New additions to publications by LMH Staff 20th July 2018

CONGRATULATIONS TO......

Dr Hannah Green, Emergency Department, Lyell McEwin Hospital, who is the author of the attached paper which was published in the journal, Emergency Medicine Australasia. (Paper 1).

Professor Gus Dekker and Dr. Britt J P Kos, Women and Children's Division, Lyell McEwin Hospital who are two of the authors of the attached paper which was published in the journal, Journal of Maternal-Fetal & Neonatal Medicine. (Paper 2).

Dr Kimberley Humphrey, Emergency Department, Modbury Hospital, who is the author of the attached two papers which were published in the journal, Emergency Medicine Australasia. (Paper 3 & 4).

Dr Damian Harding, Dr Asif Chinnaratha, Dr Lucy Ralton and Professor Mark Boyd who are co-authors of the attached paper which was published in the Journal of Viral Hepatitis. (Paper 5)

The papers are now on display in the Library (Level 2). Please let us know if you or a colleague have had a paper published, and we will add it to our collection and email it out.

Paper 1

Clinical support time: Perspective from a new FACEM

Emergency Medicine Australasia (2018); DOI: 10.1111/1742-6723.13141

Abstract:
A significant proportion of time working as an emergency specialist is spent performing duties that you may not have had much, or any experience of prior to undertaking a FACEM appointment. The development of competence in these areas as a manager, teacher and collaborator should have started during the latter years of the training programme but will require additional focus when taking on a specialist role, particularly as understanding of the broader operation of healthcare provision increases. As a clinician who has recently undergone the transition from trainee to consultant, I will explore what I have gleaned about non-clinical tasks in my first 16 months spent working as a specialist over three different departments.

Paper 2

The association of parental methylenetetrahydrofolate reductase polymorphisms (MTHFR 677C>T and 1298A>C) and fetal loss - A case-control study in South Australia
Abstract:
Conclusions: The presence of parental MTHFR 677C>T and 1298A>C is associated with FL. The association between maternal MTHFR genotypes with FL is less pronounced than in previously published articles investigating first trimester miscarriages. Maternal HHcy is a significant risk factor for FL.

Paper 3
Protected clinical support time should be a given: Yes

Abstract:
This article explores some of the reasons why protected clinical support time should be provided for ACEM advanced trainees.

Paper 4
Emergency medicine behind the scenes: Clinical support time

Abstract:
It may come as a shock to the aspiring ED trainee that being an emergency physician is not all about the fast-paced world of 'on the floor'. Unlike most other facets of emergency medicine, trainees are rarely exposed to the clinical support or 'non-clinical' duties performed by emergency physicians. For many, the first real exposure that they will have, aside from studying the theory in the lead up to the ACEM Fellowship examination, comes when they begin their consultant careers. Clinical support duties will always be essential to the running of a safe, efficient, modern ED, and like many skills, these are best learnt 'on the job', not from a textbook. Enabling trainees to access opportunities to develop their skills in non-clinical duties while not compromising departmental staffing and ability to provide adequate clinical care to patients will continue to be a challenge; however, it must be appreciated that many opportunities exist to gain these skills that do not necessarily include allocated CST during ED terms.

Paper 5
Real-world outcomes of unrestricted direct-acting antiviral treatment for hepatitis C in Australia: The South Australian statewide experience

Abstract:
In March 2016, the Australian government offered unrestricted access to direct-acting antiviral (DAA) therapy for chronic hepatitis C virus (HCV) to the entire population. This included prescription by any medical practitioner in consultation with specialists until sufficient experience was attained. We sought to determine the outcomes and experience...
over the first twelve months for the entire state of South Australia. We performed a prospective, observational study following outcomes of all treatments associated with the state's four main tertiary centres. A total of 1909 subjects initiating DAA therapy were included, representing an estimated 90% of all treatments in the state. Overall, SVR12 was 80.4% in all subjects intended for treatment and 95.7% in those completing treatment and follow-up. 14.2% were lost to follow-up (LTFU) and did not complete SVR12 testing. LTFU was independently associated with community treatment via remote consultation (OR 1.50, 95% CI 1.04-2.18, P = .03), prison-based treatment (OR 2.02, 95% CI 1.08-3.79, P = .03) and younger age (OR 0.98, 95% CI 0.97-0.99, P = .05). Of the 1534 subjects completing treatment and follow-up, decreased likelihood of SVR12 was associated with genotype 2 (OR 0.23, 95% CI 0.07-0.74, P = .01) and genotype 3 (OR 0.23, 95% CI 0.12-0.43, P ≤ .01). A significant decrease in treatment initiation was observed over the twelve-month period in conjunction with a shift from hospital to community-based treatment. Our findings support the high responses observed in clinical trials; however, a significant gap exists in SVR12 in our real-world cohort due to LTFU. A declining treatment initiation rate and shift to community-based treatment highlight the need to explore additional strategies to identify, treat and follow-up remaining patients in order to achieve elimination targets.