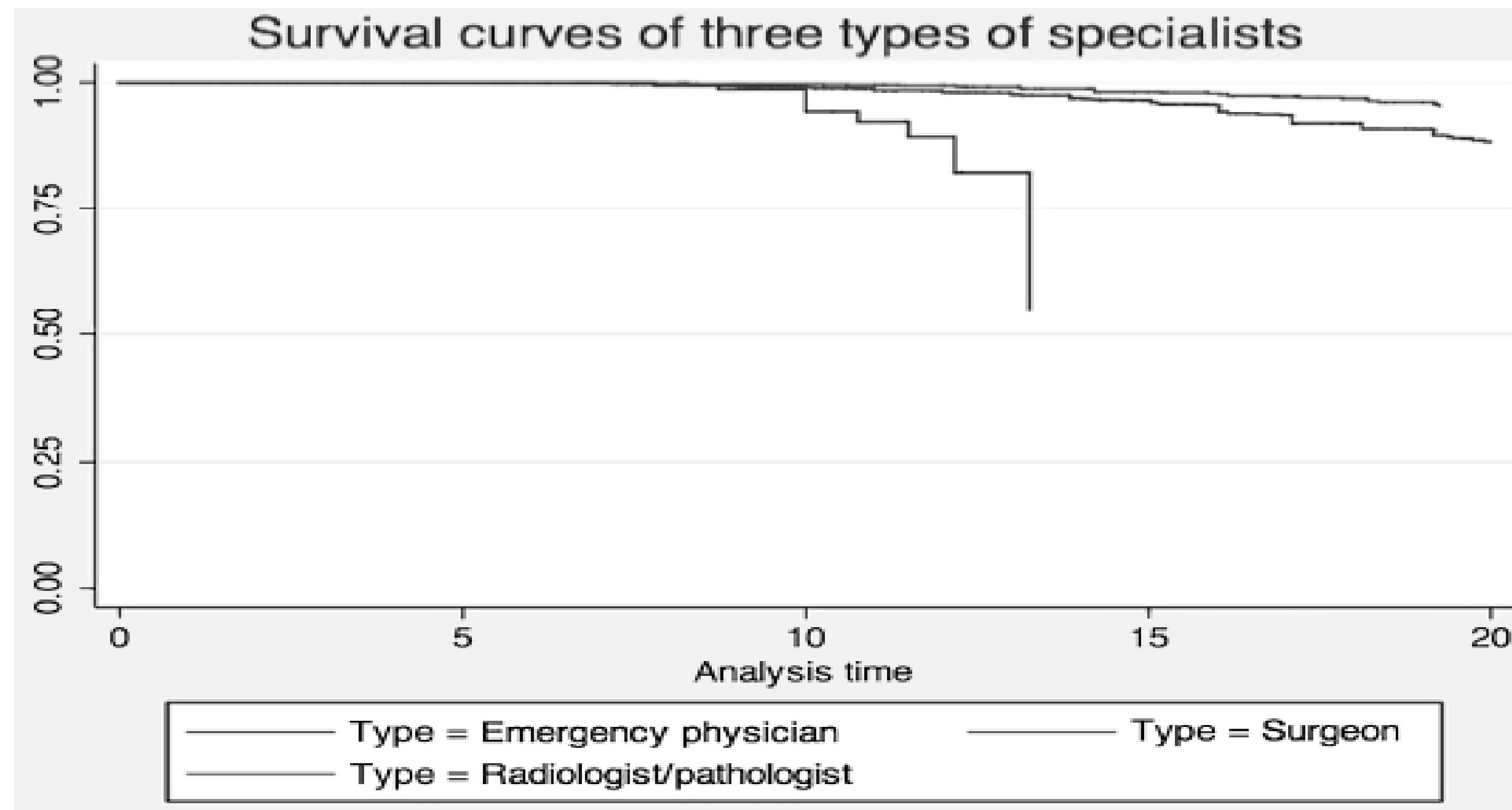


Figure 1 Survival curve of three kinds of specialists

A total of 16 666 physicians (1584 emergency physicians, 12 103 surgeons and 2979 radiologists/pathologists) were identified between 1997 and 2010. The average follow-up period was 9.5 years. The mean age (SD) at the time when the specialty was certified was 36.7 (8.3) years. A total of 1395 (8.4%) physicians left the clinical practice of their specialties during the 14 years' observation period. The baseline characteristics of the three groups of specialists are summarised in table 1.

Conclusione:

I Medici d'urgenza spesso lasciano la loro specialita' quando hanno la massima esperienza



According to our findings, emergency physicians are about to leave this field when they are fully experienced. This would be a loss for the training programme of this specialty, and also for patients. Strategies to keep experienced emergency physicians in their 'battlefields'—for example, by developing a less labour-intensive subspecialty (eg, disaster preparedness)—should be emphasised. In this way, emergency physicians might continue to work in hospitals passing on their experience when their physical ability declines.

In summary, our study found that despite the low annual attrition rate, in the long term there is a high probability that emergency physicians will leave their specialties compared with other specialists, possibly owing to the high stress of emergency

Burnout in emergency medicine physicians

A meta-analysis and systematic review

Qin Zhang, MD^a, Ming-chun Mu, MD^c, Yan He, MD^d, Zhao-lun Cai, MD^c, Zheng-chi Li, PhD^{b,*}

Conclusions: This meta-analysis demonstrate a high level of burnout prevalent in EM physicians that approximately 40% experience high levels of EE and depersonalization. Our findings also suggest that EM physicians are more susceptible to burnout compared with physicians in other departments and other medical staffs in EM. More attention should be payed to mental status of EM physicians and further investigation concerning how to reduce burnout would be beneficial for EM physicians.

Registration: INPLASY202060060 in inplasy.com (doi.org/10.37766/inplasy2020.6.0060)

Molti fattori contribuiscono al burnout professionale: turni di notte, lavoro in emergenza, paura di commettere errori, disturbi del sonno, violenza sul luogo di lavoro sono quelli piu' correlati agli scores di burn out ($P < .05$)

Research Article

**Burnout Syndrome among Emergency Department Staff:
Prevalence and Associated Factors**

Audrey Moukarzel ¹, Pierre Michelet,¹ Anne-Claire Durand,² Mustapha Sebbane,³
Stéphane Bourgeois,⁴ Thibaut Markarian,¹ Catherine Bompard,¹ and Stéphanie Gentile^{2,5}


I professionisti dell’Emergenza sono un gruppo vulnerabile: circa il 50% ha avuto esperienza di burn-out

Il confronto continuo con situazioni di emergenza e’ un terreno favorevole per lo sviluppo di stress e burn-out.

Una delle sfide maggiori per le istituzioni e’ di identificare queste situazioni che sono molto dannose per la salute e la “produttività” del personale



BMJ Open Levels of burn-out among healthcare workers during the COVID-19 pandemic and their associated factors: a cross-sectional study in a tertiary hospital of a highly burdened area of north-east Italy

Antonio Lasalvia ,^{1,2} Francesco Amaddeo,^{2,3} Stefano Porru,⁴ Angela Carta,⁴ Stefano Tardivo,⁵ Chiara Bovo,⁶ Mirella Ruggeri,^{1,2} Chiara Bonetto²

CONCLUSION

Burn-out is a major concern for healthcare staff working in a large tertiary hospital during the COVID-19 pandemic and its impact is more burdensome for front-line junior physicians. This study serves to provide important evidence for the directing and promotion of mental well-being among healthcare workers and to prevent the sudden increase of burn-out in the event of a new COVID-19 healthcare emergency

STRATEGIE PER AFFRONTARE IL BURN-OUT E L'ABBANDONO




-Strategie per affrontare le difficoltà

- caratteristiche psicoattitudinali
- metodologia clinica
- cultura/training continuo
- organizzazione

RESEARCH ARTICLE

Fulfillment, burnout and resilience in emergency medicine—Correlations and effects on patient and provider outcomes

Revathi Jyothindran, James P. d'Etienne, Kevin Marcum, Aubre Tijerina, Clare Graca, Heidi Knowles, Bharti R. Chaudhari, Nestor R. Zenarosa, Hao Wang *

Department of Emergency Medicine, Integrative Emergency Services, Dallas, Texas, United States of America

Il benessere del personale sanitario e' stato riconosciuto come un fattore fondamentale nell'assistenza centrata sul paziente” .

La realizzazione professionale “Professional fulfillment “(PF) e' definita come benessere, sensazione di efficacia e soddisfazione sul luogo di lavoro

Professionisti con alto PF sono associati a maggiore soddisfazione del paziente mentre professionisti con basso PF sono correlati con aumentato rischio di errore e burnout professionale.

RESEARCH ARTICLE

Fulfillment, burnout and resilience in emergency medicine—Correlations and effects on patient and provider outcomes

Revathi Jyothindran, James P. d’Etienne, Kevin Marcum, Aubre Tijerina, Clare Graca, Heidi Knowles, Bharti R. Chaudhari, Nestor R. Zenarosa, Hao Wang [‡]

Department of Emergency Medicine, Integrative Emergency Services, Dallas, Texas, United States of America

Discussion

In this study, we found that ED physicians and APPs had similar professional fulfillment, burnout, and personal resilience scores. Moderate-to-high correlations were also found among these wellness domains in both physician and APP groups. They correlated better with provider intent-to-leave than self-reported medical errors. When all three wellness domains were analyzed together, it was noted that high professional fulfillment, low burnout, and high personal resilience tended to have a protective effect related to intent to leave current position. Our study findings link wellness domains to patient and provider outcomes and these findings provide important information to help future ED provider wellness programs improve quality and patient-centered care.

Alta realizzazione professionale,

basso di burn-out ed

elevata resilienza personale

hanno un effetto protettivo nei confronti

dell'intenzione di abbandonare l'ED



ED's are demanding work environments.

Working conditions affect the health of providers and patients. Negative working conditions result in stress related diseases and high provider drop out rates.

With this project we want to:

determine the current state of provider working conditions and well being in Ed's across European states and
find national solutions or suggestions for intervention and improvement approaches for ED working conditions
and provider well being

Help Us Help You: Engaging Emergency Physicians to Identify Organizational Strategies to Reduce Burnout

Joshua J. Baugh, MD, MPP
Ali S. Raja, MD, MBA, MPH
James K. Takayesu, MD

Harvard Medical School, Massachusetts General Hospital, Department of Emergency
 Medicine, Boston, Massachusetts

Strategie per ridurre il burn-out

Carico di lavoro: ...ridurre “attività amministrative”

Riconoscimento pubblico

Controllo: aumentare il feedback con altri dip.

Distribuire in modo equo i turni riconoscimento del lavoro non assistenziale

Table 4. Most commonly mentioned interventions identified by faculty for reducing burnout, organized by Maslach-Leiter category, with total number of times mentioned in parentheses.

Category	Recommendations most commonly cited by faculty (# of times cited)
Workload	<ul style="list-style-type: none"> • Reduce documentation burden (21) • Increase administrative support for research activities (13) • Augment staffing when volumes are too high (10)
Reward	<ul style="list-style-type: none"> • Increase positive patient stories and positive feedback (12) • Increase public recognition of excellence by faculty (6) • Provide compensation for more activities not currently compensated (6)
Control	<ul style="list-style-type: none"> • Improve ease and speed of consults and admissions (20) • Create a method for providing feedback to other departments (5)
Fairness	<ul style="list-style-type: none"> • Improve ability to customize schedule and work fewer night shifts (7) • Improve compensation and recognition for valued non-clinical work (6)
Community	<ul style="list-style-type: none"> • Increase frequency of social events (15) • Create centralized office locations to promote socializing (7)
Value congruence	<ul style="list-style-type: none"> • Provide less patient care in hallways and chairs (10) • Reduce boarding and emergency department crowding (8) • Alleviate burnout of other role groups in the emergency department (8)

The Stanford Model of Professional Fulfillment™



Ha come premessa che la realizzazione professionale “professional fulfillment” e la mitigazione del burnout richiede cambiamenti profondi di tipo organizzativo.

Questo modello mostra che il benessere non e' legato solo alla resilienza personale ma passa attraverso la Cultura del Benessere e l'efficienza



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Culture of Wellness

Key success factors of this dimension include:

Leadership support, commitment, and accountability for wellness

Infrastructure and resources to support wellness

Regular measurement of well-being and professional fulfillment

Recognition and appreciation

Fairness and inclusiveness

Transparency and values alignment

Efficiency of Practice

Key success factors include:

Identification and redesign of inefficient work

Involvement of physicians in redesign of clinical processes

Teamwork models of practice

Use of efficient communication methods to minimize e-mail time burden

Designing roles to practice at top of licensure

Streamlining EHR and other IT interfaces

Realistic staffing and scheduling that recognizes predictable absences



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Personal Resilience

Key success factors include:

Self-care assessment and support systems

Safety net systems for crisis interventions

Worksite evidence-based health promotion

Encouragement of peer support

Financial management counseling

Life-needs support mechanisms (e.g. child and elder care, after-hours meals, and more)



Tech innovation can mitigate physician burnout:

Streamline documentation:

According to a recent research study conducted by ScienceDaily, one of the biggest sources of stress for doctors is the inclusion of maintaining electronic health records (EHR) to their already exhaustive list of duties to be performed on a regular basis. So then, where exactly does the solution lie? Effective data management is the key to rid physicians of this problem. Some of the ways this can be done include as follows:

- 1) automating processes within the EHR itself that don't require a physician's immediate attention,
- 2) leveraging data management software to keep information consistent, concise and easily accessible,
- 3) leveraging cloud hosting to store patient data in order to boost its interoperability across the organization,
- 4) natural language processing (NLP) is one effective technology solution physicians can leverage for processing unstructured text-notes,
- 5) clinical Decision Support Systems (CDSS) can help make sense of healthcare data with the latest evidence, as well as suggest treatments tailored to each patient and furnish personalized care plans,
- 6) Machine learning (ML), a subset of AI, can be applied to complex data in order to predict patterns that the human eye could have missed, and health outcomes in general.

Health data is growing highly complex and multi-dimensional with every passing day. Data management is now more a necessity for any medical organization trying to mitigate burnout among physicians and other support staff than it ever has been.

Perche' fare ricerca clinica in PS

Positivi per i pazienti/personale

- Migliora l'outcome dei pazienti
- Favorisce l'aggiornamento dei sanitari
- Riduce il rischio di burn-out del personale

Positivi per la ricerca:

- Grande mole di dati su molteplici aspetti clinici e organizzativi
- Gestione delle patologie nella fase iperacuta

RESEARCH ARTICLE

Research Activity and the Association with Mortality

Baris A. Ozdemir^{1*}, Alan Karthikesalingam¹, Sidhartha Sinha¹, Jan D. Poloniecki¹, Robert J. Hinchliffe¹, Matt M. Thompson¹, Jonathan D. Gower², Annette Boaz³, Peter J. E. Holt¹

Introduction

The aims of this study were to describe the key features of acute NHS Trusts with different levels of research activity and to investigate associations between research activity and clinical outcomes.

Results

Low mortality Trusts received greater levels of funding and recruited more patients adjusted for size of Trust ($n = 35$, 2,349 £/bed [95% CI 1,855–2,843], 5.9 patients/bed [2.7–9.0]) than Trusts with expected ($n = 63$, 1,110 £/bed, [864–1,357] $p < 0.0001$, 2.6 patients/bed [1.7–3.5] $p < 0.0169$) or, high ($n = 42$, 930 £/bed [683–1,177] $p = 0.0001$, 1.8 patients/bed [1.4–2.1] $p < 0.0005$) mortality rates. The most research active Trusts were those with more doctors, nurses, critical care beds, operating theatres and, made greater use of radiology. Multifactorial analysis demonstrated better survival in the top funding and patient recruitment tertiles (lowest vs. highest (odds ratio & 95% CI: funding 1.050 [1.033–1.068] $p < 0.0001$, recruitment 1.069 [1.052–1.086] $p < 0.0001$), middle vs. highest (funding 1.040 [1.024–1.055] $p < 0.0001$, recruitment 1.085 [1.070–1.100] $p < 0.0001$).

Conclusions

Research active Trusts appear to have key differences in composition than less research active Trusts. Research active Trusts had lower risk-adjusted mortality for acute admissions, which persisted after adjustment for staffing and other structural factors.

Perche' viene fatta cosi' poca ricerca in PS?

- Poco tempo/sovraffollamento DEA
- Poca formazione volta alla ricerca (metodologia)
- Scarso riconoscimento dell'importanza della ME (difficolta' reperimento fondi per la ricerca)

Clinical research in emergency medicine: putting it together

A M T Good, P Driscoll

The emergency medicine environment is highly pressurised, immediate, emotional, and often overburdened. Time for research is therefore at particular risk of interruption, where there is time at all. Ethical issues abound² particularly relating to informed consent. Staff rotate making it extremely difficult to see a project through in one setting. There is also the perceived and, in some cases, real need to have research publications as a rite of passage to promotion to clinical posts. The temptation is to go for the quick and

Emerg Med J 2002;**19**:242–246

Impedimenti alla ricerca clinica in ED (2002)

- **Training insufficiente**
- **Tempo insufficiente**
- **Fondi insufficienti**

Alto rischio di studi “veloci” di scarsa qualità’

Situazione internazionale



Rispetto alle altre specialistiche la parte di ricerca e' molto limitata anche se esistono organizzazioni, oltre alle societa' scientifiche che puntano sullo sviluppo della ricerca

American College of Emergency Physicians

Section of Emergency Medicine Research

Operational Guidelines



3	Objectives	
	In addition to the general objectives of the College as set forth in the Bylaws, the objectives of this section shall be to:	
	3.1	Promote the development of the specialty of emergency medicine across the world and to enable physicians who have a special interest or expertise in research to meet for the purpose of initiation, discussion, and development of activities intended to further research in emergency medicine.
	3.2	Promote collegiality and cooperation among the physicians who practice emergency medicine research, including:
		3.2.1 providing a forum for communication among researchers within the College, and to encourage that communication
		3.2.2 promoting collaboration among researchers in emergency medicine and related fields to advance the specialty
	3.3	Provide an opportunity for physicians interested in emergency medicine research to meet, interact, and network.
	3.4	Develop and present educational programs on the many facets of emergency medicine research, including:
		3.4.1 stimulating and encouraging quality research in emergency medicine
		3.4.2 promoting education relating to research methodology
	3.5	Prepare and distribute an interesting, educational, and informative newsletter for members of the section.
	3.6	Serve as a resource to the College president, Board of Directors, College committees, and ACEP members relating to emergency medicine research, including:
		3.6.1 serving as a resource regarding research training programs in emergency medicine
	3.7	Coordinate activities with other organizations involved in emergency medicine research at the invitation of the President and/or Board of Directors.
	3.8	Advance and publicize legislative issues related to emergency medicine research.
	3.9	Provide a pathway for professional leadership development within the organization.

ACEP

- Promuovere la cooperazione tra medici interessati alla ricerca
- Promuovere la formazione volta alla ricerca
- Favorire la cooperazione con altre organizzazioni



ORIGINAL RESEARCH

Open Access

Research capacity of Australian and New Zealand emergency medicine departments



AUSTRALASIAN

Katie Walker^{1,2*} , Shijie Ian Tan^{1,3,4} , Daniel Fatovich^{5,6} , Gina Watkins^{7,8} , Melanie Stephenson^{1,2,9} , Joseph Ting^{10,11,12}, Richard Whittome¹³, Wei Wang^{14,15} , Jonathan Knott^{16,17} and on behalf of the ACEM Clinical Trials Network

Background

There are over nine million emergency department attendances per annum in Australia and New Zealand [1–3]. Often, current clinical practice is not based upon robust evidence. As we evaluate treatment options, particularly

for critically ill patients, we discover many current established therapies have limited efficacy [4, 5]. Multicentre randomised studies have recently been published on core topics such as fluids in sepsis, bronchiolitis management, latrodectism and pneumothorax recommending fundamental changes to patient management [6–11].

To undertake robust studies that properly answer questions about emergency therapies, large multicentre randomised clinical trials are needed. These enrol large numbers of patients, from diverse clinical settings, into well-designed and funded trials. Many patient conditions are identified sporadically in low numbers across hospital networks that vary in patient population and resourcing. Important trials increasingly require adequate funding and resources, skilled investigators and high-functioning clinical trial networks, capable of large-scale project design and delivery [12, 13].

- Grande mole di pazienti/dati
- Gestione patologie acute su poche evidenze
- Favorire grandi studi multicentrici che coinvolgano diversi setting

EUSEM Research Network



Durante il congresso del 2019 a Praga e' stato lanciato l'EUSEM Research Network

Obiettivi

- Sviluppare progetti di ricerca osservazionali in ME in Europa
- Sviluppare clinical trials correlati alla ME
- Stabilire alleanze con altre organizzazioni della ME internazionali con l'obiettivo di sviluppare un ricerca «globale»
- Portare avanti la formazione in ricerca scientifica in ME
- Promuovere lo scambio tra studenti e ricercatori
- Richiedere sovvenzioni per ricerca a livello europeo



PUNTO DE VISTA

Investigación multidisciplinar en el ámbito de urgencias*Multidisciplinary research in emergency medicine*

A pesar de los obstáculos mencionados, el SU puede ofrecer un valor añadido en la investigación clínica por la gran diversidad de la patología aguda y por la posibilidad de investigar todos los días, a cada hora y no solamente durante el llamado "horario oficial" de las plantas de hospital². Con estos aspectos en mente, en 2010 un grupo de investigadores clínicos internacionales con un enfoque exclusivo en medicina de urgencias, fundó el Equipo para la Investigación Global en Situaciones Agudas (GREAT, del inglés Global Research on Acute Conditions Team). Los objetivos de GREAT como organización académica de investigación (OAI), son los siguientes:

- Desarrollar actividades de investigación y publicaciones científicas relacionadas con situaciones clínicas agudas empleando los enfoques de la medicina traslacional.
- Establecer alianzas con organizaciones nacionales e internacionales con el objetivo de formar grupos de investigación especializados en la continuidad asistencial de la atención a las enfermedades cuando se presentan en fase aguda.

**GREAT
Spagna**

- Analizzare le pubblicazioni scientifiche sulle patologie acute implementando l'applicazione in ME
- Stabilire “alleanze” con organizzazioni nazionali/internazionali per realizzare gruppi di ricerca specializzati sulla continuità assistenziale
- Realizzare studi clinici osservazionali e sperimentali su situazioni cliniche acute



**TERN
UK**



Il Trainee Emergency Research Network (TERN), fondato dal Royal College of Emergency Medicine (RCEM) (2018), e' una iniziativa che ha come obiettivo di demitizzare la ricerca e diffonderla tra I medici della Medicina d'Emergenza

Obiettivi:

- *Aumentare l'accesso alle opportunita' di ricerca*
- *Demitizzare la ricerca clinica*
- *Generare progetti di ricerca pragmatici guidati dalla clinica*
- *Formare I medici in training*

Fenice

Gruppo Italiano Per la Ricerca Clinica In Medicina d'Urgenza



Fenice è un gruppo collaborativo di ricerca indipendente in Medicina d'Urgenza. L'obiettivo del gruppo è di migliorare la qualità delle cure prestate in questo ambito assistenziale attraverso la realizzazione di progetti di ricerca scientifica.

Strategie per favorire il successo della ricerca in ED



- Consapevolezza del proprio ruolo centrale nella gestione di molte patologie acute
- Importanza della formazione continua (corsi di metodologia di ricerca)
- Tutoraggio (mentorship)



Research Pioneers in Emergency Medicine—Reflections on Their Paths to Success and Advice to Aspiring Researchers: A Qualitative Study

Wendy C. Coates, MD*; Lalena M. Yarris, MD, MCR; Samuel O. Clarke, MD, MAS;
Daniel Runde, MD, MME; Jacqueline Kurth, MD; Emilie Fowlkes, MD, MME; Jaime Jordan, MD

**Corresponding Author. E-mail: coates@emedharbor.edu, Twitter: [@CoatesMedEd](https://twitter.com/CoatesMedEd).*

Theme	Representative Quotes
Value of training	<p>“The advanced research degree...taught me how to think scientifically and how to analyze data. It allowed me to learn how to formulate questions, identify the data required to answer those questions, analyze data, and present analyses [effectively]. Those skills translate well across a wide variety of scientific disciplines, including medical education research.”</p> <p>“An important feature of an advanced degree...is that it gives you credibility that is completely independent of your actual expertise. People just assume that if you have a PhD, you must be a real card-carrying scientist, even before they have any evidence to suggest that’s true. It gives you a credibility that’s helpful when you’re joining a research team or trying to contribute to a research effort.”</p> <p>“[The training] taught me how to formulate a really good question that could be answered and gave me insight into when to let go of a bad idea.... I gained a network, and how to establish networks in the [emergency medicine] research community.”</p>
Underdog mentality	<p>“The real barrier was us.... [W]e thought we were special,...nobody appreciated us,...and that we weren’t on a level playing field. In retrospect, what was wrong is we never knocked on the right doors and kept saying the NIH isn’t fair to [emergency medicine]; there is no [emergency medicine] institute.”</p> <p>“People asked unimportant questions. And by unimportant, I don’t mean they were unimportant to a practicing emergency physician, but they didn’t resonate beyond [that] narrow group.”</p> <p>“[Emergency medicine] researchers really didn’t have a strong enough academic background or track record to qualify for a lot of the big grants and we felt it was a symptom of a young specialty. People who were getting a lot of grant funding in the early days of [emergency medicine] research usually had collaborations with more established disciplines of medicine.”</p>
Importance of specialty organization support	<p>“The professional organizations, in particular SAEM and ACEP, developed curriculum[s] in their annual meetings to talk about basic research concepts and about...how to establish networks with established investigators even outside of [emergency medicine], as well as networks with federal funding agencies. Early on, I think the leadership understood what was needed in terms of the educational effort.”</p> <p>“We made a big push in the late 1990s to have SAEM dedicate substantial funds to the SAEM research foundation to fund seed grants, grants for career development for people who wanted to get advanced research training.”</p> <p>“The Institute of Medicine [National Academy of Medicine] convened its committees in the early 2000s on the future of emergency care in the United States health system; they were very much interested in a report on research for [emergency medicine] and what the barriers were... [I]t became clear that the lack of any type of institute for [emergency medicine] was a potential barrier, and eventually there became an office within the NIH for [emergency medicine] research.”</p>
Mentorship	<p>“One of the most important things was to find the proper mentor.... [M]ost of us had to go outside of our departments. It was hard to get advice about whom to approach because people we worked with had not had this experience.”</p> <p>“[Mentors] allowed me to present my research in a very early stage at an SAEM national meeting in 1986 and to be the lead author on publications that came out. They were very encouraging. I think they were obviously very influential in me pursuing an academic career and then one that involves research.”</p> <p>“The next step I had to learn to be a really impactful researcher was to put your ego to the side and partner with somebody else who is equally impactful.... [G]reat stuff doesn’t usually come from a singular mind.”</p> <p>“I think the theme is that people were willing to be generous with their time, efforts, and connections in supporting me along the way.”</p>

- Ottenere la raccolta dati dagli applicativi/sviluppare applicativi nuovi adeguati
- Favorire lo scambio tra i vari centri
- Favorire scambi con altri specialisti per ricerche condivise
- Supportare i clinici nel disegno di studi osservazionali/sperimentali
- Supportare i clinici nella produzione di articoli scientifici di buon livello

- Il personale di ME e' sempre piu' a rischio di burn-out con elevati tassi di "abbandono"
- Il burn-out correla con il rischio di errore
- E' necessario favorire cambiamenti di tipo organizzativo e la "realizzazione professionale" di medici ed infermieri
- La ricerca clinica puo' aumentare la realizzazione professionale dei singoli e favorire i cambiamenti organizzativi
- Il gruppo FENICE puo' essere la risposta...

Grazie per l'attenzione.....