The scientific programme will deliver stimulating updates on the key clinical areas you face daily in acute medicine.

NEW CONTEXTS, NEW IDEAS, NEW APPROACHES
Dear Colleagues

It is my great pleasure to welcome you to Edinburgh and our 4th International Conference. Welcome to those who always support our conferences and also a very warm welcome to those who have joined us for the first time from the UK and abroad. As you can see from the enclosed guide, we have incorporated a diverse range of topics and the programme has been designed to deliver education for the whole multidisciplinary team involved in acute medicine. The Society wishes to continue to develop and foster its multiprofessional identity and it is rewarding to have a broad spectrum of healthcare professionals at the EICC.

This is still an exciting time for the Society with Acute Medicine continuing to develop over the last year. It is important that as a specialty acute medicine remains true to its central role in the care of patients.

Acute Medicine is a hospital specialty dedicated to the assessment, diagnosis and treatment of adults with urgent medical needs.

Previous evidence demonstrated that patient outcomes vary in relation to geography, time of day and day of the week. Acute medicine and acute medical units will need to redress these anomalies (particularly time of arrival of patients) which may become more of a problem with the loss of the 4-hour emergency access target.

At our last international conference I stated that we needed to focus on three key areas: Consolidation, Building Capacity and Development.

CONSOLIDATION

We are more than 1 year on from achieving full specialty status for Acute Internal Medicine (the full name of the specialty). We have a fully functioning Specialty Advisory Committee (SAC) whose role is to contribute to the development of specialist training policy and to supervise the delivery of training to standards set by the RCSPTB. We are also due to have our first Specialty Certificate Examination (SCE) in Acute Medicine in November of this year.

It is encouraging to see that more and more units are being called Acute Medical Units and the term AMU is beginning to be used as the preferred term. We must continue to reinforce this single and simple message. It is important that all our stakeholders get a consistent message so that they can understand: Who we are? What we do? How we do it? And why we do it?

BUILDING CAPACITY

The acute internal medicine curriculum (AIM) and the ability to dual train with general internal medicine (GIM) makes our specialty a fantastic opportunity for those medical trainees who wish to develop a dynamic, fast pace, challenging but extremely rewarding specialty. The Society continues to work on developing training frameworks for other members of the multiprofessional team (nurses, allied healthcare professionals and pharmacists) to develop acute medicine as an important part of their portfolio development. The last international meeting in Birmingham which involved a joint day with our colleagues from the National Outreach Forum (NOF) was an undisputed success and ventures like that we will wish to repeat again.

DEVELOPMENT

The Society regularly contributes to national working parties and committees including those from the Royal Colleges, NICE etc. This further enhances the reputation of the Society and we will continue to ask for members to represent the society and contribute on a national stage.

The Society’s website has been revamped and is a significant improvement. It must be remembered that the website is one of many projects we project ourselves. In that end it is not only the visual appearance but the content which is equally important. We would encourage all members to inform us of what content should be provided on the website. The website should also been seen as a repository for information about AMUs in UK but this information must be provided by our members. It is therefore important that the website is seen as yours.

The Society will continue to develop our conferences and meetings, to provide an excellent resource for continuing professional development and to support informal networking and sharing of good practice that form a key part of our time together. This meeting brings together a wealth of national and international expertise. We encourage you to fully participate in the programme and use it as an opportunity to learn, share best practice, network with contacts, old and new, as well as relax and enjoy yourselves.

I look forward to sharing these two days with you as we celebrate the success story that is acute medicine.

P. Dyer

President Society for Acute Medicine

The Society for Acute Medicine: Inspiring Excellence in Acute Medicine

Welcome to Edinburgh!

Welcome to the Fourth International Conference of the Society for Acute Medicine and, in particular, welcome to Edinburgh. The Athens of the North they call this city and as I write this, I hope that the weather will also bear some similarity to that in Athens although October is not known for sunshine this far North.

I am looking forward to a conference that will provide an excellent opportunity for networking, learning and introduction to new themes, treatments and skills. The change to the conference format of a smaller Spring meeting and a larger Autumn meeting has coincided with increasing activity on the research front. The number of abstracts submitted continues to increase and it is impressive that the quality of these abstracts is so high. It has presented the adjudicators with a hard but pleasant task to determine the abstracts that are to be presented orally. Congratulations to all who submitted abstracts. It demonstrates how active Society members are and indeed the awareness that we need to improve our evidence base.

The place of Acute Medicine is now well established with increasing numbers of trainees reaching CCT and being placed in Consultant posts. The service continues to recognise the need for individuals from all of the professions to be involved in the management of the acutely ill at the front door. We should not however rest on our laurels as there are still challenges to face and solutions to be found. Improving the evidence base upon which we practice will help win some of these battles but the need for standard setting in acute care remains imperative. The impending loss of the four hour emergency access target in England should be of concern when we know that there is an evidence base to demonstrate the improvement in patient care associated with this target is real. The Society must be able to respond to such challenges and demonstrate that optimal patient care in the acute setting is our ultimate aim.

Members of the Society have demonstrated their awareness of this issue by providing research in many areas. These include improving communication, better patient monitoring and using the current evidence base to improve clinical care. There has also been development of new roles and services whilst questioning the relevance of established practice.

We have invited a faculty of acknowledged experts to cover topics applicable to all the professions in various aspects of care relevant to Acute Medicine and I hope that you will find the sessions educational. We of course value your feedback in trying to develop the conferences of the future.

The conference dinner is an opportunity to meet old friends, acquire new ones and generally enjoy yourself but I do hope that you find the conference as a whole a good opportunity to learn, share and enjoy yourself. Once again welcome to the Scottish capital.

P. Dyer

Chair of the Programme Committee

The Society for Acute Medicine: Inspiring Excellence in Acute Medicine
The Programme Committee has worked hard to produce a broad programme to reflect the multi-professional make up of our members. The Faculty is the largest one the Society has assembled with greater input from national and international experts and colleagues. The programme builds on your feedback from the London Conference. To ensure that we are continuing to improve our conferences, please follow the link to evaluation from the Society website.

A pull out learning log is found within the back pocket. Please complete this and hand it into the Registration Desk as there is a prize (free entrance to SAM Edinburgh in 2010) for the most insightfully completed form. This new initiative will help in our drive to improve the conference experience for all attendees.

PROGRAMME COMMITTEE MEMBERS

Professor Derek Bell  
Imperial College London, Chelsea & Westminster Campus

Dr Philip Dyer  
President Elect, Society for Acute Medicine

Dr Mike Jones  
Past-President, Society for Acute Medicine

Christine Lawson  
Director, Eventage

Dr Liz Myers  
Ninewells Hospital, Dundee

Theresa Murphy  
Barts & The London NHS Trust

Dr David Ward  
Barts & The London NHS Trust

AWARDED 11 CPD CREDITS

This conference is accredited by the federation of the Royal Colleges of Physicians of the UK for 11 hours of external CPD Credits. Each participant should only claim those hours of credit that have actually been spent in the educational activity. Attendance certificates for participants will be sent out following the conference.
## Thursday Programme

**Thursday 7 October**

### Key Note Lectures

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Topic</th>
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<tbody>
<tr>
<td>10:00-10:10</td>
<td>Dr Mike Jones, Past President, The Society for Acute Medicine</td>
<td>WELCOME</td>
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<tr>
<td>10:10-10:30</td>
<td>Professor Sir John Swift, Scottish Government</td>
<td>President's Invited Lecture: Building Research Capacity is Essential to Improve Clinical Practice</td>
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<tr>
<td>10:30-10:40</td>
<td>Professor Sir George Alberti</td>
<td>Awarding of Society for Acute Medicine Honorary Fellowships</td>
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<tr>
<td>10:40-11:10</td>
<td>Professor Dame Carol Black &amp; Professor Sir George Alberti</td>
<td>The Paper that changed my Practice most! Drorama Carol Black &amp; Professor Sir George Alberti</td>
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### Refreshments, Exhibition & Manned Poster Viewing (Odd Numbered Posters)

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<tr>
<th>Time</th>
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<tr>
<td>11:10-11:40</td>
<td>Refreshments, Exhibition &amp; Manned Poster Viewing (Odd Numbered Posters)</td>
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### Plenary Session

**9:15-10:00** Registration, Exhibition & Poster Set-Up

### Parallel Sessions

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<tr>
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<tr>
<td>11:40-12:00</td>
<td>Cardiology Symposium (Even Numbered Posters)</td>
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<td>12:00-12:20</td>
<td>Arrhythmias in Acute Medicine</td>
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<td>12:20-12:40</td>
<td>Acute Coronary Syndromes: What did we learn in the Noughties?</td>
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<td>12:40-13:00</td>
<td>Heart Failure: Devices &amp; Desires</td>
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<tr>
<td>13:00-14:15</td>
<td>Lunch, Exhibition &amp; Manned Poster Viewing (Even Numbers 13-10.13.40 / Odds 13.40-14.10)</td>
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### Masterclasses

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<th>Time</th>
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<tr>
<td>14:15-15:45</td>
<td>Respiratory Symposium (Odd Numbered Posters)</td>
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<tr>
<td>14:15-14:45</td>
<td>Community Acquired Pneumonia: Current &amp; Future Best Practice</td>
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<tr>
<td>14:45-15:05</td>
<td>COPD - Managing the Acute Phase and Preventing Readmission</td>
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<tr>
<td>15:05-15:25</td>
<td>Recognising &amp; Treating Acute Lung Injury Effectively</td>
</tr>
<tr>
<td>15:25-15:45</td>
<td>Current &amp; Future Therapeutic Management of Venous Thromboembolism</td>
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### Refreshments, Exhibition & Manned Poster Viewing (Even Numbered Posters)

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<td>15:45-16:15</td>
<td>Refreshments, Exhibition &amp; Manned Poster Viewing (Even Numbered Posters)</td>
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### Plenary Session

**17:00-18:00**

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<tbody>
<tr>
<td>17.15</td>
<td>Lessons from the “Deep” South</td>
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<tr>
<td>17.30</td>
<td>Discussion</td>
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### Masterclass

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<td>21.30</td>
<td>Making Your Business Case Real</td>
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FRIDAY 8 OCTOBER

07.40-08.50 SUNRISE SESSIONS

08.30-09.00 REGISTRATION

09.00-09.20 ASSsessing frail elderly Patients
Professor David Scott, Glasgow
09.20-09.40 Identifying & Managing frequent Flyers
Dr San Tucker, Edinburgh
09.40-09.50 Early Supportive Discharge
Dr Liz Myers, Dundee
10.00-10.20 Falling, fractures & Bone Health
Professor Tahmid Masud, Nottingham
10.20-10.40 Confusion in the acute Setting
Dr Susan Shenkin, Edinburgh

10.40 - 11.15 REFRESHMENTS, EXHIBITION & MANNED POSTER VIEWING (ODD NUMBERED POSTERS)

11.10-12.40 CURRENT THINKING IN HaEMATOLOGY & IMMUNOLOGY
Chair: Professor David Cummins & Dr Alastair Douglas
11.10-11.50 Massive Blood Loss
Dr Lynne Manson, Scottish National Blood Transfusion Service
11.50-12.10 The impact of Haemoglobinopathies
Professor Maria Cappellini, Italy
12.10-12.30 Diagnostic Challenges in Haemostasis A
Cardiac Perspective
Dr David Cummins, London

13.45-14.15 InvolveInng the Patient in their Care
Professor Martyn Partridge, London
14.15-14.35 Can IT Help in acute Care?: EmPloying Technology to the Best Effect
Thomas Jell, Director for RFID Health Care, Siemens AG
14.35-15.05 Risk Assessments & Detecting the Sick Patient: National Early Warning Scoring Systems
Professor Gary Smith, Portsmouth
15.05-15.20 acute Medicine: The Evidence, The Standards
Presidents Closing Words including Presentation of Awards for Best Poster & Best Oral Presentation
Dr Philip Dyer, President, The Society for acute Medicine

15.30 CLOSE OF CONFERENCE

15.30-15.45 UsInger the Patient in their Care
Professor Martyn Partridge, london
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Dr Philip Dyer, President, The Society for acute Medicine
The Programme Committee is grateful to all Speakers and Facilitators for their support in making this conference a success. The time and commitment they have given the Society, its members and conference attendees is greatly appreciated.

Life Fellowships

**PROFESSOR SIR GEORGE**

Professor Sir George Alberti is Clinical Adviser on Service Transformation for NHS London. He was National Director for Emergency Access & Service Reconfiguration at the UK Department of Health from 2002 to 2009 and President of the Royal College of Physicians of London from 1997 to 2002. He was co-chairman of the first of the new National Service Frameworks on coronary heart disease.

He is also Senior Research Fellow at Imperial College, London and Emeritus Professor of Medicine at the University of Newcastle. He is the Chairman of Diabetes UK and works extensively with both the International Diabetes Federation and the World Health Organization.

**PROFESSOR DAME CAROL BLACK**

Professor Dame Carol Black is the National Director for Health and Work, Chairman of the Nuffield Trust, President of the British Lung Foundation, and Pro-Chancellor of the University of Bristol. She is a past-President of the Royal College of Physicians, and immediate past-Chairman of the Academy of Medical Royal Colleges. The Centre she established at the Royal Free Hospital, London is internationally renowned in the field of connective tissue diseases.

Since the early-1990s she has worked at board level in a number of organisations, including the Royal Free Hospital Hampstead NHS Trust, the Health Foundation, the NIHs Institute for Innovation and Improvement, and the Imperial College Healthcare Charity, and recently chaired the UK Health Honours Committee. She is a Trustee of the National Portrait Gallery, a member of the Committee for the Queen's Awards for voluntary Service, chairs the governance board for the new Centre for Workforce Intelligence, and is on several national committees aiming to improve healthcare. She is a Foreign Affiliate of the Institute of Medicine USA, and has been awarded many honorary degrees and fellowships.

**THE KEY POINTS IN RECOGNISING AND TREATING ACUTE LUNG INJURY ARE:**

- The mortality from Acute Lung Injury has improved dramatically
- We are now aware of the importance of not further damaging the lung through overaggressive mechanical ventilation strategies, keeping the tidal volume close to 6 ml/kg and the airway pressure <30 cm H20
- Once early phase resuscitation has been achieved then it is important to ensure the fluid balance is not too positive
- There is a broad range of pathologies that lead to the clinical picture of acute lung injury and this heterogeneity makes clinical trials and understanding mechanisms particularly complex

**DR TIM BONNICI**

Tim Bonnici is one of the two SAM Trainee Representatives. Appointed to the post in April 2009, he has been privileged to represent Acute Medicine trainees in a number of capacities and as such has been able to watch the development of the specialty from close quarters. He currently works as an Intensive Care registrar at Royal Berkshire Hospital with the intention to dual accredit in Acute Medicine and Intensive Care Medicine.

**KEY POINTS:**

- The most important development in Acute Medicine training in the past year has been the ratification of Acute Medicine as an independent specialty, complete with its own curriculum.
- The most pressing need now is to use the new curriculum to drive improvements in training programmes across the UK, programmes which currently contain posts of variable quality and which do not always fully meet the needs of Acute Medicine trainees.
- Progress depends upon good communication; the development of a national group of trainee representatives for Acute Medicine has shown promising beginnings.

**JOSEPHINE BRADY**

**DR CHARLES BRUCE**

**PROFESSOR MARIA CAPPELLINI**

Maria has been Professor of Internal Medicine at the University of Milan as well as Chief of the Internal Medicine Unit and Chief of Hereditary Anemia Centre at the Maggiore Hospital Foundation in Milan. She has been active in the field of Thalassemia / Hemoglobinopathies and Heme biosynthetic pathway for over 20 years and she has published a large number of peer review original articles in the area as well as being a regular contributor and invited speaker at national and international meetings. She contribute to characterize the molecular defects of thalassemic globin genes in Italy and particularly she defined the genotypes...
of the Italian Thalassemia Intermedia patients that became nationally important for prenatal diagnosis. She focused on phenotype expression of thalassemia intermedia evaluating the genotype and phenotype relationship taking into account the coinheritance of modifier genes. She identified the mechanisms underlying the thrombotic risks in Thalassemia Intermedia. She developed an erythroid liquid culture system from peripheral erythroid progenitors in order to study molecules with potential capability of reversing the hemoglobin switching or to induce fetal hemoglobin production in view of therapeutic application. She studied the oxidative stress in thalassemic erythrocytes focusing on the role of Non-Transferrin Bound Iron (NTBI) in relation to iron chelation. She is involved in clinical trials for new iron chelators. From 2002 to 2004 she was the coordinator of a project on Erythroid proteomics. She has PRIN from 2005.

**DR. CHRIS CLOUGH**

Dr Chris Clough’s first consultant appointment was in 1989 to the Brook and Bromley Hospitals in South London. In 1998 he became Medical Director at King’s College Hospital where he was joint lead for clinical governance and research and development director. As Chief Medical Advisor to the South East London SHA (2003-2005) he led the successful implementation of the European Working Time Directive and new consultant contract.

From 2005-2008 Chris was Medical Director for the Joint Committee on Higher Medical Training, Federation of Royal Colleges, responsible for UK training in 30 medical specialties.

Chris is now clinical advisor to the NHS Institute, responsible for producing the postgraduate curriculum for leadership. He is Chair of the National Clinical Advisory Team and neurosciences adviser to DH, sitting on the NHS Clinical Board. Chris continues to work as a consultant neurologist at King’s College Hospital, London.

**KEY POINTS:**

- Doctors have always had a key leadership role in the NHS but have not always given priority to all aspects of quality care.
- Now, more than ever, doctors must assume leadership roles and learn the skills they need to be effective.
- In future leadership competencies will be a mandatory part of undergraduate and postgraduate training and included in revalidation.

**DR. VINCENT CONNOLLY**

Vincent is an Acute Physician based at The James Cook University Hospital, Middlesbrough. He helped establish the Acute Assessment Unit in 1998. Vincent has an interest in Ambulatory Emergency Care and his department has pioneered this approach since 1998. The team has received national recognition for their systematic approach to emergency care. He is a member of the National Clinical Advisory Team, the Emergency Care Intensive Support Team and Chairs the North East SHA, Clinical Innovation Team. His research interests are diabetes related mortality and health inequalities.

**PROFESSOR MARTIN COWIE**

Martin is Professor of Cardiology at the National Heart & Lung Institute, Imperial College, London, UK and Honorary Consultant Cardiologist at the Royal Brompton Hospital, London. A founding member and chairman of the British Society for Heart Failure, Professor Cowie has also been a Board member (and Chair of the Education Committee) of the Heart Failure Association of the European Society of Cardiology (ESC). He advises the National Institute for Clinical Excellence (NICE) on the management of chronic heart failure, and the Quality Care Commission on its heart failure audit work.

Martin’s studies and reviews have been featured in a variety of peer-reviewed journals, including The Lancet, European Heart Journal, British Medical Journal, Heart, European Journal of Heart Failure, J American College of Cardiology and Journal of Cardiovascular Diabetology. He has contributed chapters to many books, and has written a book for patients entitled ‘Living with Heart Failure – a guide for patients’.

His major research interests include device therapy for heart failure, the remote monitoring of heart failure, and the use of servo-assisted ventilation in the treatment of central sleep disordered breathing.

**KEY Points:**

- Acute heart failure still has a high mortality – particularly in UK compared with continental Europe.
- Many patients with chronic heart failure have an electrical device (CRT or ICD) as part of their therapy.
- Increasingly, implanted devices can be used to monitor patients remotely.
- Venricular assist devices are becoming smaller and can be used in some centres as a ‘bridge to recovery’ or ‘bridge to transplant’.

**DR. DANIEL CREAMER**

**DR. DAVID CUMMINS**

David is Consultant Haematologist and Clinical Head of Haematology and Blood Transfusion at the Royal Brompton and Harefield NHS Trust, United Kingdom. Formerly Wellcome Research Fellow at the Lassa Fever International Project in Sierra Leone, West Africa, his current areas of interest include haemostasis, blood transfusion therapy and clinical risk management within cardiothoracic medicine and surgery.

**KEY MESSAGES:**

1) Requesting a laboratory test is sometimes not as benign an act as many doctors might like to believe. Both the making of the request and the generation of the result have medicolegal significance: the result, if positive, puts pressure on the clinician to act in ways that may not be conducive to a favourable outcome; and both positive and negative results can have adverse psychological consequences for patients.

2) The value of certain types of diagnostic test is critically dependent on the quality of both the clinical assessment that precedes the request and the interpretation of the test result.

I will illustrate the relevance of these messages using examples from three areas of haemostasis within a cardiothoracic clinical context: first, some clinical conditions that pose diagnostic difficulties; second, use of D-dimer testing in patients with suspected pulmonary embolism; and finally, testing for presence of hereditary thrombophilia.

**DR. LORENZO DAGNA**

Lorenzo is Professor of Medicine and Medical Therapeutics at Vita-Salute San Raffaele University in Milan, Italy, where he lives and works as a Consultant in Internal Medicine and Clinical Immunology. He is a member of the Italian Society of Internal Medicine and a founding member of the European Federation of Internal Medicine (EFIM) Young Internist Subcommittee. Dr. Dagna is also member of the National Board of Medical Examiners (Philadelphia, PA, USA) International Foundations of Medicine Oversight Committee and a member of the Medical Advisory Board of the Erdheim-Chester Disease Global Alliance (DeRiderLA, USA).

Lorenzo’s studies and reviews have been published in several peer-reviewed journal, including the New England Journal of Medicine, Blood, Arthritis & Rheumatism, Annals of the Rheumatic Diseases, Rheumatology, Trends in Immunology, European Journal of Immunology, Cancer Research and European Journal of Internal Medicine. He has also contributed chapters to many books.

Lorenzo’s clinical activity is primarily focused on immune-mediated disorders and rare diseases. His current major research interests include the immunotherapy of autoimmune diseases, the mechanisms of histocyte recruitment and activation in Erdheim-Chester disease, and the role of infectious agents in the pathogenesis of human disorders. Dr. Dagna is also deeply involved in the clinical training of medical students and residents in Internal Medicine and Clinical Immunology.

**KEY MESSAGES:**

- No test for ANA should be performed without a clinical evaluation that leads to a presumptive diagnosis.
- ANA testing have an extremely low specificity and positive predictive value in the general population, since many diseases may cause ANA positivity and many healthy individuals have a positive ANA test.
- Some ANA patterns (nucleolar, centromeric) can be more specific than others (diffuse, homogeneous, speckled).
- Patient referred for a positive ANA should be evaluated considering for signs and symptoms of ANA-associated diseases. If those are absent, no further investigations may be warranted.

**DR. VERONICA DEVLIN**
Veronica was involved with and she continues this work with the Assembly of young Internists of the European Federation of Internal Medicine. During his training he was actively involved with the Society for Acute Medicine as a trainee representative and was also elected to the Chair of the Trainees Committee for the Royal College of Physicians of London. Veronica has been working as a Lean Leader delivering tangible service improvement across Emergency Department and medical flows in both Monklands and Hairmyres Hospitals. She continues with clinical sessions in the Emergency Department at Monklands Hospital.

KEY POINTS:
- Challenges of quality improvement in current climate – rethinking how we deliver care
- Using lean as a tool for improvement in the acute setting, specifically in Acute Medical Unit
- Embedding and sustaining the change

DR MARK HOLLAND

Mark is the Urgent Care Directorate Pharmacist. Her role involves both the Emergency Department and the Acute Medical Unit, where she has also served as an Pharmacist Independent Prescriber.

KEY POINTS:
- NHS faces a productivity challenge but will not have less money but will need to deliver more with what it has
- Clinical practice is the key to improving value and quality and ensuring that patient care is delivered in the most efficient way possible.
- Front line clinical microsystems are the most critical elements in improving care and the use of resources.

THOMAS JELL

Tom is Director of the department Mobile Business, Embedded and Distributed Systems and Intelligent Labels (RFID) and Product development and user experience design.

The Society for Acute Medicine (SAM) is a professional body that promotes excellence in acute care and works to improve the delivery of acute medicine across the UK. The society aims to support healthcare professionals in improving patient outcomes through the development and implementation of evidence-based guidelines and the use of technology to enhance care delivery. The society also seeks to foster collaboration between healthcare professionals and other stakeholders to drive innovation in acute care.
Senior Principal Consultant at Siemens IT Solutions and Services (Munich, Princeton and Seattle). He does top management consulting and projects for Mobile Business Solutions, Structured Information Processing and Intelligent Labels (RFID) Systems. He has been involved in object-oriented software technology since 1987. Current primary focus is in introducing modern technologies like RFID, Cloud Computing, Saas, Soa, XML, SGML-based publishing into today’s customer solutions. His research focus is on Distributed Object Computing, Fault Tolerant industry systems and Reliable Systems. He’s the author of the books “Objektorientierte Programmierung in C++” and Editor of “Component based Software Engineering”. He is a Honorary Member of the ComponentWare Consortium and founding member of the UCON Logistics Group.

**KEY POINTS**

- Which technology for which application (problem)
- Identification, tracking and tracing of patients and materials
- Pilots and Reference stories from Jacobi NY Hospital till R.Isar Munich

**DR MIKE JONES**

**LIZ LEES**

Carrie is a Consultant Ophthalmologist at Ninewells Hospital, Dundee as well as Head of the Department of Ophthalmology at the University of Dundee. She is Associate Post Graduate Dean in the East of Scotland Deanery and currently Vice President of the Royal College of Ophthalmologists.

Her clinical interests include adult strabismus, thyroid eye disease and neuro-ophthalmology and Carrie’s research interests include ocular trauma, paediatric lacrimal disease and epidemiology.

**KEY POINTS**

- Ophthalmic clinical findings are commonly associated with systemic disease
- If possible, central retinal artery occlusion requires urgent ophthalmic intervention
- Acute angle closure glaucoma can be associated with systemic drug use / overdose

**DR GRANT FRANKLIN**

**DR THOMAS KJELLSTROM**

Thomas is Consultant of Dept of Medicine, Helsingborg Hospital, Helsingborg, Sweden and an Associate Professor. He is a member of the following Professional Societies: Swedish Society of Internal Medicine (former President), Fellow of the Royal Society of Medicine, London, UK, Fellow of the American College of Physician (FACP), Past President of the International Society of Internal Medicine (www.acponline.org/ISIM).

Thomas has been Head of Department of Internal Medicine at the University Hospital in Malmö and the Hospital in Helsingborg for the past 20 years. He is also Scientific counsellor to the Swedish National Board of Health and Welfare and has Chaired the National Evidence based conclusions on Obesity (www.sbu.se). Thomas is also Chair for the European Stroke Strategies (WHO, ISIM, ESC and ISS) and visiting professor 1992 at Bowman Gray School of Medicine, Wake Forest University, USA. For 13 years he has Chaired the National Quality measurement programme in Sweden for internal medicine.

**KEY POINTS**

- Measuring the quality of health care and using those measurements is relying on a valid and correct database.
- To create a local, regional, or national database collect routinely simple but valid data on structure, processes or results that are influencing the clinical outcome.
- Use the data initially only for comparing and learning from each other to improve.
- Formalize an organization for a region or national database to further improve.
- Use the national database for standards and guidelines.

**PROFESSOR GYH LIP**

Professor Lip is an academic clinical cardiologist based at the Centre for Cardiovascular Sciences, University of Birmingham, where he is Professor of Cardiovascular Medicine. He is also Visiting Professor at the University of Aston. Half of his time is spent as a clinician and the remainder as an academic, with many local/national/international collaborations in progress. He has been involved in national and international guidelines and working groups, mostly at European level.

Professor Lip sits on the cardiovascular research strategy committee of the university, and has taught/examined both nationally and internationally. Professor Lip is a member of the scientific documents committee of the European Heart Rhythm Association, and serves on the Nucleus of the Working Group on Thrombosis of the European Society of Cardiology. He is also a member of the EHRA and the European Association of Percutaneous Coronary Revascularisation.

Professor Lip has acted as Clinical Adviser for the NICE Guidelines on AF management. He was on the writing committee for the 8th American College of Chest Physicians Antithrombotic Therapy Guidelines for AF. He recently Chaired an ESC Task Force writing a Working Group of Thrombosis Consensus Document on Antithrombotic therapy use in AF patients presenting with an ACS and/or undergoing percutaneous coronary intervention/stenting. He is also on the committee of the ESC Guidelines on AF (2010) and is Deputy Editor for the 9th ACCP guidelines on antithrombotic therapy for AF (due 2011).

He has acted as senior editor for international textbooks e.g. Comprehensive Hypertension and section editor on Hypertension. Professor Lip is also involved at senior editorial level for major international journals.

**PROFESSOR GORDON LOWE**

Gordon was Professor of Vascular Medicine in Glasgow University, and remains active in research and teaching on cardiovascular disease. His main interest is in the epidemiology, prevention and management of vascular diseases and thrombosis.

**KEY POINTS**

- Management of venous thromboembolism is summarised in new clinical practice guidelines from the Scottish Intercollegiate Guidelines Network (SIGN) and the European Pulmonary Embolism Guidelines
- Current UK practice for diagnosis of suspected VTE is triage using clinical scores and fibrin D-dimer, which spares a percentage from imaging
- Current standard treatment with low molecular weight heparin or fondaparinux followed by warfarin may be replaced in the future by new oral anticoagulants (e.g. dabigatran, rivaroxaban)
- Thrombus removal (by thrombolysis or surgery) is reserved for limb-threatening DVT or life-threatening PE; the latter can be assessed by clinical/biomarker scores
- All patients with idiopathic VTE should be assessed at the end of a standard course of warfarin for risks of recurrence and bleeding, and longer-term anticoagulation considered

**DR DONALD MACNEE**

**PROFESSOR BILL MACNEE**

William MacNee received his medical degree and MD from the University of Glasgow and trained thereafter in the Royal Infirmary of Edinburgh University of Edinburgh medical school. He was the recipient of an MRC travelling fellowship in the University of British Columbia, St Paul’s Hospital Vancouver. Currently he is Professor of Respiratory and Environmental Medicine, University of Edinburgh, and Honorary Consultant Physician, Lothian Health. He is a past Chair of the Scientific Committee of the European Respiratory Society (ERS) and past ERS President. He has served on the British Thoracic Society COPD guideline committee, was co chair of the ERS/ATS COPD guideline committee and was a past member of the GOLD executive committee. He has been an associate editor of the European Respiratory Journal and the American Journal of Respiratory and Critical Care Medicine. His primary research interests are in pathological mechanisms of the lung and systemic effects of COPD, and he also has an interest in the mechanisms of the harmful effects of environmental pollutants. Professor MacNee has published over 240 peer reviewed papers, and edited several books on COPD.

**DR LYNN MANSON**

Lynn is a graduate of the University of Edinburgh Medical School. She embarked upon higher specialist training in haematology after completing her medical training within South-East Scotland. She developed an interest in haemostasis and thrombosis, and undertook a two year research attachment under the guidance of Dr Jack Hirsh, in Ontario, Canada; her findings were...
successfully presented in her MD thesis. She left her first haematology consultant post in the Southern General Hospital in Glasgow almost ten years ago, to take up her current position. She practices clinical transfusion medicine within the Edinburgh and South-East Scotland Blood Transfusion Centre Clinical Directorate, based within the Royal Infirmary of Edinburgh (RIE). She provides transfusion support and advice for South-East Scotland, and leads the regional therapeutic apheresis and stem cell collection services, in addition to meeting the transfusion needs of the patients of the Royal Infirmary of Edinburgh through managing the RIE Blood Bank.

KEY POINTS

- Major blood loss jeopardises the survival of patients in many clinical settings.
- Survival has improved due to better understanding of the associated physiological changes.
- Identification of the ‘lethal triad’ of blood loss, acidosis and hypothermia resulting in coagulopathy that perpetuates further bleeding has resulted in the more aggressive and early use of coagulation factors in the initial resuscitation.
- Therapeutic interventions of proven benefit in the military setting may be invaluable in selected civilian cases.

PROFESSOR TAHIR MASUD

Professor Masud undertook his undergraduate training at Christ Church, Oxford University and St Bartholomew’s Hospital, London. After post-graduate training in Newcastle and London, he was appointed Consultant Physician in General and Geriatric Medicine at Nottingham in 1994. He has a clinical and research interest in osteoporosis, syncope and falls and heads the CGRU (The Clinical Gerontology Research Unit) at Nottingham University Hospitals NHS Trust. He was the Clinical Sub-Dean at the Medical School, University of Nottingham from 2001-2007. He has chaired the British Geriatrics Society’s Education and Training Committee and is a member of the British Geriatrics Society’s Steering Committee of the Special Interest Section of “Falls and Bone Health” and also of the Organising Committee of The Annual International Conference on Falls and Postural Stability. He was previously a Scientific Advisor to the National Osteoporosis Society, and was elected as the President of IS-PAPOFF (the International Society of Physical Activity for the Prevention of Osteoporosis, Falls and Fractures) in 2004. In Jan 2005 he was appointed as a Visiting Professor of Musculoskeletal Gerontology at the University of Derby and in 2009 he was appointed Special (Honorary) Professor at The University of Nottingham. He is also a Visiting Professor in Geriatric Medicine at the University of Southern Denmark.

KEY POINTS:

- Falls in older people are one of the commonest reasons for admission into hospital
- Clinicians should always try to find any medical causes which may have precipitated the fall
- Multifactorial interventions can successfully reduce further falls
- Robust falls care pathways—e.g. from the emergency department—are the key to tackling the socioeconomic burden caused by falls
- Bone health should always be considered in all fallsers

RACHEL MATTHEWS

Rachel joined the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Northwest London in February 2009. Her professional background is as a registered nurse with specialist experience in cardiac care. Prior to joining CLAHRC, she was Senior Nurse for User Involvement at the Royal Brompton & Harefield NHS Foundation Trust. She completed postgraduate studies in Health Education and Health Promotion at King’s College London. Recent publications include “Involving patients in service improvement” (Nursing Management, March 2010).

KEY POINTS TO FOLLOW

DR DAVID MCCARTNEY

David is the Clinical Lead at the Lothians & Edinburgh Abstinence Programme, (LEAP), a partnership NHS/Council/Voluntary sector project for patients living in the Lothian area. LEAP is a quasi-residential treatment service. The programme embraces an integrated bio-psycho-social approach to addiction and recovery. David’s background is in inner city general practice in Glasgow, but he retrained in addictions and now works exclusively as a GP with a special interest in addictions. Previously a tutor on the Royal College of General Practitioners’ Substance Misuse Management course, he has recently gained a distinction in a Master’s degree in Alcohol and Drug Studies researching how doctors recover from dependent drug use. He is interested in the neurobiology of addiction, the value of mutual aid and recovery communities in recovery and also in recovery-oriented treatment approaches to treating those with addictive disorders. He enjoys teaching patients, medical students, postgraduate students and primary care practitioners on these subjects as well as writing about them.

He is a member of the Royal College of General Practitioners, a director of the Recovery Academy and a fellow of the RSA.

KEY POINTS:

- People can and do recover from alcohol dependence
- Treatment can be useful in terms of recovery initiation
- Recovery maintenance has multiple elements
- Recovery communities are powerful components of enduring recovery

DR ALASDAIR MCDONALD

Alasdair is the President Elect of the Adult Division of the Royal Australasian College of Physicians, his background as a physician spans a large range practice. On completing training, he commenced work largely in private ambulatory consultant practice with only 3 public hospital sessions per week, to this day he continues a busy private practice as well visiting private hospital appointments. However to this has been added several additional public appointments including as the inaugural Director of the Launceston General Hospital Stroke Unit and since late 2007 as Director of Medicine, incorporated in this is a role in health service planning. Beyond this Alasdair is discipline head for Medicine at the Northern Clinical School of the University of Tasmania. After his graduation and prior to physician training Alasdair worked for a number of years in areas including General Practice, Accident and Emergency and Intensive Care.

Alasdair has just completed 2½ years as the President of the Internal Medicine Society of Australia and New Zealand but has followed this with election to his new college role and to the College Board. Other College of Physicians roles, include committees in workforce and quality along with significant involvement in physician training and as a member of the National Examination Panel.

His clinical interests span the breadth of General Medicine, but have also focused on the development of models of acute general medical care that can apply to the Australian and New Zealand patient population and the local workforce strengths and demographics. At the same time, Alasdair attempts the work life balance with his wife and four children.

THE CHALLENGES (SIMPLE DIFFERENT SOME-THE-SAME)

- Deficiencies in optimal patient care including over investigation, multiple redundant assessments, access block and subsequent poor clinical outcomes with increased length of stay are all problematic in Australia.
- Workforce contrasts between the UK and Australia including the relative strength of both Emergency Medicine and the preservation of strong General Medicine units in many areas of Australia leave the planning environment contrasting with the UK particularly in respect of the view that Emergency Specialists already own this space and that continuity through the admission and back into the ambulatory sector are of particular importance to General Physicians.
- The rapid down skilling of general trainees in major teaching hospitals with other specialty and subspecialty training numbers precluding opportunities for particularly procedural training in general medicine. Along with the impact of reduced working hours limiting clinical exposure as no doubt happens in UK.

PILOTING A NEW MODEL

- The provision of a competency based work force working together for across all current disciplines both within medicine and out across nursing and allied health professionals.
- Blended medical workforce working across adjacent emergency and acute medicine departments potentially cooperating in the management of a single patient.
- Training occurring within an interprofessional framework based on units of competence and within post graduate medical training also based on units of competency that may cross across traditional specialty silos.

DR ALASTAIR MACGILLCHRIST

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**DR. ALICE MILLER**

Alice is the second half of the SAM trainee representative duo, elected in October 2009. Her training number is academic, allowing her to combine Acute Medicine with medical education research (with help from the Institute of Clinical Education at the Peninsula College of Medicine and Dentistry). She is currently working as a registrar on the Acute Medicine Unit at North Devon District Hospital in Barnstaple.

**ROS MOORE**

Liz trained as a general nurse at the Royal Infirmary of Edinburgh. She undertook specialist training in general intensive care at Guy's Hospital, London followed by ward sister posts in CCU and ICU in Glasgow. She undertook a PhD from Glasgow Caledonian University before returning to clinical practice in acute medicine in Tayside in 1991. Liz was appointed as Nurse Consultant for Acute Medicine in NHS Tayside in 2001 and is currently chairman of the Scottish NMAHP Consultant Network.

She has been an executive council member of the Society for Acute Medicine (SAM) since 2002, despite half-hearted attempts to resign and let the young'sters take over. Nevertheless she remains passionately committed to promoting nursing in acute medicine. She is proud to have been part of the growth of the specialty and to have had the opportunity to influence the strong multi-professional ethos of SAM.

**KEY POINTS**

- Supported discharge must be integrated with other services
- Knowledge of pre-existing function is essential
- Practitioners must be willing to accept risks
- Communication with patient and family essential to ensure concordance

**PROFESSOR PATRICK MURRAY**

Patrick is a consultant physician (clinical pharmacologist & nephrologist) at the Mater Misericordiae University Hospital and University College Dublin, Ireland. He received his medical education at University College Dublin, Ireland. Following his internship at the Mater Misericordiae University Hospital in Dublin, he completed a residency in internal medicine at Hennepin County Medical Center in Minneapolis, Minnesota, USA. He completed fellowship training programs in nephrology, critical care medicine, and clinical pharmacology at the University of Chicago Hospitals in Chicago, Illinois, USA.

Patrick is board-certified in internal medicine, nephrology, critical care medicine as well as clinical pharmacology and practiced as an intensivist, nephrologist, and clinical pharmacologist at the University of Chicago Hospitals from 1996–2008, serving as the fellowship training program director in nephrology, also directing the Acute Dialysis Service. Since 2008, he has been the Professor of Clinical Pharmacology at University College Dublin, and a Consultant in Nephrology & Clinical Pharmacology at the Mater Misericordiae University Hospital. Patrick has a long standing interest in research and education to improve the prevention, diagnosis, and therapy of acute kidney injury and nephrotoxicity.

**KEY POINTS**

- AKI is associated with increased morbidity (acute, chronic) & mortality
- Diagnostic evaluation is improving with novel AKI biomarkers
- Management still primarily supportive
- RRT dosing, but not initiation, is increasingly evidence-based

**PROFESSOR DAVID NEWBY**

David graduated from the University of Southampton in 1991 and is British Heart Foundation Professor of Cardiology at the University of Edinburgh, Director of the Clinical Research Imaging Centre, Director of the Wellcome Trust Clinical Research Facility, Director of Research and Development for NHS Lothian and a Consultant Interventional Cardiologist in Edinburgh.

David’s principal research interests are in endothelial and vascular biology with particular relevance to acute coronary syndromes, valvular heart disease and heart failure. His work focuses on clinical experimental and translational medicine studies.

**COLLAPSED ENDURANCE ATHLETES - TREATMENT RULES**

- Initially withhold IV fluids
- Measure core temperature; if greater than 40.5, diagnose heat stroke (manage by rapid cooling).
- Measure serum sodium (or test urine osmolality) to exclude hyponatraemia.
- Exercise associated collapse tends to rapidly self-resolve (do not diagnose this if symptoms are persisting).
- Only diagnose and treat heat exhaustion once heat stroke and hyponatraemia have been excluded.
- Consider cardiac pathologies (more common in the 35 years and older age group); younger competitors with acute cardiac problems often die before medical aid can be given.

**FRAN PERCIVAL**

Fran is the Professional and Scientific Consultant at pH Associates, a consultancy company specialising in real world health care evaluation. She is responsible for advising on study design, protocol development and for drafting abstracts, posters and manuscripts for publication of all pH data collection projects.

Fran was a member of a Local Research Ethics Committee for many years and a member of an MREC from 1998 to 2008, through which she gained a thorough understanding of research methodology and the changing climate of ethical and regulatory governance of research and audit. She now specialises in the ethical approval required for data collection exercises, taking responsibility for gaining the appropriate NHS approval for all pH projects.

Fran gained her pharmacy degree and Postgraduate Diploma (pt 1) in Clinical Pharmacy at Nottingham University, an MA in Healthcare Ethics and Law at Manchester University and recently completed the London School of Hygiene and Tropical Medicine intensive short course in Epidemiology and Medical Statistics.

**KEY POINTS**

- The prevalence of need for medical help varies from about 5% of participants in a half marathon through to 20 – 30% of participants in marathons and iron man-type events. Collapse is a not uncommon emergency medical presentation after participating in this type of sporting activity.
PROFESSOR MARTYN PARTRIDGE

Martyn is Professor of Respiratory Medicine at Imperial College London, UK. He is Honorary Consultant Respiratory Physician to Imperial Hospitals NHS Trust. His research interests are in the delivery of effective respiratory healthcare, with special interest in evaluating novel methods of delivering care and patient-centred approaches. Martyn was Honorary Chief Medical Advisor to Asthma UK for 20 years and previous Chairman of the Trustees of the National Respiratory Training Centre (NRTC) (Now part of Education for Health). From 1991 to 2003 he was a member of the executive committee of the Global Initiative for Asthma (GINA) and from 1992 to 2002, on the medical aerosols subcommittee of the United Nations Environment Programme overseeing phase out of CFCs in inhalers. He has chaired a number of WHO initiatives and was a member of the British Asthma Guidelines group from 1989-2008. He completed 3 years as Chairman of the British Thoracic Society in 2003 and was Vice President and then President of the Society in 2007-9. Martyn is also head of the Undergraduate Final Year for the Faculty of Medicine at Imperial College and has recently completed a spell as elected member of the Council of the Royal College of Physicians of London. He has been Lead Clinical Director of the North West London Comprehensive Local Research Network since its inception. In 2009 he was appointed to chair the UK Department of Health’s Asthma Steering Group and he serves on the Department of Health Respiratory Programme Board. In October 2010 he will take up new positions as Senior Vice Dean of the new Imperial College Nanyang Medical School and Deputy Director of Education (Singapore), Faculty of Medicine, Imperial College.

KEY WORDS:
- Delivery of care
- Patient centred care
- New Technologies

DR SAMIR PATEL

Sam qualified in Bristol in 1991 and trained in the Southwest in Rheumatology and General Medicine. He was appointed as a Consultant in Acute Medicine and Rheumatology in Bristol in 2001, and works at Frensham and Southmead Hospitals. Sam is also a Senior Lecturer in the University of Bristol School of Medicine, and Training Programme Director for Acute and General Medicine for the Severn Deanery. He also sits on the SAC for Acute Medicine and General Medicine at the RCP. As a Rheumatologist, his specialist interest in Behcet’s Disease, and runs a tertiary referral service for the Southwest.

KEY POINTS:
- Always think about septic arthritis in acutely inflamed joints
- That a fever of Unknown Origin has a very specific definition
- That fevers do not always mean infection

PROFESSOR KATHY ROWAN

Kathy is a health services researcher who, in 1994 as a result of her Ph.D at the University of Oxford, established the Intensive Care National Audit & Research Centre (ICNARC). ICNARC’s aim is to facilitate enhancements in the organisation and practice of critical care (intensive and high dependency care), through a broad programme of comparative audit, methodological and evaluative research, to improve patient care and outcomes. ICNARC co-ordinates two national audits and a £6 million research portfolio including three randomised and four non-randomised studies, plus one methodological study. Kathy directs ICNARC and works with a team of 34 audit, research, IT and operations staff. In 2004, Kathy was awarded the Humphry Davy Medal by the Royal College of Anaesthetists in the UK as a mark of distinction for her significant contribution to the College and to critical care. Kathy completed a year’s Harkness Fellowship in Health Care Policy in the USA between November 2004 and October 2005. Kathy is an Honorary Professor in the Department of Public Health and Policy at the London School of Hygiene & Tropical Medicine.

DR CHRIS ROSEVARE

DR BERNARD SILKE

PROFESSOR SIR JOHN SAVILL: TO FOLLOW

JACKY SINCLAIR

DR SUSAN SHENKIN

Susan is a consultant geriatrician based in Edinburgh. She trained as a clinical lecturer in geriatrics and general (internal) medicine in South-East Scotland. Her research has focused on lifestyle influences on cognitive impairment and cerebrovascular disease, and she has active clinical and research interests in acute and chronic cognitive impairment in older people.

KEY POINTS:
- Cognitive impairment is common in the acute setting (15% of the acute take, 30% of over 65s)
- The commonest causes are dementia and delirium...and these are risk factors for each other
- Delirium is associated with high morbidity and mortality (20% at one month)
- Identify delirium by assessing arousal (increased or decreased), cognition (using an objective test e.g. MMSE) and acute onset/fluctuating course
- Prevention, assessment and treatment involves excellent multidisciplinary care

DR RANDY SMITH

Randy was appointed as an Acute Medicine Consultant with NHS Lothian in November 2009, and was recently appointed Clinical Lead for Acute Medicine at the Royal Infirmary of Edinburgh. He graduated from Emory University School of Medicine (Atlanta, Georgia, USA) in 2001, where he also completed his residency training in Internal Medicine. He subsequently worked as a hospitalist/Assistant Professor of Medicine and Assistant Director for Education with the Hospital Medicine Service at Emory University Hospital Midtown for 5½ years until undertaking his current post.

Randy is a Fellow with the Society of Hospital Medicine in the US and remains heavily involved in sharing expertise in caring for the medical inpatient between SAM and their US-based counterparts. He is a graduate of the Emory Healthcare Quality Academy and is currently involved in adapting tools from the Institute for Healthcare Improvement into a systematic mortality review process for quality improvement in Acute Medicine. He is currently coordinating a pilot of training in quality improvement techniques for physicians in training within the Southeast Scotland Deanery, and is an Editorial Panel member of NHS Evidence. His main current interest is healthcare delivery design, especially with regard to optimizing efficiency of inpatient resources and reduction of medical errors.

KEY POINTS:
- Measuring efficiency in the MAU
- Proceduralists
- Fragmentation of care and its effects
- Clinical information processing

PROFESSOR DAVID STOTT

David Cargill Professor of Geriatric Medicine (Honorary Consultant), February 1994 - present
University of Glasgow, Academic Section of Geriatric Medicine,
Cardiovascular and Medical Sciences Division, 3rd Floor QEB, Glasgow Royal Infirmary, Glasgow G31 2ER
OTHER SIGNIFICANT APPOINTMENTS:

• Chair, Health Research Ethics Committee, 2009 to present.
• Lead, Primary Care Research Network, 2009 to present.
• Worked as a medical advisor for the Royal College of Physicians of Edinburgh, 2009 to present.
• Subeditor of the Journal of the Royal College of Physicians of London, 2009 to present.
• Deputy Director of the Royal College of Physicians of Edinburgh, 2009 to present.

RESEARCH

The main areas of interest include the following:

• The care of disabled elderly people including optimising rehabilitation to minimise and prevent disability after stroke.
• Systematic reviews including the interpretation and implementation of research findings into clinical practice (focusing particularly on rehabilitation after stroke and other disabling conditions in older age).
• Prediction and prevention of disability and cognitive decline (including dementia) in elderly people.

KEY POINTS: OLDER PEOPLE ATTENDING AMU

• Should have a brief-cognitive assessment using a recognized tool such as the 4-point Abbreviated Mental Test; routine use of such an instrument greatly improves the detection of cognitive impairment.
• History taking often should be from a surrogate, particularly when there are barriers to communication with the older person (most commonly cognition problems); this should include usual and current mobility (particularly walking) and falls history.
• Physical examination should usually include observation of mobility (particularly walking and gait) - particularly if direct discharge is being considered.
• There should be a high index of suspicion of swallowing difficulties and associated risk of aspiration; formal swallowing assessment often will be required with targeted use of simple validated assessments such as the water swallow test guiding whether a patient is safe to be offered oral intake of fluids and/or food.

PROFESSOR GARY SMITH

DR PAUL SULLIVAN

Paul has recently completed a year as a Health Foundation Fellow at the Institute for Healthcare Improvement (IHI) in Boston and the Harvard School of Public Health. He has been a consultant in Acute Medicine at Salford Royal Foundation Trust since 2002 and he has implemented a number of innovations to improve processes of care. Since returning from the USA his role has also included the development of Quality Improvement capability in his trust and oversight of several improvement projects. His interests include working with front line teams, the application of statistical process control methods and the use of measurement, feedback and incentives to drive change. He also has an interest in developing research methodologies to investigate different approaches for Quality Improvement.

KEY POINTS:

• Robust and accurate measurement is essential for successful improvement
• Measurements fed back to individuals can improve performance
• Payment for quality can be disappointing and have unintended results

DR JON STONE

Jon is on the DSM-V advisory panel for conversion disorder and writes regularly on this topic in scientific papers, textbooks of neurology, and psychiatry.

KEY POINTS:

• Functional Neurological Symptoms are neurological symptoms not explained by disease but not due to feigning either. They are also called non-organic psychogenic conversion and dissociative symptoms.
• Dissociative (Non-Epileptic) Attacks and Acute functional paralysis present commonly to Acute Medicine. Around 50% of patients brought in with suspected status epilepticus are having a prolonged non-epileptic attack.
• The diagnosis should be made on the basis of positive signs of internal inconsistency (eg Hoovers sign) or a typical attack (eg prolonged attack with resistance to eye opening). Neurological help is usually advisable to avoid misdiagnosis.
• There are ways to think about and discuss these diagnoses with patients that are constructive, do not upset patients and can lead to useful treatments.
• Further detailed and free self-help information for patients available at www.neurosymptoms.org

DR KANDARP THAKAR

DR ALLAN THOMSON

Allan graduated from Edinburgh University in 1961 and is currently Honorary Senior Lecturer at the Royal Free and University College London. He is also an Honorary Senior Lecturer at the Institute of Psychiatry, King’s College, London. He became interested in Wernicke’s encephalopathy over 40 years ago when he was an Assistant Professor in the United States and completed his PhD thesis on “Studies on Thiamine Absorption in Man”. After returning to the UK, Allan was appointed as a Consultant Gastroenterologist and has continued his research work on thiamine and Wernicke’s encephalopathy until the present day. He has published widely on Alcohol and Alcoholism.

KEY POINTS:

• There is evidence of unrecognized thiamine deficiency in patients both in the Community and in hospital.
• Patients in general hospitals with WE are not identified in 80% cases before autopsy and die as a result or survive but develop Ks due to inadequate treatment.
• Early signs and symptoms have been identified to aid in the diagnosis.
• The study of the pathophysiology of WE confirms that multiple factors such as dietary deficiency of thiamine, malabsorption, excessive loss and impaired utilisation all play a part in compromising the individual.
• Thiamine deficiency and alcohol is a lethal combination.
• When the patient presents it is important to decide how far along this destructive pathway they are and whether they require IV prophylactic treatment of the full recommended treatment of WE.
• Correct other brain nutritional deficiencies.
• Guidelines should be clear, simple, readily available, easy to fill-in and regular audits on practice required.
• A system for recording treatment is essential so that everybody is aware.
• Thiamine is a cheap, effective and safe drug whereas inadequate treatment can lead to expensive long term care and/or litigation. Patients must have an adequate supply of magnesium present.

DR ROBIN TOUQUET
DR SIAN TUCKER
Sian qualified 1994 from Nottingham. She was a GP at Edinburgh University from 2000-2008 with an interest in mental health. Since 2008 Sian has been employed at Royal Infirmary Edinburgh as a Primary Care Physician with responsibility for Frequent Attendees working in Combined Assessment and the Emergency Department.

PROFESSOR ANTONI TORRES MARTÍ
Antoni is Professor in Medicine at the University of Barcelona. He is considered a physician of reference both nationally and internationally in lung infections, including pneumonia, chronic obstructive pulmonary disease bronchiectasis, immunocompromised patients, weaning, noninvasive ventilation and acute respiratory distress syndrome. He has published more than 200 original articles, he has an accumulated impact factor of more than 1390 and his published articles have received approximately 13,000 citations. He leads the research group on Management and prevention of infectious, interstitial and tumoral lung diseases of the August Pi i Sunyer Institute of Biomedical Research, from where he facilitates translational research studies.

He has taken part in more than 70 projects - 39 as principal researcher - and 27 studies of the Health Care Research Fund. His research receives support from many public bodies, including the following: Carlos III Health Institute (ISCIII), CibeRes, IDIBAPS, and the European Union. He is currently involved in more than 30 national, European and other international projects. He coordinates a CIBER group on respiratory diseases and takes part in the European projects, GRACE, MOSAR and Therapeud.

This team mainly investigates community-acquired and intrahospital respiratory infections. The aim is to answer questions arising from clinical observation of patients that are not in the literature and to obtain results that can be quickly applied to patient care in the diagnosis, treatment and prevention of nosocomial pneumonia. The team also studies community-acquired respiratory infections, from where they approach important questions such as the decision to admit to hospital, the decision to admit to the intensive care unit, microbial etiology, diagnostic tests and the most appropriate treatment to use.

The research group is characterized by the utility of its results and their impact on clinical practice. For example, it has described measures for preventing nosocomial pneumonia and criteria for admitting patients to the ICU in community-acquired pneumonia, which have been adopted universally. The group’s studies on noninvasive ventilation have meant that this technique can be applied to patients with severe respiratory failure and extrapolate it to routine clinical practice. It is research aimed at improving clinical practice and quality of patient care.

DR DAVID WARD
David was recently appointed as an Acute Medicine Consultant at South London Healthcare NHS Trust. He graduated from Nottingham in 2000, and then worked in hospitals across the UK and Australia, before training in Acute Medicine in the North Thames region. As SAM Trainee Representative for 2 years he performed national surveys of trainees in Acute Medicine. He was also an SAC and STC representative.

He has been involved in the SAM Research and Audit Group since its inception. He has published on the topic of alcohol withdrawal, which was submitted as evidence to a NICE guideline group. Recently, he has been involved in studies on pulmonary embolism and gastrointestinal bleeding. He is currently involved in concluding the Royal College of Physicians national study into the Impact of Consultant Input on Acute Medical Admissions.

David has an interest in Informatics and practices the specialist skill of gastroscopy. He is also a Fellow of the Higher Education Authority and completing a Masters in Medical Education.

RCPL PRELIMINARY DATE
- A presentation of the preliminary results from the recently completed full national study on behalf of the Royal College of Physicians.
- This study analysed multiple aspects of acute care from organisation of an AMU to Consultant work patterns.
- Presenting both audit against national guidelines and outcome data such as length of stay and mortality linked to different models of care.

PE STUDY UPDATE
- Phase 1 results: Survey of the intended patient pathways for newly presenting patients with suspected PE in terms of diagnosis, management and responsibilities for each step of the pathway.
- Phase 2 results: Survey of the management of suspected Pulmonary Embolism during Pregnancy.
Co-operation between clinicians, researchers and the pharmaceutical and technical industries has significantly contributed to a better understanding and management of patients with acute medical conditions. Here in Birmingham, industries will share their latest data and developments, showcasing their products and contributing to the conference activities.

The Executive gratefully acknowledges their valuable involvement.

Please take the opportunity to visit the exhibition.

Fisher & Paykel Healthcare has more than twenty years of expertise in heated humidification and temperature control. We distribute a range of products, manufactured by our parent company in New Zealand, comprising of heated humidification systems for use in respiratory care, obstructive sleep apnoea, neonatal care and surgical applications and CPAP systems designed to improve infant respiratory function. Our product range reflects the continuing technological development that is our aim, and which ensures we continue to provide our customers with innovative and reliable products that assist in providing the best patient care.

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Sanofi-aventis is one of the world’s leading pharmaceutical companies. Global headquarters are located in Paris, France and the U.K. headquarters are in Guildford, Surrey. As one of the world’s leading pharmaceutical companies, sanofi-aventis is committed to improving the nation’s health by working in partnership with the NHS, healthcare professionals, voluntary bodies and patient support groups.

Sanofi-aventis focuses its activities on seven major therapy areas:
- cardiovascular medicine
- thrombosis
- oncology
- internal medicine
- metabolic disorders
- diseases of the central nervous system
- vaccines

Roche is one of the world’s leading research-focused healthcare groups in the fields of pharmaceuticals and diagnostics. As the world’s biggest biotech company and an innovator of products and services for the early detection, prevention, diagnosis and treatment of diseases, Roche contributes on a broad range of fronts to improving people’s health and quality of life.

The cobas h:32 is a portable cardiac reader, designed for use in hospitals and surgeries. It enables on the spot testing for myocardial infarction and heart failure as well as DVT and pulmonary embolism, delivering accuracy comparable to the laboratory and enabling swift diagnosis and treatment.

The Siemens Healthcare Sector is one of the world’s largest suppliers to the healthcare industry and a trendsetter in medical imaging, laboratory diagnostics, medical information technology and hearing aids. Siemens offers its customers products and solutions for the entire range of patient care from a single source – from prevention and early detection to diagnosis and on to treatment and aftercare. By optimising clinical workflows for the most common diseases, Siemens also makes healthcare faster, better and more cost-effective. Siemens Healthcare employs some 48,000 employees worldwide and operates around the world.
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**Sponsors and Exhibitors**

- Pfizer
- Vygon
- Roche
- sanofi aventis
- VitalPAC
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We would like to thank everyone who submitted a poster abstract for the 3rd International Conference. There were over 240 poster abstracts received and each one represented the important and outstanding work that happens in acute medicine each day. The short listing adjudicators selected 100 posters for display or oral presentation.

In the pages that follow there is a list of posters that are on display. The posters are categorised into the following four themes:

- Research and Audit (R&A)
- Service Organisation and Delivery (SO&D)
- Education (E)
- Clinical Case Report (CCR)

The posters will be manned at the following times when presenting authors are required to be at their posters:

**THURSDAY 1 OCTOBER**
- 11.10 - 11.40 odd numbers
- 13.00 - 13.30 even numbers
- 13.30 - 14.00 odd numbers
- 15.30 - 16.00 even numbers

**FRIDAY 2 OCTOBER**
- 10.15 - 10.45 even numbers
- 12.30 - 13.00 odd numbers
- 13.00 - 13.30 even numbers
- 13.30 - 14.00 odd numbers
- 14.00 - 14.30 even numbers
- 14.30 - 15.00 odd numbers

Please do not remove posters before the end of the Conference.

### POSTER AWARDS

The posters will be judged during the conference and prizes awarded during the President’s Closing Address. Prizes of £500, £250, £100 plus a Nurse/Pharmacist/AHP prize will be awarded.

In order to lessen the impact on our environment, the Society for Acute Medicine has taken several steps to reduce waste during the Conference. We have therefore decided not to print the poster abstracts within the Delegate Guide.

The poster abstracts and selected posters will be available following the Conference on www.acutemedicine.org.uk. Some will feature in the Acute Medicine Journal later this year. Certificates will be awarded for displaying a poster if required.

### POSTER ABSTRACT ORGANISATION

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<tr>
<td>SD1</td>
<td>Professor Paul Jenkins</td>
<td>A deductive approach to acute medical services design in Western-Australia</td>
<td>University of Western Australia, Joondalup Health Campus</td>
<td><a href="mailto:ppjenkins@meddent.uwa.edu.au">ppjenkins@meddent.uwa.edu.au</a></td>
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<tr>
<td>SD2</td>
<td>Khansa Mazar</td>
<td>A novel electronic handover system for acute medical patients: A survey of junior doctors before and after implementation</td>
<td>Department of Acute Medicine, Queen’s Hospital, Barling, Hawking and Redbridge University Hospitals NHS Trust</td>
<td><a href="mailto:khansamazar@hotmail.com">khansamazar@hotmail.com</a></td>
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<td>SD3</td>
<td>Douglas Lowdon</td>
<td>Acute Medical Unit Change Model</td>
<td>Ninewells Hospital – NHS Tayside</td>
<td><a href="mailto:douglas.lowdon@nhs.net">douglas.lowdon@nhs.net</a></td>
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<td>SD4</td>
<td>Daniel Wilding</td>
<td>ALICE Scores: Predicting Length of Stay for Medical Patients</td>
<td>Acute Medicine, Derriford Hospital</td>
<td><a href="mailto:danwilding@doctors.net.uk">danwilding@doctors.net.uk</a></td>
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<td>SD5</td>
<td>Ivan Le Jeune</td>
<td>Alternatives to admission: a survey of 9112 consecutive GP referrals</td>
<td>Nottingham University Hospitals NHS Trust</td>
<td><a href="mailto:ivan.lejeune@nuh.nhs.uk">ivan.lejeune@nuh.nhs.uk</a></td>
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<td>SD6</td>
<td>David Ahsun</td>
<td>Are we doing too many lumbar punctures for headaches and can we shorten length of stay? - A retrospective study</td>
<td>Royal Bolton Hospital</td>
<td><a href="mailto:davidahsun@gmail.com">davidahsun@gmail.com</a></td>
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<td>SD7</td>
<td>Sarah H Brambhatt</td>
<td>Can incorporating emergency surgical admissions into an AMU improve patient care?</td>
<td>The Ipswich Hospital</td>
<td><a href="mailto:drb28@cam.ac.uk">drb28@cam.ac.uk</a></td>
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<td>SD8</td>
<td>Dr Liz Hamilton</td>
<td>Can we achieve same sex accommodation in the AMU?</td>
<td>Norfolk and Norwich University Hospital</td>
<td><a href="mailto:drlizhamilton@doctors.net.uk">drlizhamilton@doctors.net.uk</a></td>
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<tr>
<td>SD9</td>
<td>E. Rotha</td>
<td>Cardiac Ischaemia Risk Project</td>
<td>University College Hospital</td>
<td><a href="mailto:essa_rotha@hotmail.com">essa_rotha@hotmail.com</a></td>
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<tr>
<td>SD10</td>
<td>Wai-Yee Cheung</td>
<td>Converting Criticism to Change - One Year On</td>
<td>Salford Royal Foundation Trust, University of Manchester</td>
<td><a href="mailto:wai-yee.cheung@student.salford.ac.uk">wai-yee.cheung@student.salford.ac.uk</a></td>
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<td>SD11</td>
<td>Dr Caroline Labus</td>
<td>Critical Care Without Walls: a review of the service at the Queen Elizabeth II Hospital, Harfordshire, UK</td>
<td>Lister Hospital</td>
<td><a href="mailto:caroline@latestjobs.com">caroline@latestjobs.com</a></td>
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<td>SD12</td>
<td>John Soong</td>
<td>Developing an Acute Medical Review Outpatient Service: Brighton and Sussex University Hospitals (B&amp;SUH) Trust – The Royal Sussex County Hospital Experience</td>
<td>Brighton and Sussex University Trust</td>
<td><a href="mailto:johnsoong@gmail.com">johnsoong@gmail.com</a></td>
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<td>SD13</td>
<td>Anirban Chakraborty</td>
<td>Evaluation of Time to Discharge in Acute Medical Unit: Implementing Rapid Assessment and Telephone Triage of GP Referrals</td>
<td>Department of Acute Medicine, The Dudley Group of Hospitals NHS Foundation Trust, Dudley, UK</td>
<td><a href="mailto:dranirban@gmail.com">dranirban@gmail.com</a></td>
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<td>SD14</td>
<td>A Scott</td>
<td>Handheld Echo: Does it answer the question?</td>
<td>NHS Lothian</td>
<td><a href="mailto:annascott@abdn.ac.uk">annascott@abdn.ac.uk</a></td>
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<td>SD15</td>
<td>Dr Fahd Mahmood</td>
<td>Hospital at Night: An audit of the distribution of jobs completed by Foundation Year One Doctors</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
<td><a href="mailto:fahdMahmood@hotmail.com">fahdMahmood@hotmail.com</a></td>
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<td>SD16</td>
<td>Dr M Atkin</td>
<td>Improving the management of severe sepsis in a medical assessment unit</td>
<td>Winchester and Eastleigh Healthcare Trust</td>
<td><a href="mailto:drmarrtckin@gmail.com">drmarrtckin@gmail.com</a></td>
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<td>SD17</td>
<td>Declan Byrne</td>
<td>Increasing wait times predict increasing mortality for emergency medical admissions</td>
<td>St. James’s Hospital</td>
<td><a href="mailto:declanbyrne@gmail.com">declanbyrne@gmail.com</a></td>
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<td>SD18</td>
<td>Dr Ruth Thompson</td>
<td>Medicines Reconciliation on the Acute Medical Unit</td>
<td>West Middlesex University Hospital NHS Trust</td>
<td><a href="mailto:ruths74@hotmail.com">ruths74@hotmail.com</a></td>
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<td>SD19</td>
<td>Dr Rachel Kendall</td>
<td>Predicting early readmissions – an evidence based approach using multivariate logistic regression and CART analyses</td>
<td>St James’s Hospital</td>
<td><a href="mailto:whatupdoc3@yahoo.co.uk">whatupdoc3@yahoo.co.uk</a></td>
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### The Functional AMU - Service Organisation and Design

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<td>Scott W Muir</td>
<td>Reversing the trend of ever increasing acute medical admissions: Experience from The Western Infirmary, Glasgow</td>
<td>Emergency Care and Medical Specialties, Western Infirmary</td>
<td><a href="mailto:Scott.Muir@ggc.scot.nhs.uk">Scott.Muir@ggc.scot.nhs.uk</a></td>
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<td>Dr Saile Singh</td>
<td>Tendon tracking - maximising learning on the medical assessment unit</td>
<td>Royal Bolton Hospital</td>
<td><a href="mailto:drsaileisingh@hotmail.com">drsaileisingh@hotmail.com</a></td>
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<td>SD22</td>
<td>Dr Padma Saxby</td>
<td>The Clinical Effectiveness of an acute Medicine TIA Service</td>
<td>Surrey and Sussex Healthcare NHS Trust</td>
<td><a href="mailto:p.saxby@yahoo.com">p.saxby@yahoo.com</a></td>
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<td>SD23</td>
<td>Christian Peter Subbe</td>
<td>The EPIC of The Electronic Patient Record In The AMU</td>
<td>Wrexham Maelor Hospital</td>
<td><a href="mailto:Christian.Subbe@wrexham-maelor.nhs.uk">Christian.Subbe@wrexham-maelor.nhs.uk</a></td>
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<td>SD24</td>
<td>Dr C P Subbe</td>
<td>The Holy Grail of Seamless Handover – Fact Or Fiction</td>
<td>North-Wales NHS Trust - Wrexham Maelor Hospital</td>
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<td>Dr C Patterson</td>
<td>The impact of NICE guidelines on acute cardiac services</td>
<td>Imperial College</td>
<td><a href="mailto:cmpatterson@doctors.net.uk">cmpatterson@doctors.net.uk</a></td>
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<td>Gj Francia</td>
<td>The MEWS Emergency Team [MET] - Saving Lives</td>
<td>Wrexham University Teaching Hospital NHS Foundation Trust</td>
<td><a href="mailto:gfrancis@doctors.org.uk">gfrancis@doctors.org.uk</a></td>
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<td>Dr Caroline Patterson</td>
<td>The use of Early Warning Systems in London acute Medical Units</td>
<td>Imperial College</td>
<td><a href="mailto:cpatterson@doctors.net.uk">cpatterson@doctors.net.uk</a></td>
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<td>SD28</td>
<td>Dr Helen Johnston</td>
<td>Top 20 Medical Emergencies Simulation course</td>
<td>Severn Deanery</td>
<td><a href="mailto:helenjohnston@doctors.org.uk">helenjohnston@doctors.org.uk</a></td>
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<td>SD29</td>
<td>Dr S Clare</td>
<td>Training and Education In Acute Stroke Thrombolytics: Providing a 24/7 Service</td>
<td>Sandwell and West Birmingham NHS Trust</td>
<td><a href="mailto:sarbc@hotmail.com">sarbc@hotmail.com</a></td>
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<td>SD30</td>
<td>Dr Jay Mandal</td>
<td>Tropinon: What to do about it?</td>
<td>UHSM NHS Foundation Trust</td>
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<td>Dr Ione Meryon</td>
<td>Weakend management plan proformas to improve inter-professional communication, documentation and out of hours care for medical in-patients</td>
<td>Chelsea and Westminster Hospital Foundation Trust</td>
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<td>Richard Haines</td>
<td>Who cares for your patients out of hours? An analysis of handover processes using a novel electronic handover system.</td>
<td>The Ipswich Hospital NHS Trust</td>
<td><a href="mailto:r.haines100@yahoo.co.uk">r.haines100@yahoo.co.uk</a></td>
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<td>SD34</td>
<td>Chris Subbe</td>
<td>Why football teams win, how Japanese companies sell cars and what we can learn from the Glanday Siew!</td>
<td>Wrexham Maelor Hospital</td>
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<td>SD35</td>
<td>Mark Holland</td>
<td>Working Together To Meet The 4-hour Emergency Access Target: Material Benefits For An Acute Medical Unit</td>
<td>University Hospital of South Manchester NHS Foundation Trust</td>
<td><a href="mailto:m.andmholland@ft.manchester.nhs.uk">m.andmholland@ft.manchester.nhs.uk</a></td>
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### The Functional AMU - The Multi - Disciplinary Team

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<td>Christian Subbe</td>
<td>20:10:20 conditions and 10 essential skills for nurses in the AMU</td>
<td>Wrexham Maelor Hospital</td>
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<td>MDT2</td>
<td>Mark Holland</td>
<td>Delivering Venous Thromboembolism Prophylaxis: Pharmacists Make The Difference</td>
<td>University Hospital of South Manchester NHS Foundation Trust</td>
<td><a href="mailto:m.andmholland@ft.manchester.nhs.uk">m.andmholland@ft.manchester.nhs.uk</a></td>
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<td>MDT3</td>
<td>Liz Myers</td>
<td>Development of a functional screening tool to aid discharge planning in the acute Medical Unit (AMU)</td>
<td>NHS Tayside</td>
<td><a href="mailto:a.myers@nhs.net">a.myers@nhs.net</a></td>
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<td>MDT4</td>
<td>Karen Lowdon</td>
<td>Medicine-Related Admissions to the Acute Medicine Unit, Ninewells Hospital</td>
<td>NHS Tayside</td>
<td><a href="mailto:karen.lowdon@nhs.net">karen.lowdon@nhs.net</a></td>
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<td>MDT5</td>
<td>A. Gabri</td>
<td>Pattern of drug prescription in patients with renal impairment in acute medical admission unit</td>
<td>Royal Bolton Hospital</td>
<td><a href="mailto:ad_gabriel321@yahoo.co.uk">ad_gabriel321@yahoo.co.uk</a></td>
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<td>MDT6</td>
<td>Sarb Clare</td>
<td>The AMAN (Acute Medical Assessment Nurse)</td>
<td>Sandwell and West Birmingham NHS Trust</td>
<td><a href="mailto:sarbc@hotmail.com">sarbc@hotmail.com</a></td>
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### The Functional AMU - The Patient Perspective

| PP1             | Professor Daniell Bell| Creating a better understanding of patient experience in an acute setting | Imperial College London | d.bell@imperial.ac.uk |
| PP2             | Dr Kate Akester| How effectively do Physicians communicate to patients their diagnosis, inpatient management, medication and follow up plan on discharge home from MAU? | Queen Alexandra Hospital, Portsmouth | keakester@doctors.org.uk |
| PP3             | D. Perrin| The impact of patient information leaflets: using venous thromboembolic disease as a paradigm | City Hospital, Sandwell and West Birmingham NHS Trust | damian.perrin@nhs.net |
### Ensuring Quality - Audit & Compliance with Guidelines

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<td>AD1</td>
<td>Emmanuel Selvan</td>
<td>Get this, do a dipstick! An Audit of the Management of Acute Kidney Injury (AKI) on Acute Medical Admissions</td>
<td>Queen’s Hospital, Barking, Havering and Redbridge University Hospitals NHS Trust</td>
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<td>AD2</td>
<td>Mahiben Maruthappu</td>
<td>A Comparison of scoring systems in the management of a range of Pulmonary Embolism Patients in a University Hospital</td>
<td>Oxford Radcliffe NHS Trust</td>
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<td>A National Survey of the Management of Pulmonary Embolism in Pregnancy by Acute Physicians and Obstetricians</td>
<td>SAM Research Group, British Maternal and Fetal Medicine Society</td>
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<td>Dr Alexander McDonald</td>
<td>A safe and effective protocol for the ambulatory investigation of possible pulmonary embolism</td>
<td>Department of Emergency Medicine, Royal Infirmary of Edinburgh</td>
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<td>AD5</td>
<td>Rosie Belcher</td>
<td>A targeted education program to improve the management of sepsis</td>
<td>Barnet and Chase Farm Hospitals NHS Trust</td>
<td><a href="mailto:rosiebelcher@doctors.org.uk">rosiebelcher@doctors.org.uk</a></td>
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<td>AD6</td>
<td>Dr Gazanfarandi Ray</td>
<td>Advice on diagnosis and management of patients admitted to the Acute Medical Unit (AMU) - are we adhering to the guidelines!</td>
<td>Royal Alexander Hospital, NHS Greater Glasgow &amp; Clyde</td>
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<td>AD7</td>
<td>Dr Jason Biswas</td>
<td>An audit to assess the management of hip fracture in patients admitted to the Acute Medical Unit against NICE guidelines to the event</td>
<td>Royal Brompton and Harefield NHS Trust</td>
<td><a href="mailto:jason.biswas@nhs.net">jason.biswas@nhs.net</a></td>
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<td>AD8</td>
<td>Professor Dansk Bell</td>
<td>An Evaluation of the Impact of Consultant Input into Acute Medical Admissions Management in England, Wales and Northern Ireland</td>
<td>Chelsea and Westminster Hospital, Imperial College</td>
<td><a href="mailto:dlb@imperial.ac.uk">dlb@imperial.ac.uk</a></td>
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<td>AD9</td>
<td>Asha-Oredope, Diane Al</td>
<td>Antibiotic resistance patterns of blood culture isolates in emergency department patients</td>
<td>Mid Essex Hospitals NHS Trust</td>
<td><a href="mailto:dassha@yahoo.com">dassha@yahoo.com</a></td>
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<td>AD10</td>
<td>Sam Cremin</td>
<td>Assessment of cognitive function in acute medical clerking</td>
<td>North Bristol NHS Trust</td>
<td><a href="mailto:samcremin@gmail.com">samcremin@gmail.com</a></td>
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<td>AD11</td>
<td>Dr Andrew Goddard</td>
<td>Audit of alcohol intake history taking sensible drinking advice and referral to alcohol liaison nurse services in an acute resuscitation unit</td>
<td>Combined Assessment Area, RE</td>
<td><a href="mailto:andy.goddard@doctors.org.uk">andy.goddard@doctors.org.uk</a></td>
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<td>Dr Chris Roseware</td>
<td>Can we prevent hospital acquired DVT by compliance with thromboprophylaxis guidelines</td>
<td>Southampton University Hospitals NHS Trust</td>
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<td>Ivan Le Jeune</td>
<td>Could we investigate various thrombo-embolic disease more efficiently?</td>
<td>Nottingham University Hospitals NHS Trust</td>
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<td>K Wynne</td>
<td>Diabetes diagnosis - New setting, new tools!</td>
<td>Imperial College Healthcare NHS Trust</td>
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<td>Stephen Birker</td>
<td>Digital Rectal Examination (DRE) – is it a forgotten clinical examination?</td>
<td>Ninewells Hospital, NI College of Surgery</td>
<td><a href="mailto:stephanbirker@gms.ac.uk">stephanbirker@gms.ac.uk</a></td>
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<td>AD16</td>
<td>Churna Vaitha-Nadarajah</td>
<td>Doctor’s attitude to oxygen and it’s impact on oxygen prescription – a re-audit</td>
<td>Royal Preston Hospital</td>
<td><a href="mailto:churna.vaitha-nadarajah@hotmail.com">churna.vaitha-nadarajah@hotmail.com</a></td>
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<td>Claire Gordon</td>
<td>Enhancing Lumbar Perforation documentation in the Acute Medical Unit</td>
<td>Lothian University Hospitals Trust</td>
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<td>Gerry McHale</td>
<td>Follow up of high blood glucose values in patients without diabetes admitted to A&amp;U</td>
<td>NHS Greater Glasgow and Clyde</td>
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<td>AD19</td>
<td>Michael Payne</td>
<td>HIV testing in non-traditional settings feasibility and acceptability in an acute admissions unit</td>
<td>Chelsea and Westminster NHS Foundation Trust</td>
<td><a href="mailto:michaelpayne@gmail.com">michaelpayne@gmail.com</a></td>
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<tr>
<td>AD20</td>
<td>Iain Carroll</td>
<td>Improving junior doctor presence at consultant review on the ward - an audit in a busy unit.</td>
<td>Royal Oldham Hospital</td>
<td><a href="mailto:sanicarroll@hotmail.com">sanicarroll@hotmail.com</a></td>
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<tr>
<td>AD21</td>
<td>Dr Chris Sobie</td>
<td>Inter-Networking: Pilot of a Benchmarking Tool for Acute Medical Units</td>
<td>Wrexham Mater Hospital</td>
<td><a href="mailto:csobie@hotmail.com">csobie@hotmail.com</a></td>
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<td>AD22</td>
<td>Dr D Bramlage</td>
<td>Investigation of unilateral pleural effusion in adults</td>
<td>Royal United Hospital, NHS Lothian</td>
<td><a href="mailto:dbramlage@doctors.org.uk">dbramlage@doctors.org.uk</a></td>
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<tr>
<td>AD23</td>
<td>Dr Kerri Baker</td>
<td>Let’s Talk! Quality of communication between primary care and secondary care</td>
<td>Chelsea and Westminster NHS Foundation Trust</td>
<td><a href="mailto:dbaker@nhs.net">dbaker@nhs.net</a></td>
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### Ensuring Quality - New Research Needs

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<tr>
<td>NR1</td>
<td>Dr Iona Meryon</td>
<td>Acute medical admission is an opportunity for fracture risk assessment and intervention</td>
<td>Chelsea and Westminster NHS Foundation Trust</td>
<td><a href="mailto:imeryon@doctors.org.uk">imeryon@doctors.org.uk</a></td>
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<tr>
<td>NR2</td>
<td>Peter Waite</td>
<td>Application of the Modified Early Warning Score in a low resource setting with high HIV prevalence</td>
<td>Department of Medicine, College of Medicine, University of Malawi</td>
<td><a href="mailto:pwaite@gmail.com">pwaite@gmail.com</a></td>
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<td>NR3</td>
<td>Sharon White</td>
<td>Diagnostic accuracy in medical admissions improves with length of time spent in the Emergency Department</td>
<td>NHS Greater Glasgow &amp; Clyde</td>
<td><a href="mailto:steiloha@doctors.org.uk">steiloha@doctors.org.uk</a></td>
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<td>NR4</td>
<td>Zani Hawthwaite</td>
<td>Education of the SHO within the 48 hours EWTD</td>
<td>Salford Royal Foundation Trust, University of Manchester</td>
<td><a href="mailto:zhawthwaite@nhs.uk">zhawthwaite@nhs.uk</a></td>
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<td>NR5</td>
<td>Dr Evan Forrest</td>
<td>FAST Assessment of hazardous drinking and alcohol dependency in acute medical hospital admissions.</td>
<td>Glasgow Royal Infirmary</td>
<td><a href="mailto:evan.forrest@rgp.nhs.uk">evan.forrest@rgp.nhs.uk</a></td>
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<td>NR6</td>
<td>Dr Elora Miah</td>
<td>How good are we at sharing knowledge for mutual benefit in the NHS</td>
<td>Denz Fellow NHS London</td>
<td><a href="mailto:elora21@gmail.com">elora21@gmail.com</a></td>
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<td>Dr Sped V Ahmed</td>
<td>How important are Single Sex Wards in medical emergencies in relation to privacy dignity and respect?</td>
<td>Stepping Hill Hospital NHS Foundation Trust</td>
<td><a href="mailto:syed.ahmed@stephongt.nhs.uk">syed.ahmed@stephongt.nhs.uk</a></td>
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<td>NR8</td>
<td>Assoc Prof Harvey Newham</td>
<td>Impact of the 2019 Melbourne Heat Wave in a major public hospital - implications for future events</td>
<td>Alfred Health</td>
<td><a href="mailto:hnewham@kisses.com.au">hnewham@kisses.com.au</a></td>
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<td>NR9</td>
<td>R L Karadi</td>
<td>Interventions for High Modified Early Warning Score and In-patient mortality: A Prospective study</td>
<td>Leeds Teaching Hospitals NHS Trust</td>
<td><a href="mailto:rkaradi@gmail.com">rkaradi@gmail.com</a></td>
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<td>NR10</td>
<td>Dr Evan Forrest</td>
<td>Performance of the Glasgow Modified Alcohol Withdrawal Score (GMAWS) in the management of Alcohol Withdraw amongst Acute Medical Admissions.</td>
<td>Glasgow Royal Infirmary</td>
<td><a href="mailto:evan.forrest@rgp.nhs.uk">evan.forrest@rgp.nhs.uk</a></td>
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<td>NR11</td>
<td>Ivan Le Jeune</td>
<td>Safe discharge of patients with low-risk upper gastrointestinal bleeding (UGIB) can the use of Glasgow-Blatchford Bleeding Score be extended?</td>
<td>Nottingham University Hospitals NHS Trust</td>
<td><a href="mailto:icjeune@nhs.net">icjeune@nhs.net</a></td>
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<td>NR12</td>
<td>Dr Sharanas Nakeem</td>
<td>Simulation Training in Foundation Years</td>
<td>Medical Education Centre, Wiphos Cross University Hospital</td>
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<td>NR13</td>
<td>Les Al</td>
<td>The Amb Score: A pilot study to develop a scoring system to identify which emergency medical referrals would be suitable for Ambulatory care management.</td>
<td>Royal Glamorgan Hospital</td>
<td><a href="mailto:lealsaal@hotmail.co.uk">lealsaal@hotmail.co.uk</a></td>
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<td>NR14</td>
<td>Dr Padmri Saxty</td>
<td>The Early Management of Acute Kidney Injury and its Impact on Clinical Outcome</td>
<td>Surrey and Sussex Healthcare NHS Trust</td>
<td><a href="mailto:psaxty@gmail.com">psaxty@gmail.com</a></td>
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<td>NR15</td>
<td>Daniel Bedetti</td>
<td>The prevalence and prognostic significance of hypophosphataemia in acute medical admissions.</td>
<td>Stirling Royal Infirmary, NHS Forth Valley</td>
<td><a href="mailto:danbedetti@nhs.net">danbedetti@nhs.net</a></td>
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<td>NR16</td>
<td>Ki Mun Tan</td>
<td>The role of specialty specific management in improving outcomes of the older adult presenting to the emergency department</td>
<td>Department of Medicine for the Elderly St Vincent’s University Hospital, Elm Park</td>
<td><a href="mailto:kintan123@gmail.com">kintan123@gmail.com</a></td>
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<td>NR17</td>
<td>I Morala</td>
<td>Ultrasound on The Acute Take</td>
<td>Manchester Royal Infirmary</td>
<td><a href="mailto:yemorala@yahoo.com">yemorala@yahoo.com</a></td>
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<td>NR18</td>
<td>Dr Evan Forrest</td>
<td>Use of a Risk Stratification Protocol to Indicate Fixed Dose or Symptom Triggered Benzodiazepine Administration in Alcohol Withdrawal in an Acute Medical Unit.</td>
<td>Glasgow Royal Infirmary</td>
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<td>CC1</td>
<td>Christopher Pearce</td>
<td>A Case of Focal Myositis</td>
<td>University College Hospitals London</td>
<td><a href="mailto:cmpearce@doctors.org.uk">cmpearce@doctors.org.uk</a></td>
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<td>CC2</td>
<td>R L Karadi</td>
<td>A lethal DVT mimic: Early recognition can avoid catastrophe!</td>
<td>Mid-Yorkshire NHS Trust</td>
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<td>CC3</td>
<td>Emma McLaren</td>
<td>A rare cause of meningitis with cranial nerve involvement: a case report</td>
<td>John Radcliffe Hospital</td>
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<td>CC4</td>
<td>Dr Mehal Dhalal</td>
<td>An unusual cause of stroke in young</td>
<td>Sunderland Royal Hospital</td>
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<td>CC5</td>
<td>M Ghumro</td>
<td>Delayed Right Ventricular Perforation by Permanent Pacemaker Lead</td>
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<td>CC6</td>
<td>Ying-Qiao Wong</td>
<td>Hyperalcaloaemia and adult T-cell leukaemia: a case report</td>
<td>Department of Acute General Medicine, John Radcliffe Hospital</td>
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<td>CC7</td>
<td>Dr Suneeta Tedchandani</td>
<td>Is It Obesuty or Madelung’s Disease?</td>
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<td>CC8</td>
<td>Dr Muhammad Taiyal</td>
<td>Pseudo- sarcoideal haemorrhage-an uncommon complication of coronary angioplasty</td>
<td>Royal Victoria Infirmary, Newcastle upon Tyne Hospitals NHS Foundation Trust</td>
<td><a href="mailto:mtaifaiy@hotmail.co.uk">mtaifaiy@hotmail.co.uk</a></td>
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<td>CC9</td>
<td>Fiorenza Shepherd</td>
<td>The first case report of H1N1 associated Supraventricular Tachycardia</td>
<td>West Middlesex University Hospital</td>
<td><a href="mailto:fiorenza@doctors.org.uk">fiorenza@doctors.org.uk</a></td>
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<td>CC10</td>
<td>A Yauf</td>
<td>Villous Rectal Adenoma Causing Profound Electrolyte Disturbance and Acute Renal Failure the McKittrick-Wheelock Syndrome</td>
<td>Department of Gastroenterology, Queen Alexandra Hospital</td>
<td><a href="mailto:abdyus12@gmail.com">abdyus12@gmail.com</a></td>
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</table>

| Ensuring Quality - Education |

| E1                   | Shital Amin                                | Foundation Year 1. doctors (FY1s) perceptions on learning via working on-call for acute admissions. | Guys & St Thomas’ Hospital NHS Trust           | shital@doctors.org.uk                     |
| E2                   | James Storey                               | Simulation for Simulation: See one. Do one. Teach one? ... or ... See one. Simulate many. Learn to do one. (safely)? | Leeds Teaching Hospitals NHS Trust             | jmstorey@doctors.org.uk                   |