

Editor's note: *Annals* has partnered with a small group of selected journals of international emergency medicine societies to share from each a highlighted research study, as selected monthly by their editors. Our goals are to increase awareness of our readership to research developments in the international emergency medicine literature, promote collaboration among the selected international emergency medicine journals, and support the improvement of emergency medicine world-wide, as described in the WAME statement at <http://www.wame.org/about/policy-statements#Promoting%20Global%20Health>. Abstracts are reproduced as published in the respective participating journals, and are not peer reviewed or edited by *Annals*.

African Journal of Emergency Medicine

afjem.com

Official Journal of the African Federation for Emergency Medicine, the Emergency Medicine Association of Tanzania, the Emergency Medicine Society of South Africa, the Egyptian Society of Emergency Medicine, the Libyan Emergency Medicine Association, the Ethiopian Society of Emergency Medicine Professionals, the Sudanese Emergency Medicine Society, the Society of Emergency Medicine Practitioners of Nigeria and the Rwanda Emergency Care Association

African Federation for Emergency Medicine's Francophone Working Group – May 2018 Report

Mundenga MM, Diango K, Mbanjumucyo G, Kabongo D, Tenner AG. African Federation for Emergency Medicine's Francophone Working Group – May 2018 Report. *Afr J Emerg Med.* 2018;123-125.

Introduction: Even though the African Federation for Emergency Medicine (AFEM) has been successfully developing emergency care in Africa for the past nine years, a considerable amount of potential AFEM members from the African-Francophone countries are not able to access AFEM resources. In response, an AFEM Francophone Working Group has been created to coordinate all existing and new initiatives to promote emergency care in African-Francophone countries.

Challenges that led to the Creation of AFEM's Francophone Working Group: In less than ten years, AFEM has succeeded in gathering more than 2000 people in over 25 countries across Africa. These members now have the opportunity to improve their local and regional emergency care capacity through AFEM resources, including biannual AFEM conferences, AFEM's educational materials and AFEM leadership.

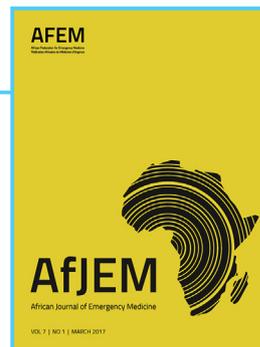
Unfortunately, when compared to the African-English speaking countries, French-speaking countries have been underrepresented in the past three biannual AFEM conferences held in Ghana (2012), Ethiopia (2014), and Egypt (2016). They have been unable to make use of AFEM's educational resources

due to the language barrier as almost all of AFEM's educational materials are in English, and AFEM representation in French-speaking countries is almost non-existent. Furthermore, none of the nine African emergency medicine societies have a French training programme.

The Role of AFEM's Francophone Working Group: The AFEM's Francophone Working Group's main goal is to help accomplish AFEM's priorities; that is, to increase membership and awareness, to increase presence in Francophone and North African countries, to increase advocacy activities, to develop AFEM regional groups and in-country presence, and to promote acute care research and the development of African clinician researchers.

Having an AFEM-Francophone section is crucial to increasing AFEM's Francophone membership, coordinating all Francophone initiatives, helping with the AFEM material translation to French, and ensuring that standards of training in emergency care and research in emergency medicine are provided according to AFEM's goals and vision.

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Canadian Journal of Emergency Medicine

caep.ca/resources/cjem

Official Journal of the Canadian Association of Emergency Physicians

The effect of an infographic promotion on research dissemination and readership: A randomized controlled trial

Huang S, Martin LJ, Yeh CH, Chin A, Murray H, Sanderson WB, Mohindra R, Chan TM, Thoma B. The effect of an infographic promotion on research dissemination and readership: A randomized controlled trial. CJEM. 2018; <https://doi.org/10.1017/cem.2018.436>.

Objectives: Journals use social media to increase the awareness of their publications. Infographics show research findings in a concise and visually appealing manner, well suited for dissemination on social media platforms. We hypothesized that infographic abstracts promoted on social media would increase the dissemination and online readership of the parent research articles.

Methods: Twenty-four articles were chosen from the six issues of CJEM published between July 2016 and June 2017 and randomized to infographic or control groups. All articles were disseminated through the journal's social media accounts (Twitter and Facebook). Control articles were promoted using a screen capture image of each article's abstract on the journal's social media accounts. Infographic articles were promoted similarly using a visual infographic. Infographics were also published and promoted on the CanadiEM.org's website and social media channels. Abstract views, full-text views, and the change in

Altmetric score were compared between groups using unpaired two-tailed t-tests.

Results: There were no significant differences in the groups at baseline. Abstract views (mean, 95% CI) were higher in the infographics (379, 287-471) than the control group (176, 136-215, $p < 0.001$). Mean change in Altmetric scores was higher in the infographics (26, 18-34) than in the control group (3, 2-4, $p < 0.0001$). There was no difference in full-text views between the infographics (50, 0-101) and control groups (25, 18-32).

Conclusions: The promotion of CJEM articles using infographics on social media and the CanadiEM.org website increased Altmetric scores and abstract views. Infographics may have a role in increasing awareness of medical literature.

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Hong Kong Journal of Emergency Medicine

hkjem.com

Official Journal of the Hong Kong College of Emergency Medicine

Investigation of risk factors of geriatric patients with significant brain injury from ground-level fall: A retrospective cohort study in a local Accident and Emergency Department setting

So WH, Chan HF, Li MK. Investigation of risk factors of geriatric patients with significant brain injury from ground-level fall: A retrospective cohort study in a local Accident and Emergency Department setting. HKJEM. 2018;25:305-312.

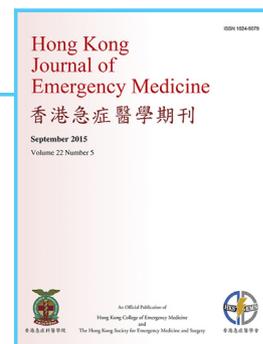
Background: Trauma was the fifth leading cause of death in Hong Kong in 2013.4 Injuries caused by falls ranked first in traumatic brain injury (TBI) cases among older adults (51%).5 Elderly trauma patients face an increased risk of adverse consequences from trauma compared with their younger counterparts, as advanced age itself is already a well-recognized risk factor for less favorable outcomes following trauma. Therefore, identifying factors associated with significant brain injury in geriatric patients in A&E triage is crucial in providing timely care to these patients.

Objectives: To identify the risk factors for geriatric patients with significant brain injury from ground-level falls and to formulate

their association of risk factors with significant brain injury as a consequence from ground-level falls.

Methods: This was a retrospective study with data collected from the Clinical Data Analysis and Reporting System of Queen Mary Hospital from 1 January 2013 to 31 December 2015. A total of 1101 cases were identified.

Results: There were 76% of the recruited patients with a normal computed tomography scan. However, the remaining 24% had computed tomography scans indicative of brain injury. Severe head injuries were scored 3-8 on the Glasgow Coma Scale and moderate head injuries were scored 9-12. Respectively, these



were 20 times ($p = 0.005$) and 5 times ($p = 0.002$) more likely to have positive computed tomography findings than patients with a Glasgow Coma Scale score from 13 to 15. Patients with loss of consciousness were two times more likely to have a positive computed tomography result than those without loss of consciousness ($p = 0.001$). Although warfarin use is a well-established risk factor for intracranial hemorrhage after head injury, in our dataset, the result was not statistically significant. However, the use of new oral anti-coagulants was associated with positive computed tomography findings with patients

taking new oral anti-coagulants 2.3 times more likely to have positive computed tomography findings compared with those with no anticoagulant use ($p = 0.033$).

Conclusion: Early detection of patients with significant brain injury and aggressive management may prevent secondary injury from the complications of brain injury, hence improving patient mortality and morbidity, and reducing hospital stay and health care costs.

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