

■ COMMENTARIES

A Measure of Progress

Steven C. Dronen, MD

■ There are many yardsticks by which one can measure the progress of emergency medicine (EM) in its development as a legitimate specialty within the house of medicine. These may include such significant accomplishments as the growth in the number of residency programs and medical school departments, the development of subspecialties, and the publication of our own textbooks. I believe, however, that the best measure is our success in developing the body of knowledge that defines this specialty. EM as practiced for the past 20–30 years has been based to a great extent upon an amalgam of information bits borrowed from other disciplines and other settings. This information has been used with great skill to improve the lives of our patients. It has been taught to our residents and it has been published in our textbooks. The enormous work of compiling, organizing, and disseminating this information was one of the most important activities early in the development of the specialty.

Ultimately, however, we must confront the fact that much of this historically available information either is not the product of rigorous scientific investigation or is based upon studies conducted in diverse settings that may not be relevant to the ED. The challenge we face today is to further develop a body of knowledge

that is firmly rooted in science and of undeniable relevance to the ED practice setting. We must critically evaluate old dogma and test new advances, treatment strategies, and technologies in our patient population. Finally, we must prove our value as specialists by demonstrating improved outcomes through application of our body of knowledge to ED patients.

How much progress has been made toward these goals? The abstracts published in this issue of *Academic Emergency Medicine* attest to the remarkable success of the EM academic community in its development of a unique body of knowledge. Over the past 10 years, we have witnessed a dramatic increase in the number of abstracts submitted to the SAEM Annual Meeting and in the number selected for publication and presentation. This year new records were set, with 1,052 abstracts submitted and 544 selected. More important than the increase in numbers are the demonstrable increase in the breadth and depth of the collective body of work, the greater complexity of the study hypotheses, the more rigorous analysis of data, and the overall trend toward evaluation of both disease mechanisms and interventional outcomes. It is also important to note that the pool of productive researchers continues to expand and that in-

creasingly investigators are based at some of the most prestigious and productive research institutions in the country. There should be no doubt that we are making progress both individually in our development as scientists and collectively in our development of EM's unique body of knowledge.

As you read these abstracts, I know that you will share my pride in what has been accomplished and my optimism for the future of EM. There are still many challenges that confront us as we strive for parity with other academic disciplines, but publication of these abstracts provides an opportunity to stop for a moment and reflect on the progress that has been made to date. To all who have contributed to this success, I offer my congratulations. At the same time, I challenge you to maintain this rapid pace of growth through whatever obstacles the future may present.

Dr. Dronen is the President of SAEM, and is at the University of Michigan Medical Center, Ann Arbor, MI, Section of Emergency Medicine.

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Address for correspondence and reprints: Steven C. Dronen, MD, Section of Emergency Medicine, The University of Michigan Medical Center, B1C354 University Hospital, Ann Arbor, MI 48109-0303. Fax: 313-936-9414; e-mail: sdronen@umich.edu

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