What has SAM been doing in the past few months?

They say that time flies when you are having fun – or maybe it’s just a sign of getting older; June and July certainly seem to have raced past and school holidays will soon be upon us. Some of you will no-doubt have booked a well-earned break with the family; others will just enjoy a slightly easier commute and a few empty spaces in the hospital car park. Either way, hopefully our weather will finally settle down into something which resembles summer before the days are too short to enjoy it!

The past few months have continued to be an active season for SAM – feedback from the Dublin meeting was better then ever with 95% of delegates rating the meeting as ‘Excellent’ or ‘Good’; this bodes well for our autumn International meeting in Manchester which is now rapidly approaching. The programme committee, led by Phil Dyer and Mark Holland, have organised a fantastic array of UK and International speakers for what should be an excellent programme. Deadline for abstract submission is the end of July, so please get your skates on and get writing – we have a much larger area for posters than in Dublin so look forward to being able to display a larger proportion of the submissions we receive.

On other fronts, the profile of SAM and Acute Medicine is continuing to rise – Acute Medicine Awareness Day saw publication of our AMU Quality Standards document which is available for download from the website, along with a new document on the role of the co-ordinator on the AMU. SAM is actively involved in each of the workstreams for the RCPL ‘Future Hospital’ commission which will be reporting later in the year.

Our long-awaited ‘toolkit’ for the delivery of 7 day consultant working in the AMU is nearing its final draft – hopefully to be signed off by SAM and the RCPL imminently. I am also co-chairing the Academy of Medical Royal Colleges subgroup on 7 day working. Surgical specialities, anaesthetists, radiologists and general practitioners are all represented on this group, so there is a real sense of collaboration. This is crucial – we cannot move forward unless we do this together. A key aim is to identify the levels of support services, diagnostics and primary care are necessary to ensure the benefit of a weekend consultant presence is fully realised.

This newsletter, produced by our Marketing and Communications Executive Claire Charras, is designed to bring you up to date with a few of our recent events and activities; future contributions would be welcome, and should be emailed to acutemedicinecomms@gmail.com.
Reflections from a vibrant Dublin

Professor John Crowe, Royal College of Physician Ireland President:

"The meeting was fantastic. The conference was very clinically orientated which was good. It had subjects that you wouldn’t usually see and which were very relevant. There was also a good bit of education and strategy development which is important to help us know how to position ourselves and to not exclude other specialties. I’m very optimistic about acute medicine in Ireland and we are taking a lot of experience from our British colleagues in acute medicine and acute medical units."

Liz Lees and Helen Pickard, Consultant Nurses in acute medicine

"The recent Spring Conference held in Dublin was perhaps the best one ever for nurses and therapists, seeing bumper numbers of nurses (56) in attendance. The benefits of collaboration and networking clearly outweighed the austerity measures in place.

The presentations were rapturously received with all the parallel sessions booked to the point of standing room only! ‘Advancing practice and maximising the nursing contribution’ generated lots of questions; we were mobbed by nursing delegates keen to extract information for their new and developing acute medicine units. ‘Nursing research’ in acute medicine also made its Irish debut when Mary Day from Ireland outlined how they generate and invest in this important element of nursing care."

Rachel Kidney, Consultant Physician at St James’s Hospital, Dublin

"SAM Dublin was SAM’s first venture outside the UK and thanks to Dr Chris Roseveare’s persistence and enthusiasm it was well worth the risk. As the local organiser, it was a wonderful experience and I thoroughly enjoyed collaborating with my UK colleagues. I was delighted to hear that a large proportion of delegates had travelled from the UK to our vibrant city, Dublin.

We had such a high calibre of speakers from both the UK and Ireland and I am very grateful to them all for taking the time to come to Dublin and for delivering such high quality presentations. Acute Medicine is in its infancy in Ireland and we are privileged to be following in the footsteps of the UK program. I look forward to strengthening our friendship over the coming years."

SAM Annual Conference—Manchester October 11-12

Registration and abstract submission deadline is 31st of July.

Some highlights are a Heart Failure Symposia with Professor Andrew Clark Professor Theresa McDonagh, Dr Simon Williamson and Dr Susan Hardman. We also have an update on Risk Stratification in Acute Medicine featuring European and American opinion leaders. We are also featuring sessions on psychiatry, a debate on how to manage the acute surgical patient, the frail elderly patient, Commissioning Acute Medicine Services among many other strong educational sessions. We are running master classes, debates, small plenaries, parallel sessions - whether you are new to acute medicine or have been working with these challenging patients for what seems like an eternity, we have something that will appeal to you.

The full programme is available here or on our website.

Don’t miss a great chance to earn 12 CPD points, catch up with new developments in acute medicine and network.
The first every Acute Medicine Awareness took place on the 20th of June where 27 acute medical units in England, Wales and Scotland organised awareness and fundraising activities.

With one awareness day ‘champion’ per unit, many involved the help of other members of staff. 86% of the units participating had an open ward day with posters, leaflets and information stands where visitors, patients and hospital staff could come and talk about acute medicine.

Dr Shirine Boardman, consultant physician and diabetologist at the Grantham and District Hospital says: “The awareness day was a wonderful idea. Ours is a only a small unit with 32 beds, but our staff felt important and proud that day, as if they belonged to a special club with a special mission.”

Although not all the units were fundraising, 15% of those who did, raised over £1000 for their hospital according to the survey participants filled in after the event. Some took this opportunity to raise the profile of newly opened AMUs and this provided them with the chance to introduce the acute medical unit to the rest of the hospital and the trust.

Despite the challenges of organising such an event, 93% of the respondents said they would definitely take part in the Acute Medicine Awareness Day next year, which is extremely positive for the future. More photos of the awareness day are available on the website and on our Facebook page.

“Our staff felt important and proud that day, as if they belonged to a special club with a special mission”
Acute News: What is your background?

Nick Scriven: I was born and educated in Norwich and I studied at Leicester University. Once I completed my studies I started working for the Nottingham registrar rotation for respiratory and general internal medicine. In 2001, I was appointed consultant in Acute Medicine at the Halifax Hospital and I have been here ever since.

AN: How did you get involved with SAM and what does this mean to you?

NS: I first heard of SAM through a drug representative who was sponsoring a meeting in Nottingham where George Alberti gave a speech. SAM has been a supportive voice for Acute and Internal Medicine for many years and others such as the Royal College for Physicians are now catching up. SAM always provides a chance to network with like-minded colleagues and enables to compare practice experiences for the good our units. On “dark days” when the AMU is full and the admissions keep arriving, SAM reminds us “we are not alone”.

“SAM has been a supportive voice for Acute and Internal Medicine”

AN: What do you think is the biggest challenge for acute medicine in the future?

NS: The biggest challenge as I see it, is maintaining our own identity and ensuring we maintain our “niche” in hospital medicine by trying to have a say in commissioning.

AN: What do you think is the biggest opportunity for acute medicine in the future?

NS: Unfortunately opportunities are limited with the current financial state of affairs but with some “blue sky” thinking, acute medicine could help ensure that the generalist does not disappear entirely from hospitals over the next decade.

AN: On a lighter note, what do you do outside of work?

NS: I have a growing family with teenage children and I am even a step-grand-dad but I’d rather not brag about that too much! My masochistic streak sees me supporting Norwich City Football Club as I have been since the late 1980s.

Introducing Nick Scriven
Newest member of the Society for Acute Medicine’s Council

Nick Scriven, newly appointed medical non-trainee representative on the SAM Council and consultant in Acute Medicine at Halifax since 2001 tells Acute News a bit more about himself.

Quality Standards in Acute Medical Units

SAM published the first ever Quality Standards in Acute Medical Units on the 20th of June. This much anticipated document was created in partnership with the West Midlands Quality Review Service and is a landmark for the profession. Launched on the first ever Acute Medicine Awareness Day, this document provides key recommendations such ensuring an experienced doctor is available at all times for acutely ill patients, providing a holistic approach to acute medical care and ensuring that patient are properly informed about their conditions and the care they will receive.

SAM President, Dr Chris Roseveare said: “This document provides a major step towards ensuring that this vulnerable group of patients receives the highest quality of care in every part of the UK.”

It is hoped that these standards will be adopted by the commissioning board when their guidance documents are produced in the autumn. Lisa Carroll, consultant nurse in North Staffordshire and one of the authors of the document said: "The quality standards will ensure that patients being cared for in acute medicine receive high quality care wherever they present. They will help clinicians develop services and provide a framework on which they can benchmark themselves. This is an exciting development". Professor Matthew Cooke, National Clinical Director Urgent and Emergency Care, said: “We know that earlier senior involvement in the emergency care of patients with acute medical problems improves their outcomes. Specialists in acute medicine are a key component in ensuring the best care for people who suffer sudden illness. This document supports this continuing improvement in care for these patients.”

“Quality Standards for Acute Medical Units can be downloaded from the SAM website www.acutemedicine.org.uk.”
Going for a job interview is probably one of the most daunting aspects of one’s career. Dr Philip Dyer gives us an insight of what to expect during a job interview and how to prepare ourselves for what could be a life-changing day.

**Acute News: What is the essential part of being well-prepared for a job interview?**

Philip Dyer: The most common mistake applicants make is to not know the hospital they are applying to and not make the most of visiting the unit prior to the interview. Meeting with the lead consultant, the lead nurses, the CD, the medical director, the chief executive and the head of nursing gives you a chance to understand not only how this particular unit works but also any issues that may be present within the trust.

**AN: What sort of questions can be expected during a job interview?**

PD: Like in many sectors, the medical profession uses situational interview techniques to assess how people will act and react in particular situations. Applicants must be prepared for these and think about their answers before entering the interview room. For instance, it could be a question along the lines of: “The hospital is at level 3, what would you do?”. On the other hand, you also have to prepared to answer questions such as “why do you want to work here?” or “what is the role of acute medicine?”. Applicants have assure their potential employers that they are great value for money as employing a consultant is expensive.

**AN: What is the most important aspect of a job interview?**

PD: The most important element above all is knowledge. You have to know your subject and your skills. In effect, being an acute physician means that you are better at gastroenterology than a respiratory physician, better at respiratory than a gastroenterologist, better at diabetes and endocrinology than an elderly physician, better at elderly care than a diabetologist and endocrinologist and so on... This has to shine in the interview. You also have to know how the AMU works, what the acute medicine process is, what problems you are likely to encounter on the job, understanding patient flow. As I said, it’s all about knowledge.

**AN: Not everyone can know everything, what about weaknesses? How can these be addressed?**

PD: Here, it is important to turn weaknesses into strengths. It is crucial that you are prepared for this and aware of what your weaknesses are. Applicants should the most out of what they have done and counter-balance it with what they haven’t done. This will show interviewers that applicants have ideas and initiatives that can be brought to the ward.
Could you be our very first winner?

The Society for Acute Medicine Outstanding Contribution Award

The SAM Award has been developed to recognise any outstanding contribution made by an individual to the principles or practice of acute medicine, on a local, national or international scale.

What do I have to do?

We are looking for innovative individuals who have developed new projects or processes in their AMU that have improved patient care and or safety; just tell us about yours!

Who is eligible?

Medical trainees in acute medicine
Nurses working in the AMU environment
Allied health professionals working in the AMU environment

How to apply

Applicants can nominate themselves:
The application should be in the form of a structured statement.
For full instructions go to our website.

The prizes

An award certificate
Free attendance at our next conference – and a chance to present your work at this meeting.
Opportunity to publish your project summary in the Acute Medicine Journal (subject to editorial input).