

EMERGE

NEWSLETTER

Issue 37
April - June
2022





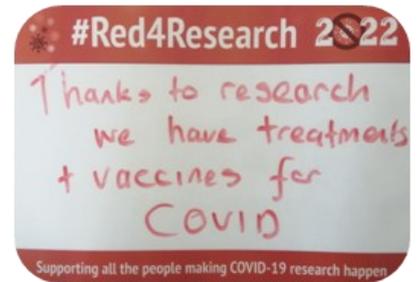
Issue 37

EMERGE Newsletter

May—June 2022



#Red4Research—raising awareness of research!



At EMERGE we see research activity as integral to improving patient care and outcomes.

It is well established that hospitals with flourishing research programmes provide better clinical care to their patients. In EMERGE we aim to provide every patient attending the Emergency Department the opportunity to take part in clinical research where available.

We strongly believe that research should be seen as part of providing excellent clinical care to all of our patients.

Thursday Educational Lunches

A new EMERGE initiative launched in the Autumn of 2021 is the Thursday Educational Lunches series.

While on pause over the summer we would like to recommence this initiative in the fall! The meetings start at 12.15 in the Radiology Seminar Room, usually lasting around 30 minutes with some time for questions at the end. The meetings are all streamed live on the 'General' page of the 'Edinburgh EM Research' NHS Lothian Microsoft TEAMS.

If you would like to present at one of our Thursday Educational Lunches, get in touch!

Both live and pre-recorded talks can be found on our website: [Thursday Educational Lunches](#) or by scanning the following QR code.

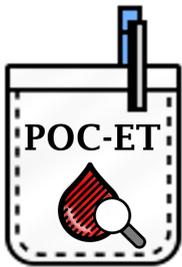




Ellise Clarke
Research
Project Manager



Beth Morrison
Renal & Acute Care
Senior Research Nurse



New study coming soon!

The POC-ET study

Study population: Adults presenting to the ED with suspected ACS

Participants: 1000 across sites

RIE and SJH Recruitment start date: July/August

For patients presenting to the ED with chest pain, the average length of stay remains longer than is necessary as a consequence of delays related to sampling, reporting and actioning results from a central laboratory. Recent developments in point of care (POC) technology have improved the precision of cardiac troponin testing, such that it is now equivalent to the central laboratory hs-cTn assays with turn-around times of less than 10 minutes. Use of these technologies could transform the efficiency of chest pain pathways, and permit testing to be extended to the pre-hospital setting.

Furthermore, the use of capillary sampling may enable more frequent serial testing and identify new approaches to rule-out myocardial infarction in patients presenting within 2 hours of symptom onset. However, before POC hs-cTn assays can be used in clinical practice their clinical performance to rule-out and rule-in myocardial infarction needs to be determined.

The POC Evaluation of high-sensitivity cardiac Troponin (POC-ET) study, is a multi-centre, prospective observational cohort study that aims to determine the optimal threshold and pathway for the early rule-out of MI using a Siemens POC device with a hs-cTnI assay in patients with suspected ACS. By taking POC blood samples at baseline, 1, 2 and 6 hours post presentation, the time from presentation to rule-out or rule-in MI for the POC test will be compared with the standard care laboratory reference standard.



Study	Clinical Presentation	Patient Group	How can you help?
	Syncope	<ul style="list-style-type: none"> • Patients aged 16 or over • Syncope remains unexplained after initial ED/ AMU assessment 	<p>Highlighting potential patients to the EMERGE team who will investigate further</p> <p>Ext 23867 or 21284</p>
	Daily tobacco smokers	<ul style="list-style-type: none"> • Patients aged 18 or over • Smoking tobacco daily 	
	Head, chest, abdomen, pelvis-related presentation requiring radiological investigation	<ul style="list-style-type: none"> • Patients aged 16 or over • Present with a new onset symptoms related to their head, chest, abdomen or pelvis which requires radiological investigation 	
	Thromboembolic Events, Inflammation & Infection	<ul style="list-style-type: none"> • Patients aged 18 or over • Presenting with relevant symptoms 	<p>Hand out the Patient Information Sheet (PIS) when the research team are unavailable</p>
	Rib Fracture over 65	<ul style="list-style-type: none"> • Patients aged over 65 years old • Presenting to the ED having sustained a recent traumatic rib fracture, requiring hospital admission for ongoing care 	
	Paracetamol Overdose	<ul style="list-style-type: none"> • Patients aged 16 or over • Hospital attendance with paracetamol overdose • ALT > 100 	

We are looking forward to opening recruitment to the TICH-3 trial over the summer. Tranexamic acid for hyperacute spontaneous IntraCerebral Haemorrhage is a trial testing a treatment given to participants in the first few hours following a haemorrhage. Thrombolysis and thrombectomy are our first-line treatments for ischaemic stroke but we have yet to identify comparable acute treatment for haemorrhagic stroke. The trial hopes to further that aim and is being led locally by Dr Neshika Samarasekera. We are delighted to have support from our ED colleagues – Dr Jon Carter & Dr Gillian Pickering. Training and randomisation to the trial has been designed in a very pragmatic fashion and we would be keen to enlist other interested colleagues.



The portfolio of Neurosurgery and Interventional Neuroradiology studies has grown significantly in the past six months. Mr Paul Brennan and Dr Jonny Downer lead from a medical perspective and the team support a range of studies investigating Brain Tumours, Aneurysms and Cavernomas.

Recruitment has recently commenced to the Share Stroke Decisions study. This study is using a mixed-methods approach to investigate Shared Decision Making in severe stroke. An audit has been running since January embedded within the national Scottish Stroke Care Audit and co-production workshops have been held with a variety of stakeholders including clinicians, stroke survivors and relatives. Susie Roy and Rory Anderson from the ED have had involvement with this work and alongside the team wish to improve communication and decision making in this area. The Tailored Talks interface is a key aspect of this work and further information for clinicians can be found [here](#).



Supporting, Shared decision making and Consent in **Healthcare**





Nick Fethers began at EMERGE as a Research Administrator and has progressed to a Data Manager role at the Western General Hospital!

We would like to wish Nick the best of luck in his new promoted position as Data Manager at the Cancer Network. Nick started with EMERGE in January 2020, just before all our worlds changed dramatically. Nick provided essential support to the delivery of COVID research, including the Oxford vaccine trial as well as juggling the administration for all the other projects conducted by the team. It is great to have watched Nick's development within the team, from having no clinical research experience to obtaining a promoted position within another excellent research team in such a short space of time. Best of luck Nick!



Matt Reed was recently appointed as a Professor by the University of Edinburgh!



Ben Clarke has been appointed to the South East Scotland EMERGE TERN Fellow post and will commence his fellowship in August 2022 for one year!



Gary McLean began at RRG as a Research Administrator and will soon be moving onto other projects but looks forward to seeing what Save a Life for Scotland's future holds.



Save a Life for Scotland: The Board Game!

RRG received seed funding from Wellcome to create an educational board game to learn about out-of-hospital cardiac arrest (OHCA). In this game, players will learn how to save a life by following the 'Chain of Survival' and what factors can affect survival outcomes in a new and exciting way. The Chain of Survival is a series of actions that need to happen quickly for someone to recover after having an OHCA and includes:

- Community Readiness
- Early Recognition and Call for Help
- CPR
- Defibrillation
- Life after Cardiac Arrest



We will also have a free downloadable version on savealife.scot in the coming weeks so keep your eyes peeled!

Gary Mclean is leaving RRG

Gary has worked on creating and promoting a webpage designed to help disabled learners learn CPR. On his work Gary said 'I have met so many amazing people in my short time working for Save a Life for Scotland on this project of great importance, which has been a huge privilege. I would like to thank everyone within and out with the organisation for their amazing support and work ethic. Working on inclusion has been a great experience and I have learned many lessons that I will take on and use to improve the lives of others in my further career. I look forward to seeing Save a Life for Scotland's future work in this area'



An update on INFORM

In last the quarter's newsletter entry, we introduced to you our 1st commercial study, INFORM. Since this introduction, we have seen a steady increase in our recruitment and are now recruiting into double figures. Thank you to the RHCYP ED staff who have supported this recruitment!

An introduction to MAST

It's a time of firsts for EMERGE Paediatrics – We are soon hoping to commence recruitment on our first Clinical Trial of an Investigational Medicinal Product: The Pharmacological **M**anagement of **S**eizures after **T**raumatic Brain Injury trial (**MAST**).

Post-traumatic seizures are well recognised following traumatic brain injury. However, evidence underpinning the most appropriate and efficacious anti-epileptic drug (AED) therapy and treatment duration is lacking. Furthermore, the prophylactic potential of AEDS is not well explored. In light of this, MAST seeks to address this gap in current evidence base, thereby informing future practice.

In other exciting news, Ashleigh and Amarachi were successful in their funding applications to Medic One and will be off to the PERUKI Conference hosted in the Liverpool at the end of June.



Did you ever receive a piece of advice that stood out to you while you were a TERN?

Be open and enthusiastic - the world of research is so broad that there really is something to suit all interests! I have found such an interesting mix of projects during my TERN Fellow year and developed so many skills as a result.

Tell us about a positive experience you had.

One recent really exciting experience was being part of an investigators meeting as part of preparing for EUSEM's Syncope in European Emergency Departments (SEED study, coming in September!). The meeting was attended by medical researchers from right across Europe and it was great to feel part of a collaboration of people from right across Europe.

Would you recommend other junior doctors to apply for the fellowship?

Definitely! To have the chance to develop so many skills and also to play a big role in projects which have the potential to influence our practice in the future has been amazing, and I have only had these opportunities thanks to the TERN Fellowship.

What projects did you have a hand in?

I have been PI on SHED looking at subarachnoid haemorrhage and SEED-UK looking at e-scooter injuries. I am also associate PI on CoSTED and co-PI for the TETRIS study. I have also written for the EMJ and for RCEM Learning. The next big one is the SEED syncope study for which I am the UK Chief Investigator. Such a busy but exciting year!



Dr. Rory Anderson

Researcher of the Quarter goes to...

**Eve Bird!**

EMERGE would like to thank Eve for being an amazing champion for EMERGE!

Eve always goes above and beyond caring for her patients and is always the first to alert the EMERGE research team when there is the possibility of offering one of her patients the opportunity to take part in suitable research.

Thanks for everything that you do, Eve!

For more information on EMERGE, RRG and our team, please visit:

www.Emergeresearch.org

