

Conferences of the Spanish Society of Emergency Medicine, Part II: progress over 20 years of scientific activity

JOSÉ RAMÓN CASAL CODESIDO¹, LUÍS GARCÍA-CASTRILLO RIESGO², ÒSCAR MIRÓ³

¹President of the Scientific Committee of the XX SEMES Congress. ²Scientific Secretary of SEMES.

³Director of EMERGENCIAS.

CORRESPONDENCE:

Òscar Miró
Àrea de Urgències Medicina
Hospital Clínic
Calle Villarroel 170
08036 Barcelona, Spain
E-mail: omiro@clinic.ub.es

RECEIVED:

20-10-2008

ACCEPTED:

24-10-2008

CONFLICT OF INTEREST:

None

Abstracts presented at national conferences of the Spanish Society of Emergency Medicine (SEMES) over the past 11 years (1998 through 2008) were quantified and analyzed. There was a mean of 726 abstracts per conference, with no significant changes in the numbers over these 11 years either for the conference as a whole or between professional groups. The overall percentage of acceptance was 85%, and this increased significantly over the study period. The quality of the communication type was low: 65% just involved descriptive case series and only 3% were case-control studies. Furthermore, 27% of the communications accepted were of low interest value, 46% showed little novelty, 10% presented poor concordance between information given in the different sections of the abstract, and 16% were poorly written. It would therefore be desirable to require higher quality before accepting abstracts for future SEMES conferences and to develop a selection process that focuses more on quality than on quantity. [Emergencias 2008;20:428-434]

Key words: Emergency medicine. Conference. Research. Quality.

Due to their inherent nature, all medical congresses have two elements. On one hand, that of intensifying both professional and institutional relationships which allow the development and projection of the scientific society sponsoring the congress and the members of the society. On the other hand, the updating of knowledge with round tables, debates, updates and the especially relevant presentation of results of the scientific activity carried out during the previous year by the professionals with oral communications and posters. In view of the XX SEMES Congress, in the last issue of EMERGENCIAS the institutional evolution of SEMES during these 20 years was recognised and it has followed a line which has allowed the society to become consolidated as a contrasted reference of Emergency Care and Emergency Medicine in Spain¹. It is now time to review the scientific paths which the SEMES congresses have followed.

The scientific production of the physicians, nurses and technicians of emergency care and emergency medicine is undoubtedly undergoing a slow but progressive growth²⁻⁵. However, some authors have criticised an excessive eagerness to publish on behalf of the physicians with the only

objective of promoting their "professional career". Some studies which have revealed that the quality of the communications in Spanish congresses is deficient support this hypothesis⁶. The present article analyses the quantitative and qualitative evolution of the presentations to the SEMES congresses. Based on the results, a series of considerations have been made with no other aim than to provide a personal vision as to what the scientific horizon of future SEMES congresses should be. To do this, the communications presented in the last 11 years (from 1998 to 2008), of which documental evidence of all the data necessary to carry out this analysis is available, have been quantified and analysed.

The quantitative evolution: a stationary situation

During the last 11 SEMES congresses 7,995 communications have been presented, with physicians being the first authors in 6,417 (80.3%), nurses in 1,298 (16.2%) and technicians of healthcare transportation in 280 (3.5%) (Table 1). The Scientific Committees of the respective con-

gresses annually reviewed an average of 726 communications (ranging from 532 from Bilbao 2002 to 864 from Salamanca 2008). No statistically significant changes have been observed in the number of communications sent, either globally or on individual analysis for each of the three collectives (Figure 1). Thus, it may be considered that the situation related to the volume of studies remitted to congresses is stationary.

Although the motivation for sending communications to congresses is influenced, to a certain extent, by extra-scientific factors (which cover from the attraction of the congress setting to punctual motivations of determined collectives and times, more from the professional than the scientific sphere), it should be expected that in a relatively young society such as SEMES, through which the specialty of emergency medicine is currently being sought, and with a collective of more than 10,000 professionals in Spain dedicated to emergency care and emergency medicine, the contributions to the annual congresses would have followed a growing trend. Thus, active participation should be promoted in the immediate future with the sending of communications from all the professionals who, in one way or another, develop scientific activities, as such, in their work places.

The selection process: where should the lintel be placed?

Nonetheless, the sending of a paper is not synonymous with unequivocal acceptance. Thus, the communications received are currently classified in a series of groups based on common material (Table 2). Once the deadline for submission has been closed, the Scientific Committee meets to

evaluate the papers sent in and these are distributed for anonymous qualification by at least two different evaluators. At present, there is a pre-established online score format which takes the structure, introduction, objectives, methodology, results, conclusions, global evaluation of the paper and subject interest within the emergency care setting into account. The maximum score of each reviewer is 18 points and a mean score is obtained with the score of both evaluators. Obviously, both the classification and the score system may be modified. Thus, for example, the groups in which the papers are distributed are quite unequal with regard to size: in that related to "Emergency care motivated by disease" 312 papers were received in the last congress in Salamanca, while under the subject of "Care to multiple catastrophe victims" only 15 papers had been submitted. It is evident that a good, equilibrated initial classification allows a more equitable scoring (on being sent to the same group of reviewers) and a more homogenous selection of papers for a particular session (with a more defined target audience).

With all this, once the final store has been obtained, the Scientific Committee accepts or rejects the communication. Moreover, in the first case the modality of presentation of the paper is defined (oral, defended poster, poster exposition or exclusive publication in the congress abstract book without presentation in the congress) and as far as possible the wishes of the author are respected, although the final decision is essentially based on criteria of quality. The percentage of acceptance in the last 11 congresses has been 85.2% with very similar percentages for papers directed by physicians (84.8%), nurses (86.1%) and healthcare transport technicians (88.2%) (Table 1).

Table 1. Volume of communications received at the SEMES congresses in the last 11 years

Year	Site	Total		Physicians		Nurses		Technicians	
		Sent (n)	Accepted [n (% compared to those sent)]	Sent [n (% compared to total)]	Accepted [n (% compared to those sent)]	Sent [n (% compared to total)]	Accepted [n (% compared to those sent)]	Sent [n (% compared to total)]	Accepted [n (% compared to those sent)]
1998	Zaragoza	790	629 (79.6%)	652 (82.5%)	513 (78.6%)	112 (14.1%)	90 (80.3%)	26 (3.2%)	26 (100%)
1999	A Coruña	809	627 (77.5%)	672 (83.0%)	530 (78.8%)	117 (14.4%)	85 (72.6%)	20 (2.4%)	12 (60.0%)
2000	Santander	714	584 (81.7%)	617 (86.4%)	501 (81.1%)	81 (11.3%)	69 (85.1%)	16 (2.2%)	14 (87.5%)
2001	Cádiz	827	633 (75.6%)	631 (76.2%)	490 (77.6%)	155 (18.7%)	114 (73.5%)	41 (4.9%)	29 (70.7%)
2002	Bilbao	532	511 (96.0%)	428 (80.4%)	415 (96.9%)	92 (17.2%)	84 (91.3%)	12 (4.2%)	12 (100%)
2003	Valencia	751	648 (86.2%)	605 (80.5%)	510 (84.2%)	130 (17.3%)	123 (94.6%)	16 (2.1%)	15 (93.7%)
2004	Marbella	705	625 (88.6%)	554 (78.5%)	489 (88.2%)	127 (18.0%)	114 (89.7%)	24 (3.4%)	22 (91.6%)
2005	Palma	766	640 (83.5%)	585 (76.3%)	475 (81.1%)	144 (18.7%)	132 (91.6%)	37 (4.8%)	33 (89.1%)
2006	Madrid	657	569 (86.6%)	560 (85.2%)	484 (86.4%)	79 (12.0%)	68 (86.0%)	18 (2.7%)	17 (94.4%)
2007	Tarragona	580	543 (93.6%)	454 (78.2%)	423 (93.1%)	104 (17.9%)	99 (95.1%)	22 (3.7%)	21 (95.4%)
2008	Salamanca	864	799 (92.4%)	659 (76.2%)	613 (93.0%)	157 (18.1%)	140 (89.1%)	48 (5.5%)	46 (95.8%)
1998-2008	Total	7995	6808 (85.2%)	6417 (80.3%)	5443 (84.8%)	1298 (16.2%)	1118 (86.1%)	280 (3.5%)	247 (88.2%)

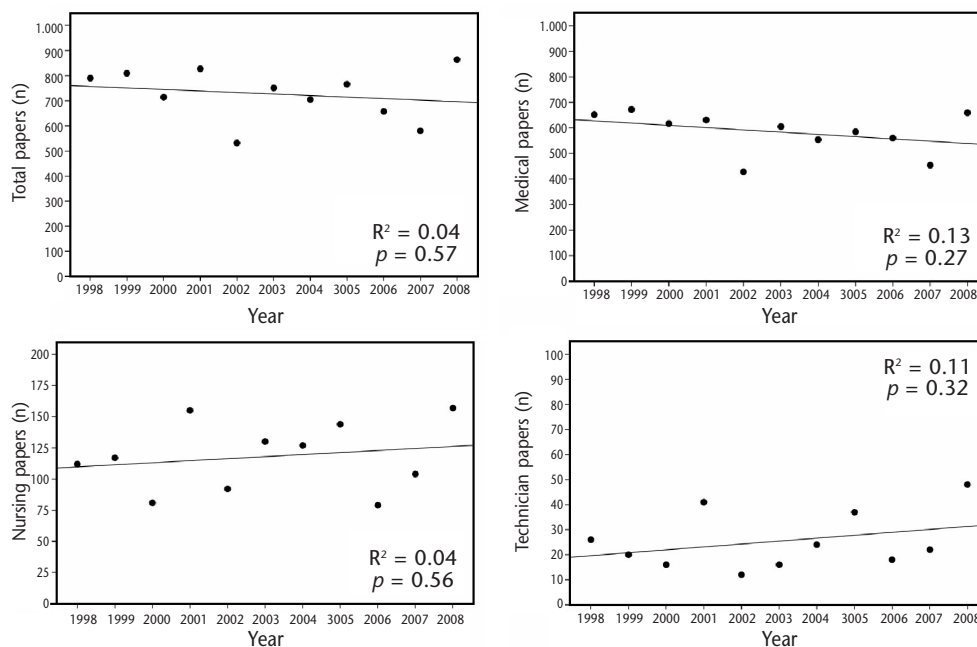


Figure 1. Evolution of the number of papers presented at the SEMES congresses during the period 1998-2008, both globally (upper left) and by professional collectives.

The establishment of a lintel for the acceptance of papers is undoubtedly a point of capital importance since it largely determines the scientific quality which a congress will have. However, a priori there is no pre-established cut point which separates the accepted from the rejected papers. For example, in the last SEMES congress in Salamanca, the Scientific Committee established acceptance at a score of 7 points over a maximum of 18 (that is, a score of 3.9 if the scoring had been from 0 to 10). As in all the congresses, this implies a very low rejection percentage. Indeed, if the evolution of the last years is analysed it can be observed that there has been a statistically significant trend to raise this percentage of acceptance, with the only exception of the communications by the healthcare transport technicians (Figure 2). The reasons for this increase are unknown. Obviously the fact of accepting greater or fewer papers depends on many factors which are not always purely scientific. On many occasions, the participants can only attend the congress if a paper has been accepted otherwise the directors do not grant permission to attend. In addition, the economic viability of the congresses depends, to a certain extent, on the success of participation. These two considerations inevitably lead to a vicious circle which, despite having some advantages, has the clear inconvenience of acting against the scientific quality of the meeting. It is therefore necessary in the future to reconsider this

global model which values quantity over quality. Moreover, a modification in this model will become obligatory when the speciality of Emergency Care and Emergency Medicine comes into being since the annual SEMES congress will be a fundamental calling card for quality investigation on the specific diseases and processes with which we are concerned.

Quality: an imperious need to improve.

It could be thought that the progressive increase in the percentage of papers accepted to the SEMES congresses lays in a parallel increase in the quality of the same. The analysis of some aspects related to the quality of the communications presented refutes this hypothesis. We randomly reviewed 1 out of each 25 papers accepted and published in the presentation book of the last 11 congresses of our society⁷⁻¹⁷. This allowed an in depth look into the quality of a total of 263 papers and, specifically, to analyse the type of study, the interest in the subject within the emergency care setting, the novelty of the data contributed for the scientific community, the concordance in the objectives, results and conclusions and the clarity of presentation (Table 3). Although the activity of the Emergency Care and Emergency Medicine professional is eminently care-related, it is not very encouraging that the typology of most

Table 2. Classification of the papers. Topic areas in the last SEMES congresses

Emergency care for accident	<ul style="list-style-type: none"> • Traumatologic emergency and emergency care (locomotor apparatus, head, chest, abdomen...). • Environmental emergencies. • Poisonings.
Emergency care for disease	<ul style="list-style-type: none"> • Cardiovascular. • Respiratory. • Infectious. • Neurological. • Digestive. • Endocrinology- metabolic disease and nutrition. • Nephrology-Urology. • Otorrhinolaryngology. • Ophthalmology. • Dermatology. • Obstetrics and gynaecology. • Onco-haematology. • Psychiatry.
Emergency care to multiple victims and in catastrophes	<ul style="list-style-type: none"> • Phases of response. • Organisation of care services. • Healthcare services. • Simulations and trials. • Coordination. • Healthcare transport. • Triage.
Management-Organisation	<ul style="list-style-type: none"> • Special units dependent on the Emergency Departments. • Clinical management. • Quality. • Protocols, clinical vias, care processes. • Clinical decision guidelines. • Accreditation of services. • Legislation. • Bioethics. • Costs per process.
Formation-Investigation	<ul style="list-style-type: none"> • Pre-graduate and post-graduate university training. • Formation of the residents in emergency medicine. • Professional profile in medicine, nursing and emergency care technicians. • Speciality in Emergency Medicine. • Emergency medicine professional as a trainer of other professionals. • Investigation in emergency medicine. • Publications in emergency care. • Evidence-based emergency care. • Teaching methodology in emergency medicine.
Techniques and skills emergency care	<ul style="list-style-type: none"> • Diagnostic techniques (laboratory, radiology, etc.). • Therapeutic techniques (immobilisation, drains, catheterisations, probes, defibrillation, analgesia and sedation, etc.).
Information-Communication	<ul style="list-style-type: none"> • Information systems (programmes, informatic programme structure, registries). • Telematic systems, radiocommunication, telemedicine. • Emotional and communications skills in emergency situations (good news, mourning).
Miscellaneous	<ul style="list-style-type: none"> • Linguistic barriers. • Gender violence. • Violence towards healthcare staff. • Any topic not included in the remaining topic areas.

of the papers was series of descriptive cases (65.3%) and, on the other hand, only 3.0% were case-control studies and no cohort study or clinical trial was identified. This situation is similar to what we had almost one decade ago¹⁸ and is similar to that of other specialties in our setting. For example, in the submissions to the congresses of the Spanish Paediatric Association from 1997 to 2001, the quality of scientific evidence was good in only 1% and regular in 9% since 90% of all the studies were merely descriptive¹⁹. On the other hand, the interest in the topic, the novelty, the concordance and the clarity of the papers to the SEMES congresses have been qualified as scarce in 27.3%, 45.6%, 10.2% and 16.3%, respectively. Nonetheless, these percentages are markedly in contrast to a global percentage of rejection of 14.8% of the submissions since at least these papers (those which are not of interest, are not novel, with no concordance between sections or are not clearly presented) should not, initially, be accepted in a national congress with a history of more than 20 years and with more than 1,500 attendees.

In light of the review presented in this section, we can conclude by stating that the quality of what is presented in the SEMES congresses is low, in relation to both profoundness (typology of study) and in some formal aspects. This is not a problem of only Emergency Care and Emergency Medicine professionals. Similar examples have been seen in our setting^{19,20}. However, in the case of the SEMES congresses the quality does not seem to have changed much during the last 11 years on judging the evolution of the percentage of articles in which some of the criteria of quality were qualified as "great" (Figure 3). We therefore believe that actions to improve the scientific capacities of the Emergency Care and Emergency Medicine professionals should be intensified, especially in courses and workshops for acquiring scientific skills which completely cover the process of investigation from the generation of the initial hypothesis, to statistical analysis and the final redaction of the abstract in which the results of a scientific study are presented.

From "paper to congress" to "scientific article": mission impossible?

One of the final objectives of any investigation is undoubtedly the communication of the results to the scientific community. Most of the times a poster or oral presentation is prepared which re-

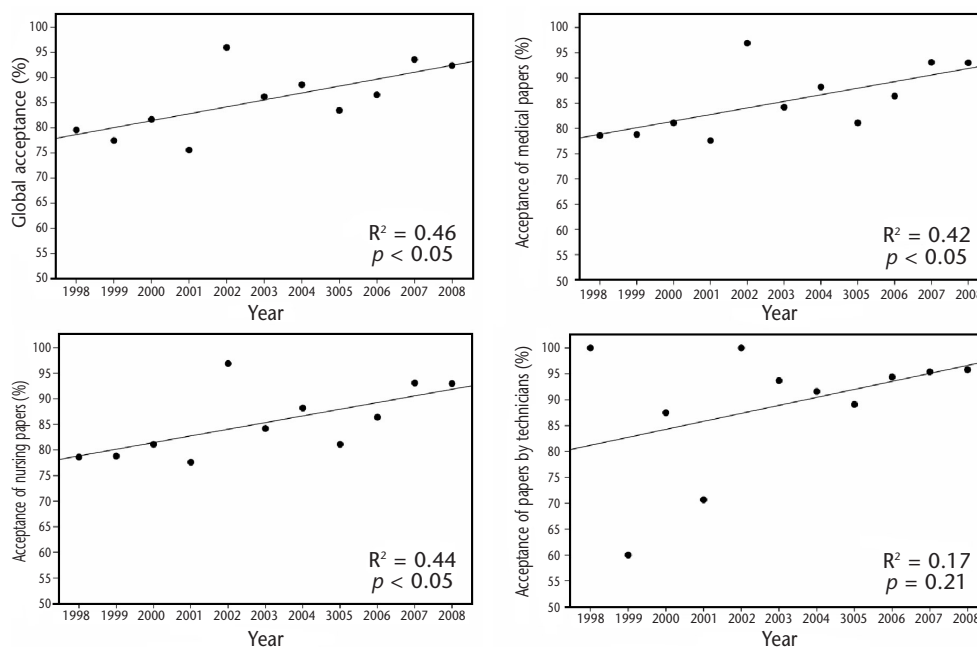


Figure 2. Evolution of the percentages of acceptance of paper submitted to the SEMES congresses during the period from 1998-2008, both globally (upper left) and by collectives.

quires less effort and the author is satisfied with this. However, the objective should change: we need to improve the quality of our investigations and the way in which they are redacted with the ultimate aim of achieving the publication as a scientific article. It is clear that only good papers

achieve this desired goal. And even for an excellent congress presentation, the road to publication as a scientific article is long and, on occasions, impossible to achieve. Many difficulties may be cited: a brief stay in the emergency department by physicians in training (residents) or even for the adjuncts themselves who do not have a full time staff position, the lack of time in a profession which is poorly oriented to activities other than those which are purely healthcare-related (in comparison with other colleagues in the medical profession) or to remain brief, the scarce recognition of the investigative activities in the clinical setting in comparison with those in basic sciences or in the academic setting²¹. This is not a local fact: a review of the number of papers presented in Australian and international emergency medicine congresses from 1995-1998, which were finally published as scientific articles, showed a percentage of 35% which is very similar to that observed in the papers to American emergency medicine congresses. All of these were under 46% which, at that time, was the mean of other international medical specialities²². We are far from these values and, on the other hand, are closer to the values presented by other specialities in Spain such as Anaesthesiology and Reanimation²³ in which only 17% of the congress presentations are thereafter published. Despite the lack of reliable data, a close look at our reality shows that last year the Editorial Board of EMERGENCIAS sent a letter to the au-

Table 3. Analysis of the different qualitative aspects of the scientific presentations to the SEMES congresses in the last 11 years

	TOTAL (n = 263)
Type of study [n(%)]	
Single clinical case	33 (12.5%)
Series of descriptive cases	172 (65.3%)
Retrospective case-control study	3 (1.1%)
Prospective case-control study	5 (1.9%)
Cohort study	0 (%)
Clinic trial	0 (%)
Other (protocols, surveys, registries, clinical vias...)	50 (19.0%)
Interest in the topic in the emergency medicine setting [n(%)]	
Scarce	72 (27.3%)
Correct	145 (55.1%)
Great	46 (17.4%)
Novelty of the data provided [n(%)]	
Scarce	120 (45.6%)
Correct	105 (39.9%)
Great	38 (14.4%)
Objective concordance/results/conclusions [n(%)]	
Scarce	27 (10.2%)
Correct	204 (77.5%)
Great	32 (12.1%)
Clarity presentation and redaction [n(%)]	
Scarce	43 (16.3%)
Correct	179 (68.0%)
Great	41 (15.5%)

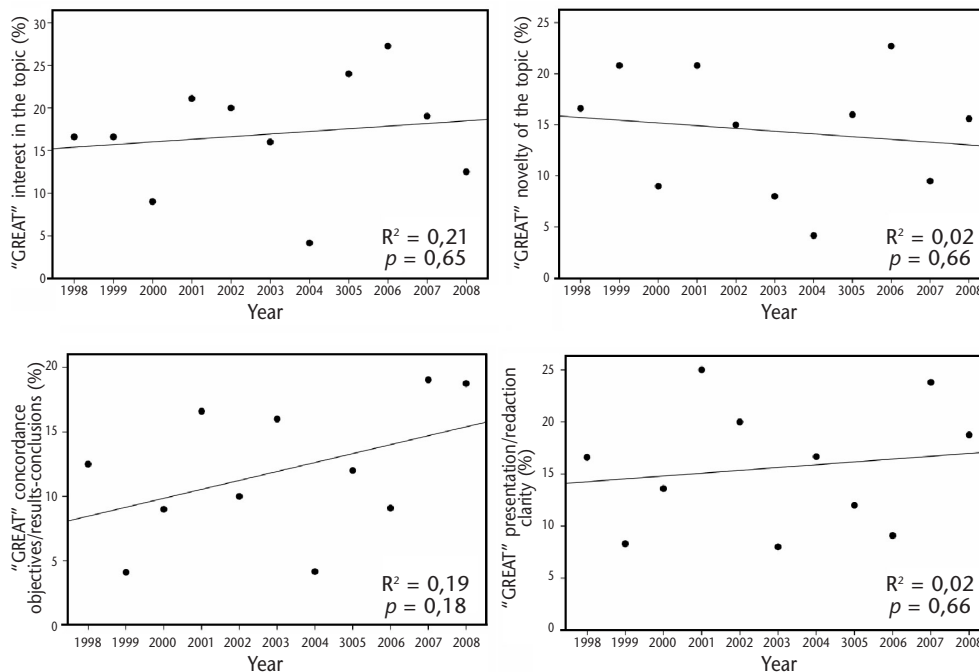


Figure 3. Evolution of some indicators of quality of the presentations submitted to the SEMES congresses during the period from 1998-2008.

thors of 80 of the 580 papers submitted to the SEMES congress in Tarragona 2007 corresponding to those which fulfilled minimum criteria of quality for possible publication as a scientific article and the authors were encouraged to submit their paper to our journal. However, only 23 authors accepted to attempt to do so and to date, more than one year afterwards, the Editorial Board of EMERGENCIAS have only received 5 manuscripts from this congress for evaluation for publication. There are some factors which predict the future publication of a paper to a congress: papers with a larger sample size, those with statistically significant results and with a clear statistical description²⁴ and perhaps, this promotion policy should be limited to, and focused on, this type of work.

Some authors consider that a low proportion of posterior publications is indicative of the low scientific quality of the papers submitted to congresses since the requisites to accept the studies in a congress are lower than those for acceptance in a scientific journal²⁵. With all the exceptionalities which our speciality may have²⁶, we believe that this, unfortunately, is the situation which the papers to the SEMES congresses are in: one of low quality. We also share the fundamental idea that, in investigation, the work is not finished and validated until it is published in a scientific journal and exposed to the investigative community for evaluation and criticism²⁷. Thus, a Copernican

turnabout in the dynamics of our presentations to congresses would be desirable in the next years, placing quality in the centre of the system. We can no longer contemplate as mere observers how others perform the investigation which we should be doing²⁸. As Al Andreu, the coordinator of the Fondo de investigaciones Sanitarias, commented in a recent editorial, the approval of the Speciality in Emergency Care and Emergency Medicine will greatly and very positively contribute to the scientific development of our professionals similar to what has occurred in other specialities which have previously taken our path²⁹. SEMES will undoubtedly support this natural and desirable evolution placing the tools necessary into the hands of Emergency Care and Emergency Medicine investigators so that no hypothesis remains uninvestigated and no investigation remains unwritten.

References

- 1 Moreno Millán E, Millá Santos J, Jiménez Murillo L. Congresos de la Sociedad Española de Medicina de Urgencias y Emergencias (I): recuerdos y reflexiones de 20 años de actividad institucional. *Emergencias* 2008;20:353-8.
- 2 Miró O, Salgado E, González-Duque A, Tomás S, Burillo-Putze G, Sánchez M. Producción científica de los *urgenciólogos* españoles durante los últimos 30 años (1975-2004). Análisis bibliométrico descriptivo. *Emergencias* 2007;19:6-15.

- 3 Miró O, Salgado E, González-Duque A, Tomás S, Burillo-Putze G, Sánchez M. Producción científica de los urgenciólogos españoles durante los últimos 30 años (1975-2004). Análisis comparativo con la actividad de otras especialidades en España y con la de *urgenciólogos* de otros países. *Emergencias* 2007;19:59-64.
- 4 Amigó M. La investigación de la enfermería de urgencias en España a través de la base de datos CUIDEN (2000-2005). *Emergencias* 2008;20:299-307.
- 5 Miró O, González Duque A, Cinesi C, Tomás S, Pacheco A, Sánchez M, et al. Artículos publicados en Emergencias entre 2000 y 2004: participación de los *urgenciólogos* y comparación con su aportación a las revistas indexadas. *Emergencias* 2008;20:308-15.
- 6 Fraile JR, Pensado A. Comunicaciones libres. Revisión crítica. *Rev Esp Anestesiol Reanim* 1997;44:411.
- 7 X Congreso Nacional de la Sociedad Española de Medicina de Urgencias y Emergencias. Libro de Comunicaciones. *Emergencias* 1998;10(extr):1-395.
- 8 XI Congreso Nacional de la Sociedad Española de Medicina de Urgencias y Emergencias. Libro de Comunicaciones. *Emergencias* 1999;11(extr):1-392.
- 9 XII Congreso Nacional de la Sociedad Española de Medicina de Urgencias y Emergencias. Libro de Comunicaciones. *Emergencias* 2000;12(extr):1-400.
- 10 XIII Congreso Nacional de la Sociedad Española de Medicina de Urgencias y Emergencias. Libro de Comunicaciones. *Emergencias* 2001;13(extr):1-412.
- 11 XIV Congreso Nacional de la Sociedad Española de Medicina de Urgencias y Emergencias. Libro de Comunicaciones. *Emergencias* 2002;14(extr):1-341.
- 12 XV Congreso Nacional de la Sociedad Española de Medicina de Urgencias y Emergencias. Libro de Comunicaciones. *Emergencias* 2003;15(extr):1-413.
- 13 XVI Congreso Nacional de la Sociedad Española de Medicina de Urgencias y Emergencias. Libro de Comunicaciones. *Emergencias* 2004;16(extr):1-408.
- 14 XVII Congreso Nacional de la Sociedad Española de Medicina de Urgencias y Emergencias. Libro de Comunicaciones. *Emergencias* 2005;17(extr):1-364.
- 15 XVIII Congreso Nacional de la Sociedad Española de Medicina de Urgencias y Emergencias. Libro de Comunicaciones. *Emergencias* 2006;18(extr):1-314.
- 16 XIX Congreso Nacional de la Sociedad Española de Medicina de Urgencias y Emergencias. Libro de Comunicaciones. *Emergencias* 2007;19(extr):1-318.
- 17 XX Congreso Nacional de la Sociedad Española de Medicina de Urgencias y Emergencias. Libro de Comunicaciones. *Emergencias* 2008;20(extr):1-468.
- 18 Caballero Oliver A, Fabiani Rodríguez F, Palacios Gómez C. Producción Científica en Medicina de Urgencias: Estudio bibliométrico de las comunicaciones presentadas al XIII Congreso de SEMES. *Emergencias* 2002;14:58-65.
- 19 González de Dios J, Paredes Cencillo C. Congresos de la Asociación Española de Pediatría: debate a partir de su análisis bibliométrico. *An Pediatr (Barc)* 2004;61:520-32.
- 20 Molina J, Clará A, Miralles M, De la Fuente N, Vidal-Barraquer F. ¿Tienen nuestros resúmenes (abstracts) lo que tienen que tener. Un análisis de la década 1991-2000. *Angiología* 2002;54:11-8.
- 21 Tintinalli J. Publish or perish: easier said than done. *Emergency Medicine* 2001;13:407-8.
- 22 Walby A, Nelly AM, Georgakas C. Abstract to publication ratio papers presented at scientific meetings: how does Emergency Medicine compare? *Emerg Med* 2001;13:460-4.
- 23 Castillo J, García-Guasch R, Cifuentes I. Publicaciones derivadas de las comunicaciones libres del XX Congreso de la Sociedad Española de Anestesiología y Reanimación (Anestesia 92). *Rev Esp Anestesiol Reanim* 2000;47:53-6.
- 24 Landry VL. The publication outcome for the papers presented at the 1990 ABA conference. *J Burn Care Rehabil* 1996;17:23A-6A.
- 25 Sanz Arrufat A. Proporción de comunicaciones publicadas tras su presentación en congresos de Farmacia Hospitalaria. *Farmacia Hospitalaria* 2003;27:32-8.
- 26 Weber EJ, Callahan ML, Wears RL, Barton C, Young G. Unpublished research from a medical specialty meeting: why investigators fail to publish. *JAMA* 1998;280:257-9.
- 27 Gálvez Toro A. Comentario a: Calidad de las comunicaciones presentadas en los eventos científicos: algunas consideraciones. *Evidentia* 2006 ene-feb; 3(7). En: <http://www.index-f.com/evidentia/n7/199articulo.php> [ISSN: 1697-638X].
- 28 Burillo-Putze G, García-Castrillo Riesgo L, Miró Andreu O, Montero Pérez J, Núñez Díaz S, Tomás Vecina S, et al. ¿Que investiguen ellos? *Emergencias* 2005;17:107-11.
- 29 Andreu AL. La medicina de urgencias en el contexto de la I+D+i en España. *Emergencias* 2008;20:297-8.

Congresos de la Sociedad Española de Medicina de Urgencias y Emergencias (y II): evolución de 20 años de actividad científica

Casal Codesido JR, García-Castrillo Riesgo L, Miró O

Se analiza la evolución de las comunicaciones a los congresos nacionales de la Sociedad Española de Medicina de Urgencias y Emergencias (SEMES) en base a los últimos 11 congresos de SEMES (de 1998 a 2008). Se han presentado un promedio de 726 por congreso, sin cambios significativos (ni globalmente ni por estamentos) en la tendencia durante estos 11 años. La aceptación global se ha situado en el 85%, con un incremento significativo de los porcentajes durante este período. La calidad de las comunicaciones es baja: un 65% corresponden a series de casos meramente descriptivas, y sólo un 3% a estudios caso-control. Además, el 27% son de escaso interés, el 46% son poco novedosas, el 10% presentan una escasa concordancia entre los diferentes apartados y el 16% presentan un redactado poco claro. Sería, pues, deseable que en los próximos años existiera una mejora en la calidad de las comunicaciones aceptadas a los congresos de SEMES a la vez que en el proceso de selección se primase más la calidad que la cantidad. [*Emergencias* 2008;20:428-434]

Palabras clave: Urgencias. Emergencias. Congreso. Investigación. Calidad.