February 2016

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Key Dates for 2016

The Society for Acute Medicine
February 2016

**June 11th 2016**  2nd National takeAIM conference

**June 14th 2016**  5th Acute Medicine Awareness Day

**June 16th 2016**  5th Society for Acute Medicine Benchmark Audit (SAMBA)
Our spring meeting is now a matter of weeks away. For those of you planning to submit an abstract please remember that the portal closes at midnight on 6th March 2016.

The conference organisers, Eleanor Campbell, Michael Trimble and Alistair Douglas have very kindly provided us with an update of their plans:

‘We are delighted to have a high quality field of local, national and international speakers to appeal to doctors of all grades, nursing and allied health professionals. As the leading conference for Acute Internal Medicine we have the usual mix of updates in clinical management, sessions on how we practice and on organisation of care. As always we have dedicated sessions for trainees, nurses and AHPs.

In the opening session we will hear from medical leads who have redesigned unscheduled care in the UK and the Republic of Ireland. We are fortunate to have Professor Pat Croskerry from Canada, a true world leader in his field, to tell us about clinical and diagnostic reasoning. Following on, we discuss acute management of the major organ failures and insights into presentations we get wrong. Don’t miss the 10-minute neurology examination; just think how you will impress your colleagues!

Up bright and breezy for the Friday morning sunrise session, following some craic at the dinner, we have workshops to discuss rotas for a 7-day service and less than full-time (LTFT) working in an AMU. **We would like to hear from anyone who can share their experiences of LTFT working on AMU, either as a trainee or consultant. Please contact the SAM administrator or one of the conference organisers.** We will hear how to handle the unpleasantries of being sued, responding to complaints and making a press statement. There are updates on advances in anticoagulation, antimicrobials and illicit substances. There is a research session with data that may surprise you regarding the ‘weekend effect’ and determinants of patient flow. The closing session links acute medicine with other frontline specialities in emergency medicine and intensive care.

Belfast is easily accessible; George Best City Airport is a five-minute taxi from the conference venue and there are cheap regular flights from all UK regional airports. The Titanic Centre is a fascinating building with an installation celebrating the city’s shipbuilding heritage. Transport in to the city centre is easy by bus, taxi, foot or even Segway. **Belfast City is a great weekend destination with many hotels, pubs and a thriving arts and music scene. So come and sample the Northern Irish Charm for yourself.’
Abstracts are now invited for our 10th International Scientific Meeting which we are hosting jointly with the Royal College of Physicians of Edinburgh. The link above takes you to the conference website, including the draft programme and registration details.

We have introduced a new format for presentations this year, as well as retaining our traditional posters and oral presentations. We are calling the new format ‘A Wee Shorty’. The short presentations will only be for authors submitting to the Service Organisation and Design section. Our aim is for authors to showcase a service development which benefits patient care. A time limit of 5 minutes will be strictly adhered to with a further one minute for questions. We will choose 16 presentations. Short, concise and focused presentations are becoming increasingly popular. We want young presenters and colleagues from a non-medical background to present in this session. To present ‘A Wee Shorty’ you cannot be a consultant, although consultants are encouraged to be co-authors to support their teams.
Nurses’ Update

Ian Setchfield and Jan Christian are pleased to report some exciting developments.

The nursing group are trying to get acute medicine recognised as a nursing specialty, similar to other nurse specialties, for example critical care. Plans are now well advanced with Bolton University to offer a postgraduate qualification in acute and emergency care, possibly as early as September 2016. Discussions have also begun with Canterbury Christchurch University to offer a similar postgraduate qualification. This would align acute medicine nurses with the development of advance practitioners (ANPs) in acute medicine.

Colleagues from Bolton and Nottingham are contributing to a piece of work to standardise competencies for ANP’s. In December 2015, Jan and Ian met with Royal College of Nursing (RCN) and acute care colleagues to work collaboratively to begin to understand the needs of staff working within acute care:

- To identify the skills and knowledge required to provide the right level of care.
- To identify a clear career pathway; this will assist acute medicine being recognised as a speciality within nursing.

There is the potential to work with the Royal College of Physicians (RCPL) to recommend the necessary competencies for ANP’s, similar to work already undertaken by the Royal College of Emergency Medicine (RCEM). At the time of writing for the newsletter, Ian was informed that the RCN will be providing a recognised and accredited advance practitioner programme (date to be confirmed).

We need more non-medical members! Everyone is asked to look at the nurse section on the SAM website and point your nurse team in the same direction. If you have any ideas on how we can increase the non-medical membership, please contact Jan or Ian. Policy makers and people in positions of power are influenced by the size of an organisation’s membership; more members means SAM has a greater potential to influence national agendas. A stronger voice to promote acute medicine benefits patients and their families.

If you have examples of work you are doing on your units that you want to share, or ideas you are struggling to get off the ground, then please feel free to contact Jan or Ian.

Jan has started a WhatsApp for SAM multi-professionals. If you want to join, search for the group and Jan or Ian will add you on. It’s a great way to communicate quickly, share your experiences and opinions, and develop SAM’s multi-professional identity.

To contact Jan or Ian, e-mail us at administrator@acutemedicine.org.uk.
Ward SAM Noticeboard and Unit Directory Competition

Win a FREE place for a non-medic at a SAM conference!

The AMU at the University Hospital of South Manchester has a well-established SAM noticeboard. Strategically situated by the staff coffee room, the board includes posters presented at SAM conferences, SAMBA data and general information about who we are. SAM is always looking to increase the number of non-medics, especially now that Jan and Ian have revamped their nurse programme. A SAM noticeboard on the AMU serves many functions and lets everyone know who we are.

To encourage your teams and wards with their noticeboards we are running a competition:

- **WHAT to submit?**
  A picture of your noticeboard and team together with a short description of what your board displays (maximum 200 words).

- **WHO can enter?**
  Non-medic(s) working in acute medicine, although doctors are encouraged to fully support their teams. The main entrant does not need to be a SAM member.

- **MUST**
  Your unit must be registered in the SAM Unit Directory on our website.
Competition (cont.) and SAMBA Academy

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• **PRIZE**
  One free place at a future SAM conference. The winner can attend on their own or better still, a unit can combine the free place with our existing non-medic deal of ‘3 for 2’ and have **three people attend for the price of one**.

• **CLOSING DATE**
  30th April 2016. If the winning unit is already attending SAM Belfast we can refund you for one place. Alternatively, you can hold your prize for Edinburgh or next year in Cardiff.

• **APPLY**
  To SAM at administrator@acutemedicine.org.uk. The winning photo and accompanying pitch will be published in the May newsletter.

SAMBA Academy – Christie Hospital Manchester February 19th 2016

I am grateful to Dr Chris Subbe and Dr Tim Cooksley for organising the inaugural SAMBA Academy. Whilst the real highlight was a selection of biscuits and chocolate cupcakes, the ensuing sugar rush resulted in a very productive meeting. We have ironed out some of the annoying glitches and anomalies, such as ‘what is time zero?’ To simplify data collection we have commissioned a purpose built database.

Most importantly we have set a date for SAMBA 2016, Thursday June 16th.

I believe that SAMBA is very important for SAM’s external profile. In recent meetings with august bodies, such as the CQC, our commitment to quality improvement through SAMBA has been recognised. SAMBA is a brilliant, catchy phrase and I strongly feel we need to develop the ‘brand’. In recognition of our commitment we are proposing a SAMBA sub-committee and an annual SAMBA report.
Meningitis Guidelines

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Meningitis Guidelines

Dr Olivier Gaillemin represented SAM on the writing group for ‘The UK joint specialist societies guideline on the diagnosis and management of acute meningitis and meningococcal sepsis in immunocompetent adults.’ There is also advice on viral meningitis. The Guideline can be accessed on the Journal of Infections open access link, http://www.journalofinfection.com/article/S0163-4453(16)00024-4/fulltext.

Olly lists the key points and so forth:

• Emphasis on trying to obtain an early CSF sample.
• A lumbar puncture (LP) performed within an hour of arrival to hospital (where safe to do so) because of the fall in CSF yield four hours post antibiotics or antivirals.
  o LPs may need to be performed in the Emergency Department.
• Neuroimaging prior to a lumbar puncture is not always necessary.
  o This is not new but emphasised as often the delay to LP is waiting for a CT scan.
• Early involvement of senior physicians, including intensive care when appropriate.
• Advice on duration of treatment, dependent on organism, is updated.
  o Treatment may be safe for shorter periods than is currently practiced.
• The potential for outpatient intravenous treatment is advocated.
  o Patient’s afebrile, clinically well and received five days of in-patient treatment.
• New recommendations with regards to follow-up care.
  o Relevant to acute physicians treating patients on an ambulatory basis.

We are grateful to Olly for representing us.

I highlight his involvement not only because this is an important topic; SAM are frequently invited to send representatives to learned groups and committees. To shape patient care and influence health policy it is important that we participate as much as possible. Volunteers are always welcome.
Updates from the Literature

February was also a big month for Olly and his Salford colleagues with the publication of a paper in clinical medicine. They evaluated their model for embedding acute frailty work in the AMU with a multi-professional approach.


Dr Mike Jones had an article published in the Future Hospital Journal, reviewing the evidence for AMUs. The paper provides an excellent summary on the topic.

  [http://futurehospital.rcpjournal.org/content/3/1/45.full](http://futurehospital.rcpjournal.org/content/3/1/45.full)

SAM’s research lead Dr Louella Vaughan has highlighted a paper which although focussed on nurses, also found that the number of doctors impacts on patient outcome; this is the total number of doctors (junior and senior) in a hospital, not the number/type of doctor per shift.

  [http://bmjopen.bmj.com/content/6/2/e008751.full.pdf+html](http://bmjopen.bmj.com/content/6/2/e008751.full.pdf+html)

We are keen to hear from members who have published their data; let us know and in future newsletters we can provide a link for others to read.
SAM and Trainee Contracts

I am aware that in the recent past SAM have not made any formal statements regarding junior doctor contracts. In January 2016 we co-signed a joint letter with the Royal College of Physicians and other specialist societies to all parties involved in the dispute.

I wish to assure all members, especially our trainees, that we have not ‘gone silent’. During the negotiation period we felt it was appropriate to see if a negotiated settlement could be reached. We also know that the timing of any input from us must be right. I believe that the time has come for us to make a statement and we will be doing so in the next few days.
Here Comes SAMmer

Apologies for the cheesy title. This summer we are holding three of our premier events within the space of a week. The events are organised and run by different acute medicine colleagues and so being close together should not be a burden. We are hoping to capitalise on the flurry of activity to get acute medicine at the top of everyone’s agenda!

**takeAIM – June 11th 2016 for the 2nd National TakeAIM Conference, Birmingham**


Following the success of the first takeAIM conference, a second gathering is taking place.

For those of you who are not yet familiar with takeAIM I strongly recommend a visit to the website. As well as national conferences, a series of regional meetings are taking place. The next local sessions are this Wednesday, March 2nd, in Birmingham, Bristol, Bradford and Newcastle. The takeAIM team are developing a local network of mentors to spread the word and support future local meetings. The local meetings last for three hours and start at 6pm.

I spent this Saturday, February 27th, with Dr Zoe Jones and Dr Paarul Prinja from the takeAIM team, as well Dr Mike Jones and our trainee representative Dr Sanjay Krishnamoorthy at the Royal College of Physicians careers day in London. I hope we managed to inspire a few people to join us, time will tell.

(Left to right) Dr Mike Jones, Dr Paarul Prinja, Dr Adrian Kennedy, Dr Zoe Jones and Dr Sanjay Krishnamoorthy.
Please help us get as many people as possible engaged and enthused about acute medicine, starting early with medical students, as well as foundation and core medical trainees.

**Acute Medicine Awareness Day – June 14th 2016 the 5th Acute Medicine Awareness Day**

This year we are reverting to holding the Acute Medicine Awareness Day in June. We are looking to expand the number of participating sites. We are keen to know what type of products SAM can provide to assist you in running an event, for example balloons, pens etc.

**SAMBA – June 16th 2016 the 5th Society for Acute Medicine Benchmark Audit (SAMBA)**

Last year we had 82 units taking-part. **Please let’s make it 100 units in 2016.**
Research Committee

RISK Study – Risk prediction for acute kidney Injury in acute medical admissions in the uK.

Our research committee are supporting the study. The organisers say:

RISK is a multi-centre observational study with rapid set-up and delivery that will describe the clinical and laboratory risk factors for AKI in a large number of general medical admissions. The resulting database will allow development and refinement of AKI risk scores, including validation of risk tools developed elsewhere in single centre studies. The study is being designed and led by the AKI Clinical Study Group, a national group dedicated to initiating and supporting clinical research into AKI, in partnership with Kidney Research UK (www.kidneyresearchuk.org/research/acute-kidney-injury-clinical-study-group). The principle investigator is Professor Lui Forni (University of Surrey) who has a strong track record in multi-centre AKI research.

Anyone wishing to join the study is advised to follow the link.

NIHR clinical academic careers case study videos available!

The NIHR Trainees Coordinating Centre (TCC) has a series of short case-study videos from NIHR Trainees talking about their clinical academic careers. The NIHR provides training and career development awards. 

Find out more...
The Foundation for the Development of Internal Medicine in Europe (FDIME)
FIDME are offering research grants to young internists/researchers who are interested in pursuing research in the study of rare diseases in internal medicine. The grants are available for researchers up to the age of 38 years. Applications must be submitted by 3 June 2016. For further information and to obtain an application form, email: contact@fdime.org

Many thanks for now,

Mark Holland
President, The Society for Acute Medicine