

Clinical Excellence recently has published its guidelines on the recognition and treatment of post-traumatic stress disorder (PTSD) in the UK National Health Service. The guideline development group undertook a systematic review of the literature on PTSD and its treatment in order to frame its recommendations. Two psychological therapies were found to have significant treatment effects in treating adult patients and are recommended. There are fewer empirical studies of treatment of children and adolescents with PTSD, but similar recommendations can be made, albeit less strongly. The three presenters were members of the guideline development group and will discuss the methodology of the review, as well as the salient findings in respect to screening, early interventions, special populations, implications for disaster management, implications for primary care, and drug treatments.

Keywords: guidelines; post-traumatic stress disorder; recognition; therapy; treatment; United Kingdom

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Achievements from the Establishment of an Emergency Department in the General Department of Health Care at Tehran Province Social Security Organization

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Introduction: Due to the importance of emergency wards as the frontline healthcare entry point for severely ill patients, and considering that about 80% of complaints were related to hospital emergency wards, the General Manager of Health Care of Tehran province decided to establish a new emergency department. The General Department of Health Care at Tehran province's social security organization is in charge of 25% of healthcare services provided by this organization by operating 10 hospitals.

Methods: This descriptive, cross-sectional research project took place in these 10 hospitals from June 2003–December 2004 with the cooperation of emergency department heads of the hospitals and a number of specialists.

Results: The following processes were initiated:

1. A headquarters for the development of improvements of the emergency wards was formed;
2. A data bank was established for the emergency wards and the manual system was changed to an electronic bank of data;
3. Proposals were made to the central headquarters of the social security organization regarding the improvements in the management of the emergency wards, and an increase in the salaries of the doctors and ward personnel;
4. A 7-month training course was conducted to educate emergency medicine instructors;
5. Equipment was standardized;
6. Enforcement of the project for dealing with disasters in these hospitals was begun; and
7. An emergency medicine refresher course was commenced for all the doctors and nurses working in the affiliated hospitals.

Discussion: The quality of services in emergency wards can be improved, along with an increase in the level of satisfaction of patients and emergency personnel, by utilizing scientific methods, personnel participation in making decisions, efficient support, and strong management.

Keywords: database; emergency department management; emergency management education; equipment; hospital; training

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Free Papers Theme 7: Prehospital Care—A Medical Speciality?

Community-based Emergency Health as a New Medical Sub-specialty

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The community has been referred to in the past as the "ultimate coronary care unit". Emergency medicine in some regions of the world, is defined as including out-of-hospital emergency services, while in other regions, it is defined as a hospital-based discipline. Other established medical specialties have community-based sub-specialties, such as community child health and community psychiatry.

Other established medical specialties primarily are based in the community, such as general practice and public health.

Some have argued that the evolution of emergency medical services (EMS) as an out-of-hospital practice is an extension of hospital practice in the community, but primarily focused on emergencies. Evidence suggests that there has been little measure of the effectiveness of out-of-hospital interventions in emergencies, and that most research to this date, has been "component focused" and not "system focused".

The language of out-of-hospital emergency care also is controversial; is it a medical, public safety, or a public health facility? Recently, there has been a merger of these constructs to a new, ill-defined paradigm, and also, recognition of how emergencies are prevented and managed in the community has an impact on hospital-based care and resource management. This has led to international collaborations, such as the "Cairns Group" that are attempting to explore and understand this community-hospital relationship in the emergency setting.

Healthcare trends have moved from hospital-based care to community-based care. Parallel to these broader changes, there also has been an emphasis on prevention, surveillance, health education, clinical effectiveness, clinical governance, ethics, research methodology, culture, behavior and occupational health, all of which are related to community-based care. As a subset, community-based emergency health also has been evolving with greater clinical and system sophistication and multi-disciplinary approaches to system design, clinical care, medical retrievals, mass gatherings, major events, public health crises, emergency preparedness, and disaster medicine.

This paper will argue that there now is a sufficient critical mass in both system and clinical issues of community-