

Meetings 2014

SAMsterDAM 1-2 May

REGISTRATION AND CALL FOR POSTER ABSTRACTS OPEN DECEMBER 2013

SAMBrighton 2-3 October

WWW.ACUTEMEDICINE.ORG

CONFERENCE MANAGEMENT

www.eventage.co.uk | e-mail: christine.lawson@eventage.co.uk | telephone: 0141 639 8123





CPD: 12 CREDITS
ACTIVITY CODE: 84740

The Society for Acute Medicine 7th International Conference

*SECC Glasgow
3-4 October 2013*

*Acute Medicine:
Improving the Health
of The Nation*

SAM INSPIRING EXCELLENCE IN ACUTE MEDICINE



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LOCH SUITE: WHERE TO FIND YOUR SESSIONS

ALL CONFERENCE SESSIONS ARE TAKING PLACE WITHIN THE LOCH SUITE

GROUND FLOOR		FIRST FLOOR	
PLENARY SESSIONS	LOMOND	PARALLEL SESSIONS	CARRON
PARALLEL SESSIONS	ALSH	ULTRASOUND MASTERCLASS	DOCHART
REGISTRATION DESK	BOISDALE	ADVANCED LIFE SUPPORT	
EXHIBITION	FOYER	MASTERCLASS	DOCHART
POSTER DISPLAY AREA	HALL 1-2		
REFRESHMENTS	HALL 1-2		
	HALL 1-2		



THE PROGRAMME

SAM is delighted to return to Glasgow for our 7th Annual Scientific Conference with the theme, *Acute Medicine: Improving the Health of the Nation*. Again we welcome high calibre speakers including Sir Harry Burns, CMO for the Scottish Government; Professor Sir Ian Gilmore, President of the British Society of Gastroenterology and expert on alcohol-related diseases; Robert Francis QC, author of the Francis Report and Professor Anne Marie Rafferty, Professor of Nursing Policy at King's College to name a few.

We are running our most comprehensive programme and this RCPL CPD accredited scientific conference is for everyone involved in the care of patients with an acute medical problem. Clinical updates, topical debates and presentations of the latest acute medical research will highlight how you solve the key challenges that you face daily.

We have over 100 contributors so hopefully you'll find something in the programme of value regardless of your area of specialty.

CPD Activity Code: 84740 - Approved for 12 hours of External Clinical CPD

OUR EXHIBITION

Our exhibition will add value to your time here. Showcasing services and products that will help inform and support your work. The exhibition is in **Halls 1-2**. There are 15 displays so please take time to visit the exhibitors. We value their support.

MEETING COLLEAGUES

Networking and sharing experiences with others is one of the key benefits of being here. Please take the chance to meet colleagues, refresh relationships and make new contacts. We have delegates from all over the world and we would like you all to feel very welcome, especially if this is your first SAM Conference. To help you find colleagues who do the same job as you, we have given you the same coloured badge.

SAM WEBSITE

Our website is www.acutemedicine.org.uk. The conference presentations including the oral poster presentations, copies of the posters and their abstracts are all available online.

INTERNET ACCESS

Free high speed WiFi is available throughout the SECC.

Use the following access codes:

Network: SAM

Password: SAM

STAY CONNECTED

When tweeting during the conference use hashtag, [#samglasgow](https://twitter.com/samglasgow). If you want to keep up with what's happening, use [@acutemedicine](https://twitter.com/acutemedicine). We are also on [Facebook](https://www.facebook.com/SocietyforAcuteMedicine) as Society for Acute Medicine and this is a great way to keep up with all the latest medical news as it affects you on the AMU.

WHAT DO YOU THINK?

Please tell us what you think of this conference. We want to know what worked well, areas that we can improve and crucially suggestions for future conferences. You will be sent a short email survey so please complete it if you would like your views heard.

EFFICIENT & SUSTAINABLE

We work hard to find the best way of delivering the conference whilst keeping the delegate fees down, particularly for those without a study budget. Bringing people together creates many environmental impacts and we mitigate against these by using an online registration system, an online abstract submission and judging process and use recycled paper and reusable signage.

CONFERENCE DINNER

The Conference Dinner will be held at the fashionable Arta Restaurant. Situated in the Merchant City area, Arta offers Mediterranean Cuisine. Dinner is followed by dancing, and for those who wish to carry on the party, Arta is ideally situated in the heart of Glasgow's trendy bars and clubs. Dinner tickets are £55 (including wine) and are available from the Registration Desk.



Welcome to Glasgow by Dr Chris Roseveare, President, The Society for Acute Medicine

Dear Colleagues, Members and Friends,

It is with great pleasure that I welcome you back to another Society for Acute Medicine autumn conference, which this year sees a return to Glasgow, the venue of our first International conference in 2007. SAM has a long history with Scotland, which was where some of the earliest work in our speciality began. Those with long memories may recall that it was a Scottish Intercollegiate working party in 1998, which first proposed the appointment of 'physicians in acute care medicine'. Professor Derek Bell's acute medical unit pioneered the concept of rapid, multi-professional assessment to medical care in Edinburgh, which also hosted some of our earliest SAM meetings in 1999 and 2000. Now, 13 years after these early beginnings we have blossomed into a society of 1000 members, with conferences like today's attracting delegates and speakers from across the world.

This year it has been hard to pick up a newspaper without reading a story highlighting some of the challenges which our NHS is facing on a daily basis. The publication, in February, of the long-awaited report into the failings at Mid Staffs hospital brought patient safety concerns into sharp focus and has been followed by reviews from Sir Bruce Keogh and Don Berwick. I am delighted that we will be joined at this conference by the chairman of the Public Enquiry, Robert Francis QC, who will be speaking on Friday afternoon along with Professor Brian Jarman, instigator of the Hospital Standardised Mortality Ratio. We will also be privileged to hear from Professor Anne Rafferty and Suzette Woodward, whose expertise in patient safety will feature in a panel discussion on this topic after Robert Francis' presentation.

Over recent years we have taken the opportunity at our autumn conferences to honour those who have been particularly influential in the development of acute medicine. This year it will give me great pleasure to present honorary life fellowships to Professor Sir Ian Gilmore and Professor Derek Bell, whose names should already be familiar to many delegates attending the meeting. Derek has been one of the strongest

advocates for acute medicine since our inception, and his passion for quality improvement in acute care has been pivotal in our development. He was the first President of the Society and remained on SAM council until recently as chair of the research subcommittee.



Sir Ian Gilmore has held many roles during his varied career, most recently President of the British Society of Gastroenterology, but it was during his tenure as President of the Royal College of Physicians of London that acute medicine achieved recognition as an independent speciality. Without his strong support it is unlikely that we would have achieved this goal in such a short time.

We are always keen to try out new ideas and innovations at our conferences, and this year is no exception. On Thursday afternoon we are going to attempt our first ever live conference link-up with the meeting of the Royal College of General Practitioners which is going on concurrently in Harrogate. This will take place during our social media session from 1600 - 1730, which will feature some of the UK's most influential medical 'tweeters' – Dr Dave Jones, Dr Natalie Silvey and Dr Patricia Cantley, who will give an introduction to the benefits of social media in health care and share their experiences in using Twitter in enhancing their professional lives. Live tweets from both conferences will be projected on screens at both sites as we debate the topic 'How can social media help break down traditional boundaries in health care'. Former chair of the RCGP, Dr Clare Gerada and Dr Ben Riley, author of the RCGP Social

Media Highway will feature at the Harrogate end of what will hopefully be a lively 'on-line' discussion.

The quality of abstract submissions for our conferences continues to rise, and this year we have been able to include two oral presentation sessions, enabling authors to showcase their work. I hope that you will all try to visit the poster display and meet with the authors who will be attending their posters at various times during the meeting. 'Highly Commended' rosettes will be awarded to selected posters by the end of the day on Thursday.

I hope you all enjoy the meeting which will be the last during my tenure as President. The annual general meeting on Thursday afternoon marks the official hand-over to my successor, Dr Alistair Douglas who has been patiently waiting in the wings as Vice President, while I slip quietly away into the role of Immediate Past President. The past 2 years have flown by, and although it has been a roller-coaster ride at times, I think there have been more 'ups' than 'downs' during this period. It has been a pleasure representing you all and I wish Alistair well as he takes the speciality and the Society forward into a new era.

With my best wishes,



DR CHRIS ROSEVEARE
President, The Society for Acute
Medicine



Conference Highlights by Professor Gerry McKay, Local Convenor

Dear Colleagues,

Welcome to the Society for Acute Medicine's 7th International Conference at the SECC in Glasgow, a city that needs little in the way of introduction; steeped in history but always looking forward. Visitors can enjoy the magnificence of our architectural past, marveling at many of the projects in advance of the 2014 Commonwealth Games, whilst appreciating the welcoming nature of the locals.

Much has happened since the 1st International Conference was held at the same venue, both locally and beyond. Acute medicine has matured into a specialty in its own right, but there is still a lot of work required to maintain

For the first plenary session we welcome back Scotland's Chief Medical Officer Sir Harry Burns, who spoke back in 2007. We also have contributions from Professor Sir Ian Gilmore and Professor Mike Lean introducing the main themes of this year's conference which are how



with the usual array of parallel sessions and the excellent mix of Masterclasses. The afternoon of the 4th October is a joint meeting with the Scottish Society of Physicians where we have the undoubted pleasure of hearing from Sir Robert Francis, who will deliver the Fitzgerald Peel Lecture.

So I recommend that you acquaint yourself with the programme and hope that you find the content of the meeting worthwhile, take the opportunity to network with colleagues and enjoy the opportunities to relax in this most magnificent city!



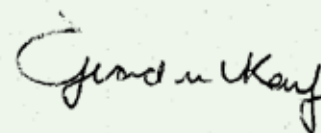
we manage the problems of alcohol and obesity in the acute medicine unit. Professor Derek Bell, who along with Sir Ian is due to be presented with SAM fellowship, then provides an overview of what has happened in acute medicine in recent times in his lecture, 'From there to here: the journey of acute medicine'. In the plenary sessions that follow it gives me great pleasure to know that many of Glasgow's finest physicians, in many cases globally recognized in their fields, will be tasked with updating and inspiring us.

the forward momentum. The work of the Society for Acute Medicine and this annual meeting is essential to this progress and I hope that this year's programme, which is packed with contributions from locals and colleagues from further afield, fits the bill.

As usual we have sessions dedicated to the provision of acute medical services where I hope colleagues will be able to pick up a few nuggets to take home and use in their day to day working lives, along



Best regards,



PROFESSOR GERRY MCKAY
Secretary, The Society for Acute Medicine

SAM GLASGOW PROGRAMME COMMITTEE

The Programme Committee has worked hard alongside Gerry to produce a comprehensive programme reflecting our multi-professional audience. The programme builds on your feedback from our previous conferences. The faculty is the largest one (consisting of more than 100 contributors) that the Society has assembled allowing greater input from national and international experts and colleagues.

The Programme Committee would like to express their gratitude to all speakers and chairs for their support in making this conference a rewarding educational experience. The time and commitment they have given the Society, its members and all delegates is greatly appreciated.

12 CPD Credits. RCPL Activity Code: 84740

Each delegate should only claim those hours of credit that have actually been spent on educational activity. The CPD attendance certificates will be sent out after the conference.

PROGRAMME COMMITTEE MEMBERS

Chair: Dr Philip Dyer, Immediate Past President

Professor Gerry McKay, Local Convenor
Dr Louella Vaughan, London
Liz Lees, Birmingham
Christine Lawson, Director, Eventage

- with contributions from many others!

JOIN THE SOCIETY FOR ACUTE MEDICINE

SAM MEMBERSHIP - BE PART OF THE CHANGE YOU WANT TO SEE & BECOME A MEMBER TODAY!

With over 1000 members, the Society for Acute Medicine has been growing both in size and influence since its inception in 2000. We represent our members on number of committees within the Department of Health, the Royal Colleges and NHS Confederation and other healthcare organisations.

We collaborate and produce innovative and forward-thinking research to advance the practice of acute medicine in the United Kingdom. Recent research includes “Urgent and emergency care: A prescription for the future” which layed-out ten priorities to address the challenges faced by urgent and emergency care as well as a national survey exploring the profile of registered nurses in the Acute Medical Unit by Liz Lees.

Membership of the Society for Acute Medicine not only brings you into this strong and growing community, it also allows you to demonstrate your commitment to the fastest growing specialty in the UK and to improve your future career opportunities.

Be part of the conversation, be part of the change you want to see and become a member today!

MEMBERSHIP BENEFITS:

1 Attend our conferences at reduced rates

Our conferences bring you 4 days of leading edge education with international speakers, plenary sessions, masterclasses, poster sessions, networking opportunities and interactive exhibitions. Maximum external daily independent CPD credits of the highest calibre.

2 **Journal:** Receive access to the quarterly Acute Medicine journal with the latest research audit and clinical practice, case reports, trainee updates and clinical reviews in acute medicine. Submit your articles and research to the only UK journal dedicated to Acute Medicine.

3 **Voting rights:** SAM members are entitled to stand for positions on the SAM Council and vote for their preferred candidates.

4 **Newsletter:** Receive our quarterly newsletter with the latest news from SAM and the acute medical world.

5 **Weekly newsround:** Sign-up to receive our weekly newsround every Sunday straight to your inbox.

Membership fees: Annual fee for full membership is £95. We also have a reduced rate, exclusively for doctors in training, AHPs and nurses of £45. Reduced rate nurses and AHPs receive online access to the journal only. However, Doctors in training at the reduced rate, do not receive the journal.

UPCOMING DATES FOR 2014

Spring Meeting:

8th Annual International Conference:

SAMsterDAM 1-2 May Novotel Amsterdam, The Netherlands

SAMBrighton, 2-3 October, Brighton Centre

For more information on what we do and how you can join, speak to our membership representative in the foyer, visit our website www.acutemedicine.org.uk or scan the QR code below with your smartphone:

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PROGRAMME THURSDAY 3 OCTOBER

0900-0930 REGISTRATION, REFRESHMENTS, EXHIBITION & POSTER SET UP HALL 1 & 2

PLENARY 1 LOMOND AUDITORIUM 0930-1105

Chairs: Dr Chris Roseveare & Professor Gerry McKay

0930-0940 **Welcome to Glasgow**
Professor Gerry McKay, Local Convenor

0940-1000 **FEATURED LECTURES**
Acute Medicine on Frontline of Public Health?
Sir Harry Burns, Chief Medical Officer, The Scottish Government

1000-1020 **Too Fat to Fit: Action against Obesity**
Professor Mike Lean, Glasgow

1020-1040 **The Problem with Alcohol**
Professor Sir Ian Gilmore, President of the British Society of Gastroenterology & Past President, RCPL

1040-1050 **Presentation of SAM Life Fellowship Awards for their contributions to Acute Medicine**
Professor Sir Ian Gilmore and Professor Derek Bell
Dr Chris Roseveare, President, The Society for Acute Medicine

1050-1105 **From There to Here: The Journey of Acute Medicine**
Professor Derek Bell, London

1105-1135 REFRESHMENTS, EXHIBITION & MANNED POSTERS (ODDS) HALL 1 & 2

PLENARY 2 LOMOND AUDITORIUM 1135-1300

Alcohol Symposium
Chairs: Professor Sir Ian Gilmore & Professor Derek Bell

1135-1200 **Alcohol Withdrawal Syndrome on the AMU**
Dr Ewan Forrest, Glasgow

1200-1225 **Decompensated Alcoholic Liver Disease on the AMU**
Dr Adrian Stanley, Glasgow

1225-1250 **Relapse Prevention in the Community**
Dr Saket Priyadarshi, Glasgow

1250-1300 **Panel Discussion**

PARALLEL SESSIONS 1135-1300

ALSH	PARALLEL 2.1	BOISDALE 1 2.2	BOISDALE 2 2.3
Trainees In Acute Medicine <i>Chairs: Dr Ruth Johnstone & Dr Nerys Conway</i> Special Skills The Medical Registrar Future Hospitals		The Case That Changed My Practice <i>Chairs: Dr Alasdair MacDonald & Dr Louella Vaughan</i> Professor Ken Paterson, Glasgow Dr John Paul Leach, Glasgow Professor Jeff Greenwald, USA	Nursing on the AMU <i>Chairs: Liz Lees & Helen Pickard</i> Leading and Influencing Dr Liz Myers, Dundee and Dr Julia Egan, Scottish Government

1300-1400 LUNCH, EXHIBITION & MANNED POSTERS (EVENS 1300HRS / ODDS 1330HRS) HALL 1 & 2

PLENARY 3 LOMOND AUDITORIUM 1400-1530

The Hospital of the Future
Chairs: Dr Chris Roseveare & Dr Stephanie Klein Nagelvoort-Schuit

1400-1420 **The Future Hospital Commission**
Professor Tim Evans, London

1420-1440 **The Dutch Journey: Why the UK Model Works Abroad**
Dr Prabath Nanayakkara, The Netherlands

1440-1500 **Adapting to Survive: The Future of Internal Medicine in the USA**
Professor Jeff Greenwald, USA

1500-1530 **Panel Discussion**

PROGRAMME THURSDAY 3 OCTOBER

PARALLEL SESSIONS

1400-1530

ALSH	PARALLEL 3.1	BOISDALE 1	3.2	BOISDALE 2	3.3	FYNE ROOM	3.4
	Acute Medical Problems in Pregnancy <i>Chairs: Dr Alan Mathers, & Dr Anita Banerjee</i>	Physiology We Need at the Front Door <i>Chair: Professor Gerry McKay</i>		Nursing on the AMU <i>Chair: Helen Pickard</i>		Pharmacists: Improving Quality on the AMU <i>Chair: James Allen</i>	
	1400 The Acute Physician's Approach to the Pregnant Patient Dr Anita Banerjee, London	1400 Respiratory Dr Tom Fardon, Dundee		1400 The Role of the Healthcare Assistant: Developing Standards for an AMU Liz Lees, Birmingham		IT and Innovation within Pharmacy Kandarp Thakkar, London	
	1420 Hyper and Hypoglycaemia Dr Anne Dornhorst, London	1430 Cardiology Dr Rachel Myles, Glasgow		1430 Reducing Paperwork Without Increasing Risk Elaine Clark, Glasgow		Credentialing on the AMU: Competency Framework for Acute Medicine Pharmacy James Allen, Southampton	
	1440 Venous Thrombo-embolism Dr Lorraine Albon, Portsmouth	1500 Endocrine Dr Philip Dyer, Birmingham					
	1500 Hypertensive and Renal Disorders Dr Mark Temple, Birmingham						

1530-1600 REFRESHMENTS EXHIBITION & MANNED POSTERS (EVENS)

HALL 1 & 2

PLENARY 4 LOMOND AUDITORIUM

1600-1730

	Misuse Of Legal And Illegal Drugs <i>Chairs: James Allen & Dr Hannah Skene</i>
1600-1630	Prescription Drugs Misuse including Drug Withdrawal Syndromes Dr David Wood, London
1630-1700	Party Drugs: Past, Present And Future Dr Paul Benner, The Netherlands
1700-1720	Practical Drug Intervention in the Acute Hospital Setting George Benson & Steven Reid, Glasgow
1720-1730	Panel Discussion

PARALLEL SESSIONS

1600-1730

ALSH	PARALLEL 4.1	BOISDALE 1	4.2	BOISDALE 2	4.3
	Outpatient Parental Anti-microbial Therapy (OPAT) <i>Chair: Dr Andrew Seaton</i>	An Introduction to Social Media in Acute Medicine <i>Chairs: Dr Chris Roseveare & Dr Nerys Conway</i>		Thriving, Not Surviving, in the Smaller Hospital <i>Chair: Dr Cliff Mann</i>	
	1600 OPAT in the UK: Who, Why and How? Dr Andrew Seaton, Glasgow	1605 Introduction, Overview and Do's and Don'ts Dr David Jones @welsh_gas_doc		1600 Who's Remote Now? Joint Working & Professional Relationships with Larger Centres Miss Sarah Prince, Fort William	
	OPAT in the AMU -	1620 How and Why I use Twitter: A Trainee's Perspective Dr Natalie Silvey @silv24		1620 A 21st Century General Physician for the Hinterland Dr Patrick Byrne, Fort William	
	1630 An English Perspective Dr Oonagh McGuinness, Welwyn Garden City	1635 What can Twitter do for an 'ordinary' working Doctor Dr Patricia Cantley @Trisha_the_doc		1640 Getting the best out of Training in the Smaller/Remote Hospital Dr Pauline Wilson, Shetland	
	1650 A Scottish Perspective Dr Gautam Ray, Paisley	1650 Discussion		1700 Remote is a Relative Concept: An Australian Perspective Dr Alasdair MacDonald, Australia	
	1705 Overview of UK OPAT Project Mark Gilchrist, London	1700 Live link to RCGP - How Can Social Media Help to Break Down Traditional Boundaries in Healthcare [#RCGPSAM]		1720 Panel Discussion	
	1715 Panel Discussion				

PROGRAMME THURSDAY 3 OCTOBER

Masterclasses pre-booked

CARRON 1 1130-1300 Interpretation of Head & Cervical Spine XRay Dr Colin Noble, Glasgow	CARRON 2 1130-1300 ECG Masterclass 1 Dr Rhid Dowdle OBE, Wales	DOCHART 0900-1300 Acute Care Ultrasound Course 1 Dr Ram Matsa & Dr Andrew Walden, North Staffs
1400-1530 Interpretation of Chest XRay 1 Dr Nick Pitman, Glasgow	1400-1530 ECG Masterclass 2 (Reprise of 1) Dr Rhid Dowdle OBE	1330-1730 Acute Care Ultrasound Course 1 (Reprise of 1) Dr Ram Matsa & Dr Andrew Walden
1600-1730 Interpretation of Chest XRay 2 (Reprise of 1) Dr Nick Pitman	1600-1730 ECG Masterclass 3 (Reprise of 1) Dr Rhid Dowdle OBE	

AGM **LOMOND AUDITORIUM** **1745-1830**

DINNER **ARTA RESTAURANT, MERCHANT CITY** **1945**



PROGRAMME FRIDAY 4 OCTOBER

0830-0900 **REGISTRATION & EXHIBITION** **HALL 1 & 2**

BREAKFAST SESSIONS **0750-0845**

LOMOND AUDITORIUM Quality Standards Dr Philip Dyer, Immediate Past President, SAM	ALSH The Future of Generalism in UK Hospitals Dr Chris Roseveare, President, SAM	BOISDALE 1 Basics of doing Research in the Clinical Setting Dr Louella Vaughan, London	BOISDALE 2 Becoming a Consultant - Your Contract and Job Planning Ursula Ross, BMA
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PLENARY 5 **LOMOND AUDITORIUM** **0900-1035**

The Tsunami of Obesity and the AMU
Chairs: Professor John Wass & Professor Mike Lean

0900-0920 **Metabolic Challenges in the Obese Patient**
 Professor John Wass, Oxford

0920-0940 **Complex Respiratory Problems in Obese Patients**
 Dr Nick Oscroft, Cambridge

0940-1000 **Not Over When the Surgery is Done: Surgical Complications of Obesity**
 Mr Gianluca Bonanomi, London

1000-1020 **More than a Big Bed: Nursing the Obese Patient**
 Nuala Davison, London

1020-1035 **Panel Discussion**

PROGRAMME FRIDAY 4 OCTOBER

PARALLEL SESSIONS

0900-1030

ALSH	PARALLEL 5.1	BOISDALE 1	5.2	BOISDALE 2	5.3
	<p>Common Problems Are Common... <i>Chair: Dr Chris Wright</i></p> <p>0900 In Cancer Complications Dr Andrew Clark, Glasgow</p> <p>0930 In Dermatology Dr Angela Drummond, Glasgow</p> <p>1000 In Ophthalmology Dr Suzannah Drummond, Glasgow</p>	<p>Ensuring Quality In The Multi-Disciplinary Team <i>Chairs: Dr Suzette Woodward & Dr Jeff Greenwald</i></p> <p>0900 The 21st Century Ward Round: Leading Into the Future Dr Yogi Amin, London</p> <p>0925 Optimising Simulation for Inter-Professional Education Dr Michael Moneypenny, NHS Forth Valley</p> <p>0950 Medication Safety & the Extended Team Vanessa Marvin, London</p> <p>1015 Panel Discussion</p>		<p>Oral Poster Presentations Part 1 <i>Chairs: Dr Alistair Douglas & Dr Ruth Johnstone</i></p> <p>0900 Providing Level 1 Care on the Acute Medical Unit Dr Zaman Mohsin, Leicester</p> <p>0915 A Simple Tool to Predict Admission at the time of Triage Dr Allan Cameron, Glasgow</p> <p>0930 Patterns and Predictors of Re-Admission to the ED With Deliberate Self Harm Shahana Hussain, Leicester</p> <p>0945 OP Management of Low Risk Patients with upper GI Bleed: Can we Safely Extend GBS? Dr Zia Mustafa, Glasgow</p> <p>1000 The Influence of Short-Term Weather Changes on Acute Hospital Admission Rates Dr Darren Green, Salford</p>	

1030-1100

REFRESHMENTS, EXHIBITION & OPEN POSTERS

HALL 1 & 2

PLENARY 6

LOMOND AUDITORIUM

1100-1240

	<p>What is the Tipping Point on the AMU? <i>Chairs: Professor Derek Bell & Dr Mark Holland</i></p>
1100-1130	<p>On the Predictability of Chaos Dr Allan Cameron, Glasgow</p>
1130-1200	<p>Is there a Compassion Deficit in Nursing? Professor Anne Marie Rafferty, London</p>
1200-1230	<p>Risk and Safety – A Fine Balance Dr Suzette Woodward, National Patient Safety Programme</p>
1230-1240	<p>Panel Discussion</p>



PROGRAMME FRIDAY 4 OCTOBER

PARALLEL SESSIONS

1100-1230

ALSH	PARALLEL 6.1	BOISDALE 1	6.2	BOISDALE 2	6.3
Therapeutic Advances <i>Chair: Professor Gerry McKay</i>		What's New in Acute Medicine Research <i>Chairs: Dr Louella Vaughan & Dr Mike Jones</i>		Poster Poster Presentations Part 2 <i>Chairs: Dr Alistair Douglas & Dr Ruth Johnstone</i>	
1100 Onwards and Upwards! New Aspects of Hormone Replacement Therapies Professor John Wass, Oxford		1100 SAMBA 2013: State of the Nation Dr Chris Subbe, Bangor & Dr Ivan Le Jeune, Nottingham		1100 Redesigning the Acute Medical Primary / Secondary Care Interface Dr David Staples, Derby	
1120 New Uses for Old Antibiotics Dr Nicola Jones, Oxford		1125 NEWS Travels: Exploring the Performance of NEWS in a Dutch ED Dr Nadia Alam, Amsterdam		1115 AMU Clinical Quality Indicators: When Should the Clock Start Ticking? Sommer Lang, Manchester	
1140 Paroxysms of Atrial Fibrillation: Persistent or Just Procrastinated? Dr Cliff Mann, Taunton		1150 Difficulties in Defining Quality: Preliminary Findings of a Scottish Audit of Acute Medical Care Dr Lindsay Reid, Edinburgh		1130 Is there a need for a Separate AMU For Elderly Patients? Dr Elizabeth Hamilton, Norwich	
1200 Medicines Management and the Unwell Parkinson's Patient Dr Belinda Kessel, London		1215 Panel Discussion		1145 Improving Staffing Levels by recording Dependency and Acuity Janice Christian, Salford	
1220 Panel Discussion				1200 Older and Sicker? Time to rethink! Dr Jonathon Dawson, Belfast	
				1215 Improving End of Life Care in an EAU Nadine Topping, Salford	

1230-1330 LUNCH, EXHIBITION & MANNED POSTERS (ODDS 1230HRS / EVENS 1300HRS) HALL 1 & 2

PLENARY 7 LOMOND AUDITORIUM 1330-1510

	Call & Response - In conjunction with The Scottish Society of Physicians <i>Chairs: Dr Alistair Douglas & Dr Alistair Dorward</i>
1330-1335	Introduction Dr Alistair Douglas
1335-1400	How did we miss the Warnings? Professor Sir Brian Jarman, London
1400-1440	Fitzgerald Peel Lecture: Delivery of Care in the Acute Setting: Lessons from The Mid Staffordshire NHS Foundation Trust Inquiry Robert Francis, QC
1440-1500	Panel Discussion on issues raised by the Francis Report Robert Francis, Professor Sir Brian Jarman, Professor Anne Marie Rafferty and Dr Suzette Woodward
1500-1510	Raising Standards - <i>Our Role, Our Responsibility</i> Dr Alistair Douglas, President, The Society for Acute Medicine

1510-1530 REFRESHMENTS, EXHIBITION & OPEN POSTERS HALL 1 & 2

PLENARY 8 LOMOND AUDITORIUM 1530-1700

	In conjunction with The Scottish Society of Physicians <i>Chair: Dr Alistair Dorward</i>
1530-1600	How to improve patient Diabetic Care in Scotland Dr Colin Perry, Glasgow
1600-1630	Using Biomarkers to prevent Cardiac Death (including your own!) Professor Allan Struthers, Dundee
1630-1700	The 2012 Edinburgh Legionnaires' Disease Outbreak Dr Richard Othieno, Edinburgh

PROGRAMME FRIDAY 4 OCTOBER

Masterclasses pre-booked

CARRON 1

0900-1030
Interpretation of
Cardiothoracic CT and MRI
Dr Giles Roditi, Glasgow

CARRON 2

0900-1030
Interpretation of Basic Tests for
Non-Medics
Dr Mark Holland & Dr Philip Dyer

DOCHART

1030 - 1100

REFRESHMENTS EXHIBITION & OPEN POSTERS

HALL 1 & 2

1100-1230
Interpretation of
Cardiothoracic CT and MRI
(Reprise of 1)
Dr Giles Roditi, Glasgow

1100-1230
Becoming a Consultant -
Your Contract and Job Planning
Ursula Ross, BMA

1100-1230
Masterclass in Advanced Life Support 1
Dr Michael Money Penny
NHS Forth Valley

1330-1500
Masterclass in Advanced Life Support 2
(Reprise of 1)
Dr Michael Money Penny
NHS Forth Valley

ON DAY 1 IN THE EXHIBITION - VIRTUAL EMERGENCY ROOM, AbcdeSIM

For the first time in the UK, Dr Stephanie Klein Nagelvoort-Schuit from the Erasmus University Medical Center in the Netherlands, will be presenting abcdeSIM. AbcdeSIM is an online simulated emergency department with virtual patients. In an online realistic and immersive emergency department environment doctors and nurses are challenged to care for the sickest patients. Mistakes made in online patients are not fatal as in real-life, but important learning points, thereby improving everyday patient care. Doctors and nurses learn to accurately assess the medical condition of each patient, recognize life threatening illnesses and injuries, and resuscitate and stabilize in ordered priority. AbcdeSIM includes a high-fidelity physiological model that contains more than 200 parameters for circulation, respiration and consciousness. This model creates a very realistic and immersive experience in which the participant can see the direct results of their chosen diagnostics and treatment. Just like flight-simulators have increased airline safety, abcdeSIM aims to cost-effectively increase patient safety.

THERE ARE PRIZES FOR TAKING PART!

1st Prize Free place for SAMBrighton
2nd Prize Free place for SAMsterSAM
3rd Prize Free Conference Dinner at SAMBrighton



SOCIETY LIFE FELLOWSHIP AWARDS

The Society is delighted to award two Life Fellowship Awards to Professor Sir Ian Gilmore and Professor Derek Bell who were both instrumental in the establishment of acute medicine as an independent specialty. Our grateful thanks to them both.



PROFESSOR SIR IAN GILMORE

Is being granted this Life Fellowship Award in recognition of the important role which he played in establishing Acute Internal Medicine as an independent speciality.

Professor Sir Ian Gilmore is an honorary consultant physician at the Royal Liverpool University Hospital and holds an honorary chair at the University of Liverpool. After training in Cambridge, London and the USA, he moved to Liverpool as a consultant in 1980, where he has enjoyed working ever since. His specialty interest is liver disease. He is the immediate past-president of the Royal College of Physicians (RCP) and is currently president of the British Society of Gastroenterology. He is chairman of Liverpool Health Partners, an organisation created between the University and the teaching hospitals in Liverpool to promote an Academic Health Science System in order to foster academic innovation, education and service development in the region. He has particular interest in health harms related to alcohol misuse and the role of regulation in reducing this. He chaired a RCP Working Party in 2001, producing the report "Alcohol - can the NHS afford it? A blueprint for a coherent alcohol strategy". He chairs the UK Alcohol Health Alliance in which relevant agencies work together in a coherent and focused framework. He has also been appointed as Chair of the European Alcohol and Health Forum Science Group and is a member of the Climate and Health Council. He is also a member of the National Quality Board. He is a member of the Royal Liverpool Golf Club. He is a Deputy Lieutenant of Merseyside.

Key Messages:

- The burden of alcohol on the NHS, including the acute services, continues to rise
- We all need to be advocates in the prevention of harm
- Alcohol is no ordinary commodity and for the main drivers of consumption, price, marketing and availability, need to be regulated differently
- Upstream measures of preventing harm are the most cost-effective
- Minimum unit price has been highly effective in Canada



PROFESSOR DEREK BELL

Is being granted this Life Fellowship Award for the pivotal role that he played in the establishment and development of the Society for Acute Medicine and the speciality of Acute Internal Medicine.

Derek was appointed as the first Professor of Acute Medicine in the UK as part of Imperial College London and as the inaugural President of the Society for Acute Medicine. Additionally he has been involved in developing Acute Medicine as a sub-specialty, this includes developing the competency based training programme and establishing a multi-professional and integrated research portfolio in Acute Medicine. Following graduation from Edinburgh University in 1980, he was a Lecturer in the Department of Medicine and obtained his MD on the inflammatory response to myocardial infarction. Derek initially specialised in Chest and General Medicine with an interest in Intensive Care and was appointed as Consultant, Central Middlesex Hospital, London before moving to Edinburgh as a Consultant in Acute Medicine and Chest Medicine. Derek was Associate Medical Director for Lothian Acute Hospitals prior to taking up a post at Imperial College. His academic research interests relate to quality and organisation of care, particularly acute medical care, and in the methods of delivery of care. Clinically his interests are illness severity assessment, pulmonary embolism and pneumonia.

SPEAKERS AND FACILITATORS

The Society for Acute Medicine and the Programme Committee are grateful to all speakers and chairmen for their support in making this conference a success. The time and commitment they have given is much appreciated. We are delighted to have a faculty this year of over 100, each a leader in their speciality.

DR LORRAINE ALBON

Lorraine is an Acute Physician in Portsmouth. She is trained in General Medicine, diabetes and endocrinology in London and Birmingham before being appointed in 2003. Lorraine has diverse interests in both acute medicine and diabetes and endocrinology. She co chairs the Thrombosis Committee at Portsmouth which in 2009 was awarded exemplar site status for good practice in VTE. She also has an interest in bariatric medicine and works with primary care specialist obesity services assessing and preparing patients for bariatric surgery. Additionally she has a young adult/transition clinic in both diabetes and endocrinology and has piloted transitioning in acute care. She sits on the RCP working group as SAM representative to improve care for this vulnerable patient group. She occasionally runs marathons.

Key Messages:

- PE is still a leading cause of maternal mortality
- PE is difficult to diagnose and commonly used scoring systems are not validated in pregnancy
- The risk of thromboembolic disease continues into the puerperium
- There is variation in how clinicians approach and investigate PE and Trusts should consider joint guidelines between obstetricians and acute physicians
- Women should be given appropriate written and verbal information to reduce anxiety

JAMES ALLEN

Pharmacy Council Representative, The Society for Acute Medicine

James has specialised and worked as a pharmacist in acute medicine for nearly 8 years. Over that time he has developed and led a 5 strong admissions pharmacy team with an expanding skill mix. Regionally he is involved in teaching on a range of topics for the College of Pharmacy Practice and Education (CPPE) and has taught on UK Clinical Pharmacy Association (UKCPA) emergency care study days. With his dual commitment to his emergency department he has also written articles on the strategic availability of antidotes and the emergency treatment of hyperkalaemia. James' key aims within SAM are to expand the pharmacy involvement in the Society and to formalise acute care as a specialist pharmacy role for the future.

DR ANITA BANERJEE

Anita is a Consultant Obstetric Physician and an Acute Physician. She qualified from King's College University and completed her MRCP from London. For two years she worked as a research fellow at the University of Miami, USA in the Vascular Biology Institute. She trained in London in Endocrinology and Diabetes, and under the mentorship of Professor Catherine Nelson-Piercy trained as an Obstetric Physician. Anita's main areas of interest are Obstetric Medicine, Acute Kidney Injury and Medical Education. Other responsibilities include Member of the London Acute Kidney Injury Network and Faculty Member for Simulation.

DR PAUL BENNER

Paul is a full-time intensivist working in a general hospital in Haarlem, the Netherlands. Since 1995 he works voluntarily at first aid posts at festivals and rave parties in the Netherlands. In that period many drug victims were seen and treated at the first aid post and at the ER or ICU of the hospital.

Key Messages:

- Party drugs are used more commonly at big festivals and rave events. Why do people use them, what are the symptoms? A short review of commonly used drugs like XTC, GHB, ketamine as well as other drugs will pass the review. Diagnostic and therapeutic options in the field and in hospital will be discussed.

SPEAKERS AND FACILITATORS

GEORGE BENSON

George is Nurse Team Leader and Acute Addiction Liaison. He has worked for 10 years in acute medicine, 5 years in training and education, 5 years in addictions.

MR GIANLUCA BONANOMI

Gianluca is Consultant and clinical lead for general and bariatric surgery at Chelsea and Westminster Hospital in London. He has a special interest in the metabolic implications and the surgical treatment of morbid obesity. He has led the establishment of a comprehensive bariatric surgery program and is a strong believer of the importance of communication across different specialties. His presentation will deal with the increasing burden and the surgical challenges represented by obesity to our health care system including the acute services.

SIR HARRY BURNS

Chief Medical Officer

Harry graduated in medicine from Glasgow University in 1974. He trained in Surgery in Glasgow and developed a research interest in the metabolic consequences of illness and injury. He became a Consultant Surgeon and Senior Lecturer in Surgery in the University Department of Surgery at the Royal Infirmary in Glasgow in 1984. Working with patients in the east end of Glasgow gave him an insight into the complex inter-relationships between socio-economic status and illness. He completed a Masters Degree in Public Health in 1990 and shortly afterwards was appointed Medical Director of the Royal Infirmary. In 1994, he became Director of Public Health for Greater Glasgow Health Board, a position he occupied until 2005. During his time with Greater Glasgow Health Board he continued research into the problems of social determinants of health but also worked on measurement of outcomes in a variety of clinical conditions, including cancer. In 1998, he took a part time appointment with the Health Department in the Scottish Government and worked for three years as lead clinician in Scotland for cancer care. In the course of this work he developed Managed Cancer Networks and helped re-organise cancer services in Scotland. In 2005, he became Chief Medical Officer for Scotland where his responsibilities include aspects of public health policy and health protection.

DR PATRICK BYRNE

Patrick qualified as a GP in 2002 but left his Cambridgeshire partnership in 2009, travelling to Fort William and returning to hospital medicine. Currently, he works both as a Consultant Physician (General Internal Medicine) and a GP (and is on both GMC registers - Specialist and GP). During his GP period, he formed a company of varied healthcare professionals to provide services under Practice Based Commissioning (the precursor to the current NHS reforms in England). At the same time, NHS Northamptonshire contracted Dr Byrne – his business case on service redesign was to save them £12m over 4 years. He founded a revision business (Finalmed) running courses in the UK and UAE, and has published several books aimed at medical finals. Out-with this, he tries to maintain his interest in music, though his piano playing has seen better days.

Key Messages:

- Novel ways to staff the RGH - dual accreditation across disciplines
- Rotating appointments with larger centres
- The importance of challenging perceived “wisdom”; and the courage to ask “why?”

DR ALLAN CAMERON

Allan graduated from the University of Glasgow in 1999 and has been a Consultant in acute medicine at Glasgow Royal Infirmary since 2010. His main interest is in statistics and their use in rational decision making in the NHS, both for service development and for clinical problems. As well as his award-winning research on arrival patterns to medical receiving, he has published on several acute medical topics including the changing demographics of medical patients, PTE, alcoholism, chest pain and clinical scoring systems.

Key Messages:

- We should be using the data we routinely collect to inform and improve our service
- The number of admissions to medicine is not normally distributed, so average numbers mean very little
- Any department can be overwhelmed by a busy day, our resources just determine how often that happens
- We should staff our departments flexibly, and not base staffing on the average number of admissions

SPEAKERS AND FACILITATORS

DR PATRICIA CANTLEY

Trisha is a Consultant in Medicine of the Elderly in Edinburgh. She works across both the Royal Infirmary of Edinburgh and Liberton sites and has a caseload of acute and rehabilitation elderly inpatients. Trisha has held a variety of management roles over the last 9 years, and is currently Clinical Director in Medicine of the Elderly for South Edinburgh, though is finishing this role imminently. She is a Fellow of the Royal College of Physicians and is passionate about teaching and mentoring doctors and students of all levels. Trisha sees herself as a generalist rather than an expert but has a particular interest clinically in the area of End of Life Care in the general hospital setting.

DR ANDREW CLARK

Andrew is a Consultant Haematologist with special interest in Haemato-oncology and Haemopoietic Stem Cell Transplantation. He works in the Scottish unrelated donor transplant unit in the Beatson, West of Scotland Cancer Centre, Glasgow and is an honorary Senior Clinical Lecturer at the University of Glasgow. He qualified from Edinburgh University and completed his MRCP and MRCPPath after periods in Edinburgh, Lancaster, and Glasgow. His PhD studies saw him investigate factors involved in the molecular control of the haemopoietic stem cell using murine embryonal stem cells. His post graduate specialty is Haematology, where he subspecialises in stem cell transplantation. He recently introduced cord blood transplantation to Scotland after a short sabbatical at the Memorial Sloan Kettering Cancer Centre, in New York. As well as cord blood transplantation, his clinical practice includes the management of all haematological malignancies, his particular interests are lymphoma, and, in the transplant setting, graft versus host disease. He is currently Secretary of the British Society for Haematology Haem-Onc task force and a regular reviewer for the Scottish Medicines Consortium.

ELAINE CLARK

Elaine's background in nursing is of acute medicine, coronary care, intensive care and emergency care in Scotland, Australia and New Zealand. She became a nurse practitioner in acute medicine in 2001. Elaine has been involved in quality improvement for over 10 years including role development, unscheduled care, care bundle development in CAP and NIV and currently hospital VTE prophylaxis and admission avoidance in low risk GI bleeding. Patient Safety is a new branding of healthcare as it affects 1 in 10 patients globally and has emerged as a distinct healthcare discipline supported by an immature yet developing scientific framework. Elaine's parallel session will look at this safety culture of "if it's not written down it's not done" and if we can realistically deliver this care without being tied down to the increasing amount of paperwork.

NUALA DAVISON

Nuala is a Clinical Nurse Specialist in Obesity Surgery currently working at Chelsea and Westminster NHS Foundation Trust. Nuala graduated with a Bachelor of Nursing (Hons) from Birmingham University in 1995. Since then she has worked in surgical specialities including orthopaedics, urology and general surgery in both the UK and Australia. She was a ward manager on a general surgery/ reconstructive plastic surgery ward for 5 years prior to moving to her current post. She has worked exclusively in the field of obesity surgery since March 2008 and is responsible for the assessment, support, and management of patients entering the bariatric service at Chelsea and Westminster. She is experienced in gastric band management and adjustment.

Key Messages:

- Addressing general nursing the obese patient, psychological aspects of care (sensitivity), manual handling and adapting the environment to suit obese patients

DR ANNE DORNHORST

Anne is a Consultant Physician at Imperial College Healthcare NHS Trust where she continues to participate in acute medical taking and running a diabetes service at Hammersmith Hospital and Charing Cross Hospital. Her particular clinical expertise is in the management of diabetes in pregnancy and the care of adult patients with type 1 diabetes. Anne is part of the diabetes in pregnancy multidisciplinary team at Queen Charlotte's Hospital. Anne was a member of the NICE guideline development group for the original 2008 'Diabetes and Pregnancy 63 guideline' and is currently working on the update of this guideline.

Key Messages

- Diabetic ketoacidosis (DKA) is a serious medical and obstetrical emergency
- Diabetic ketoacidosis may develop even in the setting of relative normoglycaemia

SPEAKERS AND FACILITATORS

- Diabetic ketoacidosis in pregnancy tends to occur at lower blood glucose levels and more rapidly than in non-pregnant patients
- In patients with type 1 diabetes the incidence of severe hypoglycaemia is up to 5-fold higher in pregnancy
- 80% of severe hypoglycaemia occurs in the first 20 weeks of pregnancy
- Maternal death from hypoglycaemia remains an important cause of death among women with type 1 diabetes

DR ALISTAIR DOUGLAS

Vice President, The Society for Acute Medicine

Alistair is Consultant Physician (Acute Medicine and Nephrology) at Ninewells Hospital and Medical School, NHS Tayside. He qualified from Queen's University Belfast in 1986 and undertook postgraduate training in Belfast and Edinburgh before his first Consultant appointment in 1999 at Conwy & Denbighshire NHS Trust, North Wales, prior to moving back to Scotland in 2007. He has been a member of the Society for Acute Medicine Executive since 2006. He was Chairman of the Royal College of Physicians Report 'Acute Medicine: Making it Work for Patients' 2004 and has been involved in two NCEPOD reports.

DR RHID DOWDLE

Born near Swansea and educated at the Bishop Gore Grammar School, he studied medicine at Gonville and Caius College, Cambridge and the Middlesex Hospital Medical School, London. He was appointed Consultant Physician and Cardiologist at East Glamorgan General Hospital in 1980 and has long standing interests in acute medicine, non-invasive cardiology and medical education.

He is a founder member, Past President and Honorary Fellow of the Society for Acute Medicine and also an honorary Fellow of the European Federation of Internal Medicine.

Rhid was Head of the Wales Specialty Training School for Medicine from 2005 to 2011 and was Training Program Director of the Wales Specialist Registrar training programs in Acute Medicine and General (Internal) Medicine from 2002 to 2009. Within the Royal College of Physicians of London, he is an elected member of Council and was author of RCP Acute Care Toolkit 6, The medical patient at risk - The recognition and care of the seriously ill or deteriorating medical patient.

In 2009 Rhid was made an OBE for "Services to Medicine and to healthcare in Wales".

DR ANGELA DRUMMOND

Angela graduated in Medicine (with Commendations) from the University of Glasgow where she also obtained a BSc Hons (1st Class) in Experimental Pathology. She did her basic medical training in Glasgow and then worked in New Zealand for 18 months before returning to train as a dermatologist. She has been a consultant dermatologist for 9 years and is based at the Alan Lyell Centre for Dermatology, Southern General Hospital, Glasgow. Her main specialist interest is Connective Tissue Diseases and teaching and training. She has been the Training Programme Director for the West of Scotland for seven years and is now Lead TPD for Scotland.

Key Messages:

- The management of the common conditions that dermatologists are asked to review in the AMU such as urticaria, vasculitis, skin infections, drug rashes and the erythrodermic patient

DR SUZANNAH DRUMMOND

Suzannah was appointed as a consultant ophthalmic surgeon at Glasgow Royal Infirmary in June 2012. Her main interests are oculoplastic, lacrimal and cataract surgery. She graduated from Newcastle Medical School in 1996 and had experience in emergency medicine and anaesthetics before training in general ophthalmology in the West of Scotland rotation. Her subspecialty training is in oculoplastics and oncology and she has completed two fellowships, at the Tennent Institute of Ophthalmology in Glasgow and at the University of British Columbia, Vancouver, Canada.

Key Messages:

- She currently organises the West of Scotland membership teaching for the royal college exams and has developed a wet lab oculoplastic course which runs annually. She is a committee member of the Scottish Ophthalmology Society (SOC)
- She has presented at over 30 national and international meetings
- She is a keen triathlete and has 3 children

SPEAKERS AND FACILITATORS

DR PHILIP DYER

Immediate Past President of Society for Acute Medicine

Philip joined the Society for Acute Medicine after being appointed as a Consultant in 2001. The first meeting he attended was in Cardiff where the combination of an interesting programme and the ability to network with like-minded colleagues, stimulated him to take an active part in the Society. Philip was initially elected to the council as a non-Executive Member in 2003, becoming Secretary in 2005, Vice-President in 2007 and President in 2009. The Society has developed rapidly over the last few years bringing many opportunities as well as challenges. However, as long as the Society holds true to the philosophy of being multi-professional, committed to promote better care of patients who present with acute medical illness, Philip is confident that SAM can overcome any obstacles it faces. Philip believes the society needs to continue to strengthen its multi-professional membership with a strong commitment to training all professionals. Examples include the development of competencies for nurses' involved in acute medicine and the production training guide for Echo and USS for Acute Medicine. The Society is recognised as an important resource with a great deal of influence within the UK and continually looking to expand its influence internationally.

DR JULIA EGAN

After training as a nurse in Manchester, Julia spent a number of years working in acute medicine and surgery at a number of teaching hospitals before becoming a Ward Sister in 1989. Following health Visitor training she spent five years working in Kent with particular interests in mental health, vulnerability and child protection. Following eight years in senior management and leadership roles Julia moved to Scotland in 2001 after being appointed to the first Consultant in Public Health Nursing post within a health board. The post has leadership for inequalities, vulnerable groups and early years. Julia completed her PhD at the University of St Andrews and Dundee in 2011. Her thesis explored the relationship between leadership, leadership behaviours and organisational culture. Julia is currently on secondment to the Scottish Government as Professional Advisor for Public Health, Early Years and Children's Services.

PROFESSOR TIMOTHY EVANS

Timothy qualified in 1979 at the University of Manchester, and underwent post registration medical training at the London postgraduate hospitals, and at the University of Sheffield where he completed a PhD. He undertook post doctoral research as an MRC travelling fellow at the University of California San Francisco, returning to London in 1985 and receiving further training in pulmonary and critical care medicine. Since 1987 he has been Consultant in Intensive Care and Thoracic Medicine, Royal Brompton Hospital, London; and from 1996 Professor of Intensive Care Medicine, Imperial College London. He has been honorary Consultant in Intensive Care Medicine to the Army since 1997. He is Medical Director (from 2006) and Deputy Chief Executive (from 2008) of the Royal Brompton and Harefield Hospitals NHS Foundation Trust. He was Academic Vice President of the Royal College of Physicians (2009-12) and a Clinical Senior Investigator of the National Institute of Health Research (2010-2013) and is a Fellow of the Academy of Medical Sciences. He is currently Vice Dean of the Faculty of Intensive Care Medicine and Lead Fellow for the Future Hospital Commission of the Royal College of Physicians.

DR EWAN H FORREST

Ewan qualified at Aberdeen University. Clinical Research Fellow in Department of Medicine, Royal Infirmary of Edinburgh. His research for MD, was into the haemodynamic derangement of chronic liver disease. Specialist training in the West of Scotland Postgraduate Deanery. Currently a Consultant Gastroenterologist and Hepatologist (Honorary Senior Lecturer) at Glasgow Royal Infirmary and Speciality Advisor to the Scottish Chief Medical Officer on Hepatology. His clinical interests include the management of decompensated liver disease and clinical nutrition whilst his research interests include alcoholic liver disease and alcoholic hepatitis in particular. This has led to the development of the Glasgow Alcoholic Hepatitis Score in the assessment and management of alcoholic hepatitis. Other areas of interest include the management of alcohol withdrawal in secondary care with the development of guidelines in this context.

PROFESSOR SIR BRIAN JARMAN

Emeritus Professor Primary Health Care, Imperial College London, Part-time Senior Fellow, Institute for Healthcare Improvement, Boston, Member Department of Health's Advisory Committee on Resource Allocation

Sir Brian was Head of the Division of Primary Care and Populations Health Sciences in the Faculty of Medicine at Imperial College, London and now heads the Dr Foster Unit at Imperial College and advises on Dr Foster's international work. He has calculated Hospital Standardised Mortality Ratios (HSMRs) for the US, UK, France, Japan, Sweden, Netherlands, Australia, Singapore, Hong Kong, Costa Rica and Canada. Sir Brian read Natural Sciences at Cambridge, did Operational

SPEAKERS AND FACILITATORS

Research for his National Service, then a PhD in Geophysics at Imperial College, London and then worked for four years as an exploration geophysicist in the Sahara (Libya) and elsewhere. After changing to medicine, aged 31, he did his MBBS at St Mary's Hospital Medical School, London (now part of Imperial College) and an exchange at Harvard Medical School. His hospital posts included St Mary's Hospital, London and the Beth Israel Hospital, Boston as a medical resident. He was a GP in London for 28 years and Professor of Primary Care for 14 years. He has worked on the development of socio-economic indicators of health status (the Under Privileged Area/UPA/Jarman score), Parkinson's Disease, an Elderly Persons Integrated Care Scheme (EPICS), and resource allocation. In 1980s/early 1990s he developed the Lisson Grove Benefits Program for calculation state social security benefits.

He has acted as an advisor on primary care in a number of countries including US, UK, Sweden, Netherlands, Canada, France, Greece, Costa Rica, Brazil, Gibraltar, Germany, Ireland and Cyprus. He was a Member of the London Strategic Review Panel, and from 1999 to 2001 he was the medical panel member of the Bristol Royal Infirmary Inquiry on paediatric cardiac surgery deaths. He has been a member of the Department of Health's Advisory Committee on Resource Allocation since 1998. From November 2001 he has worked part-time at the Institute for Healthcare Improvement (IHI) in Cambridge/Boston, Massachusetts as a Senior Fellow. From 2010 he has been on the International Advisory Committee to the Singapore Ministry of Health. He was President of the British Medical Association (2003-04) and is chair of their Working Party on NHS IT.

DR MIKE JONES

Mike was appointed as a Consultant in Renal Medicine in 1992. He took a lead role in the development of acute medicine in Ninewells Hospital, Dundee from 1997. Mike was subsequently Clinical Group Director, Associate Medical Director and then Deputy Medical Director in Dundee before moving to Edinburgh Royal Infirmary as Consultant Physician and Clinical Lead in Acute Medicine. In 2012 he was appointed Consultant Physician and Clinical Lead in Acute Medicine, University Hospital of North Durham. Mike is a founding member of the Society having been Secretary, Vice President and President and now leads the Education Committee and co-Chairs the Research Committee. Mike is Vice President of the Royal College of Physicians in Edinburgh where he sits on the Council, President's Advisory Group, Finance Committee, Education Strategy Group and Symposium Committees. He has specific interest in the education and training of Physicians having chaired the groups that developed the general medicine and generic curricula in 2007, the common competencies framework and the new Acute Internal Medicine curriculum in 2009. He developed ACCS from an acute physicians' perspective and working with JRCPTB, Mike was central to the formal recognition of Acute Internal Medicine as a distinct specialty in August 2009. Mike is Chairing the organising committee for the RCPE UK Consensus Conference on Patient Flow in Acute Medicine on 15 & 16 November 2013.

DR NICOLA JONES

Nicola was trained at Oxford University and St Georges Hospital in London. She chose infection as her specialisation and spent her first 2 years as a registrar in South Africa before returning to Oxford to complete SPR training. Whilst at Oxford, she undertook a higher degree in streptococcal diseases. She went on to accreditation in Microbiology, Infectious Diseases and Acute General Medicine and was appointed as Consultant at the OUH NHS Trust in 2005. Dr Jones is currently the lead for Antimicrobial Management at the OUH and maintains a keen involvement in AGM.

Key Messages:

- Antibiotics are losing their grip on bacterial pathogens in general and infections due to E.coli are of particular concern
- Effective infection prevention and antimicrobial stewardship are vital strategies which must be adopted by clinicians in the war against microbes
- Previously discarded or underutilised antibiotics are being recycled to paper over the cracks. These include: chloramphenicol, colistin, cotrimoxazole, chloramphenicol, tetracyclines, fosfomycin, pristnamycin, temocillin
- The need for research and development of new antibacterial agents is paramount and currently is lacking

BELINDA KESSEL

Belinda is a Consultant in General and Elderly Medicine with a Special Interest in Movement Disorders and works at the Princess Royal University Hospital, Orpington, Kent. She runs a weekly Movement Disorder clinic with over 300 patients along with her PD nurse. The team were runners up in the 2006 Hospital Doctors 'PD team of the Year' awards. She is a graduate of the 2003/4 Masterclass in Parkinson's Disease. She has participated in research into Parkinson's Disease with Professor Ray Chaudhuri and the Kings College Hospital group.

SPEAKERS AND FACILITATORS

Key Messages:

- Acute management of PD emergencies
- Drugs to use and those to avoid
- Prevent making sick PD patients a whole lot worse

PROFESSOR MICHAEL LEAN

Michael holds the Chair of Human Nutrition at the University of Glasgow and Consultant Physician at Glasgow Royal Infirmary. He trained in medicine at the University of Cambridge and St Bartholomew's Hospital specialising in general medicine, diabetes and endocrinology. He is a leading authority and researcher on diabetes, obesity and human nutrition, and dissemination of science through frequent appearances on radio, TV and newspapers.

His early clinical training was mainly in London, Aberdeen, returning to Cambridge to join the Medical Research Council and University of Cambridge Dunn Nutrition Unit, to develop a research career in nutrition, specialising in diabetes, and in obesity and energy balance, which included writing a thesis on brown adipose tissue in humans. In 1990, he was appointed to lead and develop a new university department of Human Nutrition, in Glasgow, teaching and directing research into human nutrition and its impact on many different aspects of health and medical practice, with an increasing team of research colleagues. His research has had high impact, with H-score 56, averaging over 41 citations for 552 published papers.

Michael has increasingly become involved in public health and health promotion measures to prevent disease, and to promote good health through healthy eating, including writing a weekly column for the Sunday Herald in 2001-2002. From 1995 to 2003, he was a non-executive director of the Health Education Board for Scotland. As a co-author of many clinical guidelines, he was central to the Scottish Diet Working Group and a co-author/advisor of the Diet Action Plan and SIGN guidelines on Obesity published in 1996 and 2010. From 2002 to 2007, he was Chairman of the Advisory Committee on Research of the Food Standards Agency (London) and he was on the expert advisory panel of the Joint Health Claims Initiative, which evaluated the Health Claims made by the food industry.

He was a founder of Counterweight, the national primary care weight management programme and has a major role in its research outputs, and completed a 6-month Leverhulme fellowship in Denver, Colorado, to develop approaches for preventing obesity and its clinical consequences, and engaging both government and industry partners. This work is seeing fruitful progress in New Zealand, through his founding involvement in the Centre for Translational Research in Chronic Diseases at the University of Otago. Professor Lean holds visiting professorships at the University of Otago and Robert Gordon University, Aberdeen.

Outside his clinical and academic life, Professor Lean has active interests in Scottish music and mountaineering.

Key Messages:

- All doctors need to contribute with consistency to dispel myths and promote effective, evidence-based advice
- Record the diagnosis, discuss and plan management for every case
- BMI advice is not a good guide to body fat: see Ten Top Tips for Nutritional Assessment
- Manage obesity like other multifactorial chronic diseases, and engage with patients to assess risks vs benefits of drugs or surgical interventions

LIZ LEES

Nurse Council Representative, The Society for Acute Medicine

Liz is a Consultant Nurse in acute medicine and has 21 years registered nursing experience, with 14 years spent in acute medicine. Liz is a Nurse Representative on the Society for Acute Medicine Council and the sole editor of two multi-professional books and author of a toolkit in collaboration with the Department of Health. During 2010, she took up a part-time complimentary role as Post Graduate Clinical Dean working closely between the Heart of England NHS Trust Education Faculty and several universities. Throughout her career, Liz has spent time gaining experience in Intermediate Care in the USA and on secondment to the Strategic Health Authority, gaining expertise in service development. Liz has recently travelled to Australia and Singapore to present her discharge planning research and during June 2012 her latest book, 'Timely Discharge from Hospital' was published. Liz describes her passion as leading nursing practice with a particular emphasis upon developing nursing evidence through research. Two recent publications can be located on the SAM website; Coordinator Role in Acute Medicine and AMU Workforce Planning Toolkit.

DR IVAN LE JEUNE

Ivan is a Consultant Acute and Respiratory Physician at Nottingham University Hospitals NHS Trust and an Honorary Consultant Lecturer. A medical graduate of Oxford University, Ivan completed specialty training and his PhD in Nottingham.

SPEAKERS AND FACILITATORS

Current interests include the development of a “front door” research team known as DREEAM (Department of Research and Education in Emergency medicine, Acute medicine and Major trauma).

DR CLIFFORD MANN

Clifford qualified in 1986 from Charing Cross and Westminster. He has had a broad based career including posts in general practice and anaesthesia before settling on EM. He was appointed as a Consultant in 1999 and works in Taunton, Somerset. He is a Council member of the RCPL, a member of the RCP Acute Care Committee and in 2013 was elected President of the College of Emergency Medicine. He has had a long term interest in atrial fibrillation and has served on the AF guideline development group of NICE in both 2006 and 2013. He has written and presented on the subject of AF in the UK and Europe.

Key Messages:

- Everyone claims to manage AF better than audit findings
- Patients are afraid of strokes, doctors of bleeding: Patients are right
- Primum non nocere - the procrastination paradox starring ‘CAST’ & ‘AFFIRM’

VANESSA MARVIN

Vanessa joined Chelsea and Westminster Hospital as Deputy Chief Pharmacist, Clinical Services 4 years ago having spent the majority of my career working in Acute Medicine and Intensive Care. The subject for her doctoral thesis in 2007 was refeeding syndrome in parenterally fed patients. Now I have more general responsibilities in medicines optimisation across the Trust, co-ordinating safe and efficient pharmaceutical care. To this end we provide a full clinical pharmacy service, clinical trials support and practice research including a National award-winning CLAHRC Medicines at Discharge project. Ahe is also involved in Financial Planning – horizon scanning, drugs budget setting and reporting. Current projects include medicines reconciliation, measuring the impact of pharmacists’ interventions, promoting error-free prescribing including harnessing the benefits of electronic inpatient systems, side-effects counselling and other initiatives to help improve the patient experience. She was recently made an Honorary Associate Professor at UCL School of Pharmacy.

DR ALASDAIR MACDONALD

Alasdair is a General and Acute Care Medicine Physician with interest in Stroke Medicine. He is President of the Adult Medicine Division of the Royal Australasian College of Physicians (RACP). His Physician work started in private practice and he still has a small private practice. His current appointments include Director of Medicine at the Launceston General Hospital and Clinical Associate Professor at the University of Tasmania. Before Physician training Alasdair worked in General Practice, Emergency Medicine and Intensive Care.

Alasdair is a Past President of Internal Medicine Society of Australia and New Zealand. At the RACP he chairs operational committees, is involved in Physician Training and is a member of the National Examination Panel. He was appointed in 2011 by the Federal Health Minister to the National Lead Clinician Group; he is also on the Clinical Advisory Committee to the Independent Hospital Pricing Authority and the Clinical Advisory Committee to the Australian Commission for Safety and Quality in Healthcare. He sits on several State Health Committees including Chair of the Tasmanian Lead Clinician Group and is one of the three ministerially appointed Commissioners into the Delivery of Healthcare to Tasmania.

DR RAMPRASAD MATSA

Ram is dually accredited in acute medicine and intensive care medicine is working as a Consultant University Hospitals North Staffordshire. He underwent post graduate training in acute medicine at Wessex and Intensive care at Oxford Deanery. He completed masters degree from Cardiff University and is now the Chief Investigator for NGAL Research, a study looking at acute kidney injury biomarker in critically ill patients. He has made significant contribution towards postgraduate education and was nominated for the same at Oxford Deanery Awards. He has vast experience and knowledge in teaching and training diverse needs from medical students to post graduate students. Ram has a special interest in human factors and simulation guided teaching. He currently serves as a course director for two popular courses in the South Central Region: Royal College approved tracheostomy workshop and acute care ultrasound course. Ram also serves as a faculty at the Focused Intensive Care Echocardiography course (FICE) and has contributed to the preparation of course manual.

SPEAKERS AND FACILITATORS

PROFESSOR GERRY MCKAY

Gerry graduated from the University of Glasgow in 1994. After early training in the West of Scotland he undertook Specialist Registrar training in General Medicine and Clinical Pharmacology and Therapeutics in Newcastle upon Tyne with secondments to diabetes/endocrinology, the pharmaceutical industry and NICE. After a three year period as a Consultant Physician in Monklands District General Hospital contributing to the provision of diabetes services and lead for acute medicine he returned to Glasgow Royal Infirmary in August 2007 as Consultant Physician in Acute Medicine and Clinical Pharmacology. He was until recently Lead Clinician with responsibility for provision of acute medicine at Glasgow Royal Infirmary, but continues to have clinical input to the Acute Medicine Unit. He has a wide range of clinical interests and contributes to undergraduate education in the University of Glasgow where he is an Honorary Clinical Associate Professor and University of Strathclyde where he is a visiting Professor. He has published numerous papers and has co-edited the 8th and 9th editions of the undergraduate textbook, Lecture Notes in Clinical Pharmacology and Therapeutics.

DR MICHAEL MONEYPENNY

After completing a degree in Biochemistry, Michael was surprised to find that there was more to life than the Krebs Cycle. He went on to graduate MBChB(Hons) from Dundee and embarked on a career in Anaesthesia. His interest in simulation was sparked by a simulation fellowship at the Centre for Simulation and Patient Safety in Liverpool. He is now a Consultant Anaesthetist and Director of the Scottish Clinical Simulation Centre, based at NHS Forth Valley Royal Hospital. At work his main interests are human factors, patient safety and the role that simulation can play in improving the care we provide. Outside work he enjoys reading, baking and performing puppet shows for his two little girls. Dr Money Penny is neither related, nor bears any likeness, to James Bond.

Key Messages:

- The evolution of IPE in simulation
- Learning objectives and why they are fundamental
- The benefits and risks of IPE
- A simple IPE simulation you can do in your hospital
- A complex IPE simulation that is possible the right kit and faculty

DR LIZ MYERS

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 spent 6 years working in academia undertaking 2 research degrees including a PhD from Glasgow Caledonian University, before returning to clinical practice in cardiology and general medicine in Tayside in 1991. In 1995 Liz took charge of the Acute Medical Unit in Ninewells Hospital and forged a successful partnership with Dr Mike Jones in developing and re-designing the service into one of the leading AMUs in the country. She was appointed Nurse Consultant for Acute Medicine in NHS Tayside in 2001, a role which allowed her to combine her passion for clinical care with research, education and strategic development. Nationally Liz led the promotion of nurse consultant posts in Scotland as chairman of the Scottish Nurse, Midwife and Allied Health Professional Council.

Liz was a strong and powerful advocate for patients, nurses and Allied Health Professionals during her time as an executive council member of SAM from 2002 to 2011. She collaborated with her colleague Liz Lees to develop a professional development framework and guidance on staffing for AMU, a workforce planning toolkit, as well as research into nurses' experience of working in AMU. In recognition of her contribution to acute medicine she was awarded an Honorary Lifetime Fellowship of SAM in 2012. Over the past 18 months she has completed a Certificate in Business Coaching and is an active coach within NHS Tayside. Her coaching philosophy is that everyone can be helped to take control of their lives and to achieve greater personal and professional success by changing thoughts, feelings, and behaviours. She has delivered leadership training based on these principles at local and national levels.

DR RACHEL MYLES

Rachel trained in Medicine at the University of Oxford and Kings College London, and is currently a Clinical Lecturer in Cardiology in the British Heart Foundation Cardiovascular Research Centre at the University of Glasgow and a Cardiology Registrar at Glasgow Royal Infirmary and the Golden Jubilee National Hospital. She divides her time between experimental laboratory research and clinical cardiology, subspecialising in electrophysiology. Her research involves the use of optical techniques to image the electrophysiology of the intact heart and her main interest is the

SPEAKERS AND FACILITATORS

mechanisms of ventricular arrhythmia in heart failure. She has recently returned to Glasgow after completing a post-doctoral research fellowship at the University of California, Davis where she studied focal arrhythmia induction by local beta-adrenergic stimulation (Circulation Research, 2012).

Key Messages:

- Using physiology to identify coronary occlusion
- Understanding acute heart failure presentations
- Electrophysiology for managing arrhythmias in the acute setting
- Right heart physiology in the unwell patient
- Cardiac physiology in adults with congenital heart disease – what we need to know

DR PRABATH NANAYAKKARA

Prabath is the head of the section acute medicine of the department of Internal Medicine in the VU University medical center (VUmc) Amsterdam, the Netherlands. He is also the director of the emergency residency programme and acute medicine fellowship programme. He started his medical education in the University of Colombo in Sri Lanka but had to suspend his study after four years due to the civil war. He later fled Sri Lanka and finished his MD and obtained a PhD from the VU University of Amsterdam. He later completed his Internal medicine training and Fellowships in vascular and emergency medicine in the VUmc. His research interests are in the field of the patient profiling with the help of hemodynamic monitoring and warning scores in the emergency setting, acute geriatric care, pre-hospital management of sepsis and hypertension. He is actively involved in development and promotion of emergency medicine in the Netherlands and is a member of numerous professional organisations. He is also a fellow of the Royal College of Physicians England.

DR NICHOLAS S OSCROFT

Nicholas is a Consultant Physician for the Respiratory Support and Sleep Centre, Papworth Hospital NHS Foundation Trust. This is a large tertiary referral centre for the provision of domiciliary non-invasive ventilation (NIV) covering the East Anglia region. He has extensive experience in the short and long-term management of respiratory patients with significant obesity and ventilatory failure. This includes the acute problems encountered, the challenges of the investigation and management of these individuals and their long term care. His research interests include non-invasive ventilation and the application of novel modes of NIV in patients with COPD, obesity, chest wall deformity and neuromuscular disorders.

Key Messages:

- Significant obesity often places constraints on the ability to perform and accurately interpret investigation of the respiratory system
- The normal values of parameters such as PaO₂ in the context of significant obesity are poorly described
- Severe and long-standing sleep apnoea and nocturnal hypoventilation are often present and may complicate acute presentation and long-term management
- The additional impact of obesity on other underlying respiratory co-morbidities may be underestimated

MISS SARAH PRINCE

Sarah trained in General and Hepatobiliary Surgery in Birmingham and Cambridge. She moved to the Highlands of Scotland to become the first surgeon appointed to the Scottish Rural Surgical Fellowship. She took up a post as Consultant General Surgeon in Fort William, one of the few remote and rural hospitals in the UK where her practice covers a wide range of general, subspecialty and trauma surgery. She has a major interest in service redesign and delivery of all services in rural hospitals and has presented this worldwide to a variety of audiences. Other interests include surgical education in rural practice and the breadth of experience this offers the trainee. She also holds the posts of Honorary Consultant Surgeon at the Royal Infirmary of Edinburgh and Honorary Clinical Lecturer at the University of Edinburgh.

Key Messages:

- Joint working (is possible!) - truly combined assessment units.
- Links to larger centres/maintenance of skills when numbers are low
- The need to think outside the box and ask the question “why not?”

SPEAKERS AND FACILITATORS

DR SAKET PRIYADARSHI

Saket is a Senior Medical Officer and Lead Clinician in Greater Glasgow and Clyde addiction services. He is involved in the development and management of community based alcohol services in the Greater Glasgow area. He is a graduate of the University of Glasgow medical school and after training in Glasgow and working in South Africa, he qualified as a General Practitioner in 2003. Through working in deprived areas in the west of Scotland, he developed an interest in the management of substance misuse problems. As well as his clinical duties, Saket is involved in teaching and research, particularly on outcomes with opiate substitute treatment. Saket is vice-chair of the Scottish Government's National Forum on Drug Related Deaths and member of the Scottish Government's Expert Group for Opiate Replacement Therapies.

Key Messages:

- Relapse prevention should be part of planning from start of any intervention in dependent individuals- specially when considering detox
- Links from hospital to community based supports are essential - and it's best to involve community services early in the admission rather than at discharge
- Pharmaceutical options improving in terms of choice and evidence base. While important, they are a small part of a complete treatment package and psycho-social component of support is also very important
- Long term relapse prevention requires a long term lifestyle change to a pattern of behaviours which doesn't involve alcohol
- Relapse prevention is an individual package which is tailored to each patient's needs

PROFESSOR ANNE MARIE RAFFERTY

Anne Marie is Professor of Nursing Policy and former Dean, Florence Nightingale School of Nursing and Midwifery and Director of Academic Outreach, Kings College London. She trained as a nurse, University of Edinburgh BSc (Soc Sci) and in clinical research Nottingham University MPhil (Surgery) as well as a historian at Oxford University, DPhil (Modern History) and policy analyst at the University of Pennsylvania (Harkness Fellowship). She was seconded to the Department of Health to work as government adviser on nursing to Lord Ara Darzi on the reform of the NHS in 2007-8 and was a member of the Prime Minister's Commission on the Future of Nursing and Midwifery 2009-10. She is Co-director of the Centre for Humanities and Health at King's College, London and was awarded a CBE for services to healthcare in 2008.

DR LINDSAY REID

Following a BSc in medical microbiology in 2003, Lindsay graduated from the University of Edinburgh in 2006. She completed acute care common stem training and a year as an emergency medicine registrar prior to commencing training in acute and general medicine in the West of Scotland. Lindsay has recently been appointed to a clinical research post with the Royal College of Physicians of Edinburgh which is funded by the Scottish Government Directorate of Health to investigate the delivery of acute medical care throughout Scotland. This work aims to describe the patient flow, service configuration and workforce capacity and relate it to performance to produce evidence-based recommendations to improve standards of care. Lindsay is also Vice Chair of the Trainee and Members Committee at RCPE and has recently been selected for this year's Scottish Patient Safety Fellowship programme.

Key Messages:

- Despite recent advances, the optimisation of the acute medical service in Scotland remains a goal rather than a reality. Service development must be underpinned by a sound evidence base
- We have established a working group of interested parties throughout the Scottish AMUs with the aim of undertaking regular national data collection initially starting with the SAM Quality Indicators
- There is significant variation in the delivery of acute medicine throughout Scotland. There is also significant variation in individual interpretation of the quality standard statements
- We have found it useful to collaborate to produce guidance notes to aid standardisation of data collection such that meaningful comparisons can be made

STEVEN REID

Steven is Senior Addictions Nurse and Acute Addiction Liaison. He has worked for 10 years in acute mental health, 2 years in elderly medicine and 7 years in addictions. His current role focuses on the training and education of hospital staff in relation to addictions issues in the acute hospital.

SPEAKERS AND FACILITATORS

DR CHRIS ROSEVEARE

President of the Society for Acute Medicine

Chris was one of the first acute medicine Consultants to be appointed in June 1999, and was inaugural treasurer of SAM from 2000-07. He has continued in his clinical role at University Hospitals Southampton Foundation Trust, where he has developed a team of 5 Consultants and 3 SPR's, overseeing a purpose built 48 bedded AMU. He established the acute medicine training programme in Wessex in 2003, and represents SAM on the Specialist Advisory Committee for General Internal Medicine and on the Council of the Royal College of Physicians of London (RCPL). He is editor of the Acute Medicine Journal and his book, "Acute Medicine - Clinical Cases Uncovered" was published in 2009. Chris was elected Vice President of SAM in 2009 and became President of the Society in September 2011. His tenure comes to an end during this meeting, at which he will hand over the reins to Dr Alistair Douglas. Currently he is co-chair of the Academy of Medical Royal Colleges subgroup on 7-Day working, and has co-authored the SAM/RCPL Toolkit: 'Delivering 7-Day working, due to be launched at this meeting.

DR NATALIE SILVEY

Natalie is currently an ACCS CT2 working in anaesthesia within the West Midlands having trained as a graduate-entry medic at Warwick Medical School graduating in 2010. Since July 2011 she has been running a successful journal club on Twitter (www.twitjc.com) which has attracted the attention of authors, journals and has even been mentioned in an article in Nature. Natalie is a passionate proponent for the use of social media in medical education and quality improvement. As a result of her involvement on social media she is currently a member of the core leadership team for NHS Change Day.

Key Messages:

- Twitter is not just about following your favourite celebrities, it gives you access to a huge number of influential people and breaks down barriers
- There is a huge amount of medical education taking place on Twitter, join in and you will undoubtedly learn something new every single day on there
- Don't be scared of signing up and joining in, being active on Twitter has opened a huge number of doors for me and has led to opportunities I couldn't have dreamed of

DR ADRIAN STANLEY

Having graduated from Edinburgh in 1988, Adrian trained in London, Edinburgh and Melbourne. He completed his MD thesis in Portal Hypertension in 1998 and took up his current post as Consultant Gastroenterologist at Glasgow Royal Infirmary in 1999. He was appointed Honorary Associate Professor at Glasgow University in 2012.

In addition to full-time NHS clinical commitments, he is actively involved in research and is currently Chief or Principal investigator for several multicentre studies, mostly in the field of GI bleeding and chronic liver disease. To date he has published 79 peer reviewed papers and book chapters. He is a member of the European Chronic Liver Failure consortium, the Scottish Society of Gastroenterology research committee and was the Gastroenterology lead for the 2010-12 Health Improvement Scotland GI bleeding project. He was appointed an advisor to NICE and SMC and was elected to the BSG liver committee (2006-9) and the Scottish Society of Physicians committee (2009-present).

Key Messages:

- A diagnostic ascitic tap should be undertaken on presentation in all patients with ascites, to exclude SBP
- In patients with suspected variceal bleeding, early management with vasopressors and antibiotics improve outcome
- A blood transfusion threshold of Hb <7g/dL appears appropriate for patients with variceal bleeding
- Severe alcoholic hepatitis has a mortality of >50% but appropriate clinical assessment and management improve survival

DR CHRIS SUBBE

Chris is a Consultant in Acute, Respiratory and Critical Care Medicine working in North Wales. He studied in Germany, where he also did his MD in respiratory pathophysiology at the University of Cologne. Chris spent a year as a volunteer for Medecins sans Frontieres in Angola prior to training in the Welsh Deanery. He completed Fellowships in both France and the USA. Chris's research interest is the deteriorating patient and he is the champion for the 1000 lives PLUS program.

DR R MARK TEMPLE

Mark was appointed Consultant Physician and Nephrologist, Heart of England Foundation Trust, Birmingham in 1995 and is the lead nephrologist for the Trust's antenatal renal service. He has pursued his interest in improving the quality

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of acute medical services as Clinical Director of Acute and General Medicine and subsequently Associate Medical Director. Mark was appointed acute care fellow at the Royal College of Physicians, London in 2011. He chaired the work stream reviewing secondary care activity for the Future Hospital Commission (published September 2013) and is responsible for RCP series of Acute Care Toolkits. Toolkit 7 “Acute oncology on the AMU” will be published in October 2013.

KANDARP THAKKAR

After graduating from the London School of Pharmacy, Kandarp trained at Guy's and St. Thomas' Hospital before taking up a junior pharmacist post at Ealing Hospital. Kandarp joined Imperial College Healthcare NHS Trust (ICHNT) as part of the first admissions pharmacy team in 2004 and took on the post of Lead Pharmacist Admissions in 2007. Kandarp was the project manager for various NIHR CLAHRC funded Improving Prescribing for the Elderly (ImPE) projects and was also involved in a project examining anti-infective prescribing within ICHNT. He is currently the Deputy Chief Pharmacist for Clinical Services at the Royal National Orthopaedic Hospital NHS Trust and continues to work closely with the CLAHRC for NWL as a member of the ImPE 'Supergroup' and My Medication Passport. His specialist areas of clinical interest include acute and elderly medicine. Postgraduate education includes an MSc in qualitative research and a certificate in independent prescribing. His research interests include polypharmacy and medication review in the elderly, antimicrobial stewardship, pharmacist prescribing and quality improvement.

Key Messages:

- Innovative approaches to using IT within pharmacy
- e-prescribing
- Real time audit data collection
- Using tablet computers for remote dispensing for discharge
- Automation within pharmacy

DR LOUELLA VAUGHAN

Consultant Physician and Honorary Senior lecturer, Chelsea and Westminster Hospital

Louella is an active Researcher in acute medicine. Previously Senior Lecturer in Acute Medicine with Imperial College London, her interests include the use of novel techniques for the risk stratification of the acutely unwell patient, medication safety and service improvement. She sits on the Society's Research Committee and is the National Clinical Lead for the Hospital at Night e-learning for Health project.

PROFESSOR JOHN WASS

John is the Professor of Endocrinology at Oxford University and was Head of the Department of Endocrinology at the Oxford Centre for Diabetes, Endocrinology and Metabolism, Churchill Hospital Oxford, UK until 2011. He qualified at Guy's in 1971 and did his endocrine training at Bart's. He got his MD from the University of London in 1980. From 1989 he was Professor of Clinical Endocrinology and Sub-Dean, University of London at Bart's. He moved to Oxford in 1995. His research interests include all pituitary tumours, especially acromegaly, adrenal disease, angiogenesis in endocrinology, and the genetics of osteoporosis and thyroid disease.

Since 1975 he has published over 350 articles in scientific journals and as well as written many reviews and chapters in textbooks including the Oxford Textbook of Medicine and DeGroot's Textbook of Endocrinology. He has also edited a number of different textbooks including the Oxford Textbook of Endocrinology, Clinical Endocrine Oncology and the Oxford Handbook of Endocrinology (2 editions of each). He was editor of Clinical Endocrinology until recently and is on the Editorial Board of numerous journals including Pituitary, the Journal of Clinical Endocrinology and Metabolism and Endocrine Reviews. He was President of the European Federation of Endocrine Societies from 2001-2003 and was Chairman of the Society for Endocrinology (2006-2009). He has also served as President of the Pituitary Society. He has won a number of prizes and given named lectures including the Jubilee Prize of the Society for Endocrinology. He was recently in June this year awarded the Distinguished Physician of the Year Award by the American Endocrine Society, the first non American to ever receive this award.

He has been Academic Vice President of the Royal College of Physicians in London, since August 2012.

Key Messages:

PLENARY 5 - OBESITY

- Obesity in the United Kingdom has the second highest prevalence in the world. No country has yet overcome this increasing problem
- Excessive weight is not sufficiently well addressed as an issue in patients. This may partly be because there is poor

SPEAKERS AND FACILITATORS

development of centres which deal in a multidisciplinary manner with patients with weight problems

- Diabetes is rapidly reversed with bariatric surgery but NICE criteria are not sufficiently well adhered to

PARALLEL 6.1 - ENDOCRINE

- Rapid recognition and treatment of primary or secondary adrenal insufficiency is essential to reduce morbidity and mortality from an eminently treatable condition.
- Tolvaptan is a competitive receptor to vasopressin antagonist which can be very useful in patients with severe SIADH
- Cincalcet is a calcium sensing receptor antagonist which can occasionally be useful in primary hyperparathyroidism

DR PAULINE WILSON

Pauline was born and brought up in Shetland and left there to undertake a Biochemistry degree in 1989. On completion of this degree she went on to study Medicine at Aberdeen University. Pauline was always keen to return home to Shetland and was afforded the wonderful opportunity to embark on Acute Medicine training with an interest in remote and rural practice. She returned home to Shetland in 2005 as a Consultant Physician and remains passionate about the training opportunities remote and rural practice can provide doctors in training.

Key Messages:

- Challenges of providing medical care to rural populations
- Training fit for purpose. Generalist vs. Specialist
- What does remote and rural placements offer to trainees?

DR DAVID WOOD

David is a Consultant Physician and Clinical Toxicologist at Guy's and St Thomas' NHS Foundation Trust and King's Health Partners, London, UK. He is also a Senior Lecturer at King's College London. He has a clinical, research and academic interest in the epidemiology of use and acute harms (toxicity) associated with the use of classical recreational drugs and novel psychoactive substances, along with the non-medical use of prescription and over-the-counter medications. He has published over 100 peer-reviewed papers and review articles, the majority focused on these specific interests. He is a co-opted member of the UK Advisory Council on the Misuse of Drugs (ACMD) novel psychoactive working group and the polysubstance working group and has acted as an expert adviser to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). In addition, he has undertaken population and sub-population surveys in the UK on the non-medical use of prescription and over-the-counter medications.

Key Messages:

- There is currently limited information on the prevalence of non-medical use of prescription and over-the-counter medication in the UK, although recent population and sub-population level studies suggest that there is a low but significant non-medical use of these drugs
- In the US and elsewhere, there is increasing concern about the non-medical use of prescription opioid containing medications, which may reflect greater access to these medications in these areas compared to the UK
- Non-medical use of prescription and over-the-counter medication may present to Acute Physicians as acute inadvertent overdose
- There is a risk of both physical and psychological dependence developing in those who misuse prescription and over-the-counter medication, which may present not only a diagnostic challenge for the acute physician but may require specific intervention in preventing/managing acute withdrawal

DR SUZETTE WOODWARD

Suzette is currently Director of Safety, Learning and People at the NHS Litigation Authority having spent the last 10 years at the National Patient Safety Agency. An authentic leader, Suzette was named as one of the top 50 inspirational women in the NHS in 2013. Suzette has experienced the NHS from frontline delivery, as a paediatric intensive care nurse to specialist clinical management, policy development at the Department of Health, and national leadership at the NPSA and the NHS LA. Suzette has gained along the way a Doctorate in Implementation Factors for Patient Safety, a post graduate diploma in Management Studies, and an MSc in Clinical Risk from UCL. Her expertise spans the breadth of patient safety, including nationally led large scale change programmes such as the Patient Safety First campaign. In her current post Suzette is bringing together her experience from the NPSA, lessons from the Patient Safety First campaign and doctorate to completely redesign the approach at the NHS LA to maximise learning from claims in order to drive reductions in harm and improving both patient and staff safety. As an Executive Board Director she also leads on strategic human resources and communication for the organisation.

SAM MEETINGS AND CONFERENCES 2014

The Society is delighted to announce its 2014 activity

SAMsterDAM • 1-2 May 2014

The ability of Acute Medicine to provide better and safer care for patients can, in part, be measured by its increasing international spread. Following our highly successful meeting with our Irish Acute Medical colleagues in Dublin in 2012, SAM's Spring Meeting will be held next year in Amsterdam, in association with the newly formed Dutch Acute Medicine Society (DAM). The programme will explore the challenges posed to all clinicians by complex and vulnerable patients presenting acutely, such as teenagers transitioning to adult care and the frail elderly, and showcase innovations and novel approaches from the UK, the Netherlands and beyond. There will also be an international research workshop for budding and established medical and nursing researchers prior to the meeting.

Dr Louella Vaughan, Dr Mark Holland and from the Netherlands, Dr Prabath Nanayakkara, are leading development of the programme. Our Dutch hosts are also busy planning social events that will provide not only an opportunity to meet international colleagues, but make the most of what Amsterdam has to offer.

We hope that you will join us in Amsterdam next spring for SAM's best Spring Conference yet!

SAMBrighton • 2-3 October 2014

We are thrilled to be visiting Brighton for our 8th International Scientific Conference. From iconic tourist attractions to beachfront cool, Brighton is a treasure trove of things to do and places to go. Vibrant, colourful and fun Brighton offers the energy of the city and freedom of the sea. It really is unique. From the stunning heritage of the Royal Pavilion, Regency architecture and Victorian aquariums to the seaside fun of Brighton Pier, the Brighton Wheel and the famous pebble beach, Brighton offers something for everyone as one of most cultural cities in Europe.

We look forward to working with the local teams to build a forward thinking and comprehensive programme so please put this date in your diary and join us in Brighton.



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STAND NUMBER: 6

ARMY MEDICAL SERVICES – ARMY RESERVE

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We are continually recruiting medical professionals who want to gain more from life and enhance their own clinical and specialist development whilst creating a military team ethic.

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STAND NUMBER: 14

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STAND NUMBER: 5

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STAND NUMBER: 2

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STAND NUMBER: 4

BRITISH JOURNAL OF HOSPITAL MEDICINE

British Journal of Hospital Medicine (BJHM) is the leading monthly multi-specialty review journal for hospital doctors.

The journal has been at the forefront of medical education for 45 years, publishing authoritative clinical reviews, symposia, editorials, quality improvement projects and case reports. All articles are fully referenced and peer-reviewed, and presented in an easy-to-read format.

BJHM covers all specialties in hospital medicine, making it essential reading for doctors of all grades who want to ensure that their practice is up-to-date with all the latest clinical developments.

Visit www.bjhm.co.uk or download our app from iTunes or the Google Play Store.



STAND NUMBER: 9

NIHR CLAHRC FOR NORTHWEST LONDON

Directed by Professor Derek Bell, the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Northwest London (NWL) is a five year nationally funded collaborative research improvement programme.

The CLAHRC NWL funds and supports clinical research improvement projects to support evidence based implementation in healthcare settings across Northwest London. CLAHRC NWL has just secured funding for an additional 5 years.

This stand will showcase a selection of improvement initiatives and outputs from the last 5 years, as well as the proposals for the next wave of funding.



STAND NUMBER: 13

ID MEDICAL

ID Medical established 2002, has since maintained its enviable position as market leader providing high calibre medical staffing to both public and private sectors. The UK's leading provider of locum doctors, nurses and AHP/HSS and clerical staff, ID Medical holds preferred supplier contracts with over 80% of hospitals nationwide and supplies over 2 million hours to the NHS per annum.

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Please *visit us today at Stand 13* to discuss our locum opportunities.



STAND NUMBER: 10

NATIONAL LOCUMS

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STAND NUMBER: 15

PHILIPS HEALTHCARE

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Email: denise.bent@philips.com, www.philips.co.uk/healthcare



STAND NUMBER: 1

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STAND NUMBER: 3

THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

The Royal College of Physicians of Edinburgh (RCPE) strives to improve medical standards and influence health policy throughout the UK. We have a major interest in acute medicine and believe it essential to tackle the inter-related problems experienced by the acute medical specialties which compromise our ability to provide high quality patient care.

By joining the RCPE you can support this vital work, allow us to represent your views and access a range of lifelong professional benefits and opportunities.

Visit us on stand 12 to learn about our acute medicine workstream and find out why more doctors are joining the RCPE. www.rcpe.ac.uk



STAND NUMBER: 12



STAND NUMBER: 8

THE ROYAL NAVAL RESERVE

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STAND NUMBER: 11

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STAND NUMBER: 7

WYE VALLEY NHSTRUST

Nestling between the picturesque Malvern Hills to the east and the Black Mountains marking the Welsh border to the west, the health needs of Herefordshire's residents are met by Wye Valley NHS Trust.

With 2,700 members of staff serving a population of around 187,000 people, the trust covers one of the most rural and sparsely populated counties in England. It provides acute and community services running a district and three community hospitals.

The trust pioneered integrated working when it became the provider of adult social care services in 2011 and still works closely with the local authority to provide services based around the needs of its many diverse communities.



AUDIT & QUALITY IMPROVEMENT POSTERS

POSTER BOARD NUMBER	LEAD AUTHOR	ORGANISATION	POSTER TITLE
A&QI 1	Jamie Kitt	Wexham Park Hospital, Slough	A Model for Improving General Routine Testing on Admission: Electronic Prompt Increases in HIV Screening
A&QI 2	Alasdair Moonie	Ninewells Hospital	A New Process for Monitoring Drug Errors and Providing Feedback in the AMU
A&QI 3	Rachel Bousfield	Addenbrooke's Hospital	A Service Evaluation Project: Calculating the 'Value Added' by the Introduction of Ambulatory Care Services at Cambridge University Hospital
A&QI4	Reshma Amin	East Sussex Healthcare Trust	Acute Care of patients with Community Acquired Pneumonia is improved locally by departmental education
A&QI 5	Jithesh Choyi	Leicester Royal Infirmary	Acute Care Toolkit 6: The Medical Patient at Risk
A&QI 6	Pooja Kathuria	Salford Royal Foundation Trust	AKI - Improvement in Recognition and Management of AKI in Acute Medical Admissions
A&QI 7	Craig Denmade	Mersey Deanery	Acute medical presentations and fitness to drive
A&QI 8	Sommer Lang	University Hospital of South Manchester	AMU Clinical Quality Indicators: When Should the Clock Start Ticking?
A&QI 9	Ben Lovell	Royal Free London NHS Foundation Trust	AMU in-patients and outliers: comparing care
A&QI 10	Hichem Ben Hamida	South London Healthcare Trust	AMU Quality Standards can be achieved and outcomes improved through modifications to consultant and junior working patterns.
A&QI 11	Louise Ma	Barts Health NHS Trust	An Audit Into Acute Medical Admissions at The Royal London Hospital – Comparing Admissions under Acute Medicine and Other Medical Specialties
A&QI 12	Wisam Tatari	Grimsby	An Audit Showing the Impact of Pharmacist Independent Prescribing on the Admissions Ward at Diana Princess of Wales Hospital in Grimsby
A&QI 13	Ailsa Howie	NHS Lothian	Applying the Model For Improvement to Hospital at Night Handovers
A&QI 14	Chin Lik Tan	Queen Elizabeth Hospital, King's Lynn	Appropriate admission and prompt specialist review of patients on Short Stay Ward
A&QI15	Daniel Grace	East Sussex Healthcare NHS Trust	Audit of Weekend Handover at the Conquest Hospital, Hastings
A&QI 16	Charles Williams	Kingston Hospital	Audit: Aide-memoires on ECG machines improves documentation
A&QI 17	Yang Min Ng	Gloucestershire Hospitals NHS Trust	Audit: Smoking status documentation and the prescription of nicotine replacement therapy for acute medical admissions
A&QI 18	Robert Nipah	Salford Royal Foundation Trust	Blood transfusion practice in UK: National Audit Results
A&QI 19	Chris Bruce	Surrey and Sussex Healthcare NHS Trust	Breathlessness in Pregnancy: Are We Over-Investigating?
A&QI 20	Galvin Gan	NHS Greater Glasgow and Clyde	Can labelling of intravenous peripheral catheter dressings be improved? An audit report
A&QI 21	Nithin Narayan	Pennine Acute Hospitals NHS Trust	Can use of an electronic list have a sustained impact on clinical handover - The 6 month Re-audit

AUDIT & QUALITY IMPROVEMENT POSTERS

POSTER BOARD NUMBER	LEAD AUTHOR	ORGANISATION	POSTER TITLE
A&QI 22	Peter Ellis	North Tees and Hartlepool NHS Trust	Cardiac arrest: Analysis, trends and the role of the MDT
A&QI 23	Jamie Catlow	Northumbria Healthcare NHS FT	Clinical audit improving consultant review times in an AMU using admission prioritisation and improved weekend consultant cover
A&QI 24	Michelle Anderson	Forth Valley Royal Hospital	Current Practice and Perceptions of Medicines Reconciliation in an Acute Medical Unit
A&QI 25	Sameer Maini	Great Western Hospital NHSFT	Development of an Acute Headache Pathway
A&QI 26	Lamin King	London Deanery	Did an emergency MAU review clinic affect emergency hospital re-attendance
A&QI 27	Sarah de Freitas	Barking, Havering and Redbridge University Hospitals	Do AKI alerts help pharmacists support better prescribing?
A&QI 28	Frances McGrane	NHS Lanarkshire	Early Management of TIA
A&QI 29	Ilana Samson	Whittington Hospital	Evaluating the role of a rapid access Acute Medicine Clinic embedded within the AMU of a London DGH
A&QI 30	Gideon Diamond	NHS Lanarkshire	Gathering the Society of Acute Medicine's clinical quality indicators- An experience in a district general hospital
A&QI 31	Nidhi Gupta	East of England Deanery	Gram Negative Bacteraemias: Is a Care Bundle Approach the key to Improving Adherence and Mortality?
A&QI 32	Anna Taylor	NHS Greater Glasgow and Clyde	Guidelines for anticoagulation in Atrial Fibrillation - Are we using them and are they helping us?
A&QI 33	Sean Martin	NHS Lanarkshire	Has Centralizing CSF Xanthochromia Analysis in Lanarkshire Resulted in Diagnostic Delay in CT Negative Subarachnoid Haemorrhage?
A&QI 34	Simon Finch	NHS Forth Valley	How Long Must I Wait?
A&QI 35	Sobia Akhtar	Bradford Teaching Hospitals NHS FT	Hyponatraemia at Presentation as a Marker of Mortality in an Unselected Medical Take
A&QI 36	Amina Rezgui	Stepping Hill Hospital FT	ICU patients who reviews them?
A&QI 37	Tim Holzmann	NW Deanery	Implementation of national guidelines for the management of DKA in the NW of England: A regional survey
A&QI 38	William Orchard	Queen Elizabeth Hospital Gateshead	Implementation of the surviving sepsis resuscitation bundle in the acute setting of a DGH
A&QI 39	Shaji Chacko	Ulster Hospital	Improving patient care and safety: Does an electronic medical take system play a role?
A&QI 40	Nadia Stock	North Tees and Hartlepool NHS Trust	Improving patient safety by modifying handover processes
A&QI 41	Jennifer Capps	Salford Royal Foundation Trust	Improving the electronic prescribing journey
A&QI 42	Michael Treece	Cambridge University Hospitals NHS FT	Improving the quality of Acute Medicine ward rounds
A&QI 43	Alasdair Moonie	NHS Tayside	Improving the recognition and management of sepsis on the AMU
A&QI 44	Shaji Chacko	Ulster Hospital	Intravenous fluid prescriptions for acute medical admissions: Are we doing the right thing?

AUDIT & QUALITY IMPROVEMENT POSTERS

POSTER BOARD NUMBER	LEAD AUTHOR	ORGANISATION	POSTER TITLE
A&QI 45	Ahmed Siddiqi	Southend Hospital	Junior doctors and senior nurses can triage the patients in AMU efficiently to maintain flow of patients through AMU
A&QI 46	Tania Syed	Central Manchester FT	Junior Doctors: "Our AMU in Their Hands"
A&QI 47	Vanessa Theis	Whiston Hospital	LACE Scores can identify potentially preventable medical readmission in UK population
A&QI 48	Darren Green	Salford Royal Foundation Trust	Length of stay for acute medical patients admitted to hospital at weekends and overnight versus normal working hours
A&QI 49	Helen Hockings	Epsom and St. Helier University NHS Trust	Management of AKI at Epsom General Hospital. Are We Compliant with NCEPOD Recommendations?
A&QI 50	Ross Jack	University of Glasgow	Management of Paracetamol Overdose in Acute Medical Receiving
A&QI 51	Kiran Joseph	Wirral University Hospital NHS FT	MET 1000: Forecast is a busy shift!
A&QI 52	Idrisu Sanusi	Gloucestershire Hospitals NHS FT	Mortality and Morbidity Meetings - A different approach
A&QI 53	Snehashish Banik	NHS Grampian	Nasal High Flow Oxygen Therapy: Is it a bridging gap in management of respiratory failure?
A&QI 54	Manish Kapoor	Severn Deanery	NIHSS documentation for patients presenting with Acute Stroke – Is it adequate?
A&QI 55	Harinath Chandrashekar	NHS Tayside	Older People in Acute Care (OPAC) Collaborative in a busy AMU
A&QI 56	David Cegielski	University Hospital of South Manchester	Oxygen Prescribing on the MAU of a Large Teaching Hospital – A Prospective Audit, May 2013 to June 2013
A&QI 57	Antonia Churchhouse	Queen Elizabeth Hospital, Woolwich	Practical severity scoring for acute admissions with COPD: Who can we send home from the AMU?
A&QI 58	Rachel Kidney	St James's Hospital	Predicting 7 Day Readmissions - An Evidence Based Approach Using Multivariate Logistic Regression
A&QI 59	Mohsin Zaman	University Hospitals Of Leicester	Providing Level 1 Care on the AMU
A&QI 60	Trisha Mukherjee	University College London	Pyrexia Suppression: Is it worth getting hot under the collar about?
A&QI 61	Mark Simmonds	Nottingham University Hospitals NHS FT	Quality assurance in severe sepsis: individualised audit/feedback system results in substantial improvements in sepsis care
A&QI 62	Linah Suleiman	Southeast Scotland	Quality Improvement for an AMU: A Vision for the Present!
A&QI 63	Georgina Fremlin	University Hospitals Bristol	Quality improvement project: Doctors documentation of driving advice following new medical diagnoses
A&QI 64	Nicola Lovett	Department of Geratology	Rates and factors associated with delirium in over 500 consecutive emergency admissions to acute general medicine in the UK
A&QI 65	Matthew Calcasola	Wirral University Teaching Hospitals	Recognition & Management of Patients with Acute Kidney Injury on the Acute Medical Unit
A&QI 66	Matthew Lambert	NHS Tayside	Recognition of Delirium in an AMU
A&QI 67	Emer Teague	Altnagelvin Area Hospital	Reducing laboratory costs on AMU

AUDIT & QUALITY IMPROVEMENT POSTERS

POSTER BOARD NUMBER	LEAD AUTHOR	ORGANISATION	POSTER TITLE
A&QI 68	Dennis Lowe	Salford Royal FT	Reduction of Falls on AMU
A&QI 69	Mairi Finlay	NHS Grampian	Renal ultrasound for patients with uncomplicated pyelonephritis
A&QI 70	Alice Davies	Surrey and Sussex Healthcare NHS Trust	Setting the EDD: The Holy Grail of Acute Medicine?
A&QI 71	Shiva Sreenivasan	Gloucestershire Hospitals NHS FT	Sexing up the Sepsis Six
A&QI 72	Catherine Cucknell	Western Sussex Hospitals NHS FT	Should we be challenging penicillin allergies?
A&QI 73	Maya Wolf	Royal London Hospital	Simple interventions to improve time and patient care on a busy AMU
A&QI 74	Alan Cameron	NHS Greater Glasgow and Clyde	Stress Echocardiography in a University Teaching Hospital – A Retrospective Analysis
A&QI 75	Matthew Wilson	Western Infirmary	Subarachnoid haemorrhage exclusion on the MAU; a 2 cycle audit,
A&QI 76	Robert Hart	NHS Lanarkshire	Surviving Sepsis in Wishaw General Hospital: Introduction of the Sepsis Six Bundle
A&QI 77	Petrus Elofuke	NHS Grampian	The Proportion and Characteristics of non Stroke Admissions to an Acute Stroke Unit
A&QI 78	Khalid Shamel	Poole General Hospital	The RACE Unit: Rapid Access and Consultant Evaluation
A&QI 79	Lindsay Reid	RCPE	The Society for Acute Medicine Quality Indicators: The experiences of a Scottish acute medicine working group
A&QI 80	Drs Murdoch & Wilcox	Plymouth Hospitals NHS Trust	Think Pink: Delirium Screening in Emergency Assessment Unit, Torbay Hospital
A&QI 81	Olivia Beesley	Cardiff and Vale University Health Board	Time critical medications in the acute setting – Are we on time?
A&QI 82	Natalie Powell	Surrey and Sussex Healthcare NHS Trust	Tracking patient experience to improve care and clinical outcome
A&QI 83	Ammara Naeem	Basildon and Thurrock University Hospital	Treatment of Acute Hyperkalemia in Adults
A&QI 84	Babu Pusuluri	Gloucestershire Hospitals NHS FT	Upper extremity deep vein thrombosis management in a district general hospital
A&QI 85	Muhammad Arif	West Hertfordshire Hospitals NHS Trust	Utilisation of Beds in Short Stay Ward - Improving Effectiveness
A&QI 86	Martin Dachsel	East Surrey Hospital	What was that “thing” on the Resus trolley called again? – An Airway Equipment Audit

Posters will be judged during the first day of the Conference. The highest scoring ones will be awarded Rosettes.

Lead Authors will be sent Poster Certificates after the Conference. Poster Abstracts and PDF copies of Posters will be available at www.acutemedicine.org.uk.

CASE REPORT POSTERS

POSTER BOARD NUMBER	LEAD AUTHOR	ORGANISATION	POSTER TITLE
CR 1	Tabish Ali	Walsall Healthcare NHS Trust	A case of colchicine associated hepatotoxicity
CR 2	Julia Rutherford	University Hospital of South Manchester	A Painful Anaesthetic
CR 3	Kashif Musarrat	Doncaster Royal Infirmary	A rare case of swelling of all four limbs
CR 4	Victoria Britton	Stoke Mandeville Hospital	A very unusual headache
CR 5	Mohamed Farag	Hull and East Yorkshire Hospitals NHS Trust	Acute Blue Finger: A Diagnostic Challenge
CR 6	Conor McQuillan	Northern Ireland Medical and Dental Training Association	Acute management of basilar artery thrombosis
CR 7	Natalie Walker	NHS North West	An Unusual Cause of Ischaemic Stroke
CR 8	Guhavarma Viswesvaraiah	University Hospitals Southampton	An unusual consequence of meningococcal sepsis: A case of autoimmune reactive polyserositis on the AMU
CR 9	Louella Vaughan	Chelsea and Westminster Hospital	Are You Sure?: Difficulties in Diagnosing African Tick Bite Fever in a Returning Traveller
CR 10	Manish Kapoor	Severn Deanery	Bilateral Ptosis in Thalamic Infarction – An unusual presentation of Acute Stroke
CR 11	Mike Wakefield	Bolton Royal Foundation Trust	Clozapine induced DKA: A case study
CR 12	Markand Patel	University Hospitals Bristol NHS FT	Dilemmas of the intracardiac mass
CR 13	Alys Hunter	Peterborough City Hospital	Double trouble: A rare case of spontaneous vertebral artery dissection with contralateral occlusion
CR 14	Chris Schofield	Ninewells Hospital	Headache in the AMU: Pituitary apoplexy, Rare, but not uncommon
CR 15	Balasubramanian T Srinivasan	Barnsley Hospitals NHS Foundation Trust	How would you treat Hyperkalaemia?
CR 16	Joseph Wheeler	Walsall healthcare NHS Trust	I think I'd better think it out again: An atypical cause of chest pain in a young female
CR 17	Ebraheem Alskaf	Sheffield Teaching Hospitals	Mesalazine-induced lung fibrosis
CR 18	Muhammad Raza Cheema	Wirral University Teaching FT	Migraine with prolonged Aura; A clinical reminder
CR 19	James Young	University of South Manchester	Non-resolving cellulitis - 'Its all a bit fishy'
CR 20	Jaydeep Mandal	University Hospital of South Manchester NHS FT	Quadriparesis, anaemia, and weight loss: Unexpected symptoms following Neurofen Plus misuse
CR 21	E J Smith	Royal Free Hospital	Raising an eyebrow: A delayed hypersensitivity reaction to 'black henna' tattooing
CR 22	Emma Patterson	QEHB	Recurrent Pneumothorax in a Young Women
CR 23	Ivan Cheung	South London Healthcare Trust	Saturday Night Fever
CR 24	Dharshini Kunahlan	Birmingham City Hospital	Severe Hypocalcaemia and Trismus - A Rare Case Report
CR 25	Waseem Khan	CMFT	Simultaneous Bilateral Spontaneous Pneumothoraces

CASE REPORT POSTERS

POSTER BOARD NUMBER	LEAD AUTHOR	ORGANISATION	POSTER TITLE
CR 26	Joanna Coppack	The Ipswich Hospital	Simultaneous multiple PE in monozygotic twins with Dercum's disease: A timely coincidence?
CR 27	Rhiannon Jones	Queen Elizabeth Hospital NHS FT	Statin-induced rhabdomyolysis can obscure a diagnosis of primary polymyositis
CR 28	Emer Teague	Altnagelvin Area Hospital	Swollen legs: Common presentation, unusual cause
CR 29	Shareen Muthiah	University Hospital of North Durham	The association between sarcoidosis and lymphoma
CR 30	Amina Rezgui	Stepping Hill Hospital FT	The case of a serious cough
CR 31	Rhiannon Jones	Queen Elizabeth Hospital NHS FT	The peculiar presentation of a septic hip
CR 32	Ibrahim Bhatti	Royal Surrey County Hospital	The Unconscious Stroke Patient
CR 33	Jonathan Dawson	Royal Victoria Hospital	'Too much, too soon,' or 'a step too far?' Exercise induced Rhabdomyolysis.
CR 34	Anu Jayachandran	Wirral University Teaching Hospital	Unusual rash due to Zoonotic disease

RESEARCH POSTERS

R 1	Allan Cameron	Glasgow Royal Infirmary	A simple tool to predict admission at the time of triage
R 2	Jonathan Dawson	Royal Victoria Hospital	Biochemical indicators of physiological derangement
R 3	Sam Dance	Glasgow Medical School	Calm under pressure: Medical receiving and the weather
R 4	Ben Parish	University of Manchester and the Christie Cancer Hospital	Effectiveness of early antibiotic administration in cancer patients with sepsis
R 5	Ratul Adhikary	Bradford Royal Infirmary	Investigating the cost of blood tests
R 6	Lamin King	London Deanery	Investigating the Effect of the London 2012 Summer Olympic Games on Acute Medical Referrals to a DGH
R 7	Michael Allen	Novartis Pharmaceuticals UK	Necrotising Skin and Soft Tissue Infections: European Cubicin® Outcomes Registry and Experience EU-CORE (2006-2012)
R 8	Zia Mustafa	Glasgow Royal Infirmary	Outpatient Management of Low-Risk Patients with Upper GI Bleeding: Can we safely extend the GBS in Clinical Practice?
R 9	Jonathan Dawson	Royal Victoria Hospital	Older and Sicker? Time to rethink! Correlation between age, functional status and NEWS in emergency medical admissions
R 10	Shahana Hussain	University of Leicester	Patterns and predictors of re-admission to the emergency department with deliberate self harm
R 11	Mohammed Wasim	Pennines Acute Trust NHS	Predictors of mortality in patients with ACS - A hospital admissions study: 2000-2013
R 12	John Tshon Yit Soong	Imperial College London	Prevalence of frailty syndromes in acute care
R 13	Tracy Shaw	Pennine Acute Hospitals NHS Trust	Project to assess patients' experience of the Ambulatory Assessment Unit in comparison with traditional emergency admission pathways.

RESEARCH POSTERS

POSTER BOARD NUMBER	LEAD AUTHOR	ORGANISATION	POSTER TITLE
R 14	Christopher Craig	NHS Lanarkshire	Rate measurement in Atrial Fibrillation
R 15	Simon Thompson	NHS Forth Valley	Recognition and management of Herpes Simplex Virus encephalitis
R 16	Sean Martin	Wishaw General Hospital	Should Lumbar Puncture be Abandoned in Favour of Angiography in CT negative Suspected Subarachnoid Haemorrhage?
R 17	Darren Green	Salford Royal Foundation Trust	The Influence of Short-Term Weather Changes on Acute Hospital Admission Rates
R 18	Nidhi Gupta	East of England Deanery	The Rise in Extended Spectrum Beta Lactamases: The Peterborough Experience
R 19	Nicholas Scriven	Calderdale Royal Hospital	Why do people apply for Acute medicine - A survey of those who applied via the RCP portal

EDUCATION POSTERS

E 1	Alexander McDonald	NHS Borders	Acute NIV management can be improved by focused multidisciplinary education and an algorithm guideline
E 2	Ibrahim Bhatti	Surrey and Sussex NHS Trust	Developing an e-logbook for acute medical trainees
E 3	Vera Nina Gotz	Royal Preston Hospital	Does simulated learning have a place in modern post graduate medical education? The Acute Medic's story
E 4	Nadine Topping	Salford Royal Foundation Trust	Improving End of Life Care in an EAU in recognition that care doesn't stop at the moment of death
E 5	Hannah Skene	Chelsea & Westminster Hospital	Multidisciplinary Simulation on Sepsis in Response to SI Reporting
E 6	Thomas Campbell	Beaumont Hospital	Non Invasive Ventilation: Core knowledge among Junior Doctors in the Acute Medical Unit
E 7	Anurag Goel	Royal Bolton Hospital	Tandem Clerking – An innovative concept to enhance training opportunities in MAU
E 8	Lowri Morgan	Milton Keynes Hospital NHS Trust	Teaching Methods Modular Course
E 9	Adam Burns	Mid Yorkshire Hospitals NHS Trust	The Yorkshire Simulation Training Survey
E 10	F Shah	GPST	Undergraduate Teaching on an AMU: Task Based Learning is an effective educational strategy with high level of acceptability
E 11	Peter Keast	University Hospital of South Manchester NHS FT	What do the waves mean?: Teaching telemetry to nurses on the AMU

SERVICE ORGANISATION & DELIVERY POSTERS

POSTER BOARD NUMBER	LEAD AUTHOR	ORGANISATION	POSTER TITLE
SO&D 1	Ffion Simcox	BCUHB NHS	A comparison between an Advanced Nurse Practitioner-led Ambulatory Care Unit and a traditional AMU. Secondary data analysis
SO&D 2	Nicholas Cole	St. George's Hospital NHS Trust	A Virtual Clinic Service To Review Outstanding Investigations After Patients Are Discharged From An AMU
SO&D 3	Kate Akester	University Hospital Southampton NHS Foundation Trust	Admission avoidance or delayed admission: What is the impact of consultant phone triage of GP referrals to AMU?
SO&D 4	Raheela Durrani	NHS Pennine Acute Hospital	Ambulatory Care Unit
SO&D 5	John Paul Jeans	Imperial College NHS Trust	Arterial lines...to place or not to place? Our experience from an acute medical high dependency unit managing type II respiratory failure
SO&D 6	Shireen Ibish	Buckinghamshire NHS Trust	Buckinghamshire Foundation Forum - A vehicle for change
SO&D 7	Anatole Wiik	Darent Valley Hospital	Development of a Hyperacute Unit
SO&D 8	Lamin King	London Deanery	Does Comprehensive Geriatric Assessment within 24 hours affect subsequent emergency hospital reattendance?
SO&D 9	Karl Bonnici	Stepping Hill Hospital	Electronic Handover Implementation at Stepping Hill Hospital, Stockport
SO&D 10	Derryn Lovett	CLAHRC NWL/ Imperial College London	Geographic and Temporal variation in COPD admissions
SO&D 11	Ben Dobb	NHS Grampian	How many people with an acute PE are suitable for treatment with novel anticoagulants and what would this cost the acute sector?
SO&D 12	Ben Dobb	NHS Grampian	Identifying Patients with Acute PE for Early Outpatient Management
SO&D 13	Darren Raffo	University of Glasgow	Impact of implementation of a 'Pull' system on AMU patient flow
SO&D 14	Paul Sullivan	Imperial College London	Implementing ambulatory care over multiple sites - Lessons learned
SO&D 15	Janice Christian	Salford Royal FT	Improving Staffing Levels by recording Dependency and Acuity in an Emergency Assessment Unit
SO&D 16	Joel Burton	University Hospitals of Leicester	Improving Weekend Working - Improvements made by a Junior Doctors Forum
SO&D 17	Paul Mizen	Aneurin Bevan University Health Board	In-Hospital Medical Streaming. The Successful Establishment of a Clinical Decisions Unit to Decongest the Emergency Department
SO&D 18	Elizabeth Hamilton	NNUH NHS FT	Is there a need for a separate acute medical assessment unit for elderly patients?
SO&D 19	Nicola Irvine	NHS Tayside	Junior Medical Workforce Planning on the AMU - developing your workforce to meet the demands of your unit
SO&D 20	Caroline Sharratt	Nottingham University Hospitals Trust	New Nurse Led Urgent Anaemia Treatment Service Prevents Acute Admissions
SO&D 21	Andrew Walden	Royal Berkshire Hospital	Pilot evaluation of weekly versus daily consultant continuity on the acute medical take

SERVICE ORGANISATION & DELIVERY POSTERS

POSTER BOARD NUMBER	LEAD AUTHOR	ORGANISATION	POSTER TITLE
SO&D 22	Paul Mizen	Aneurin Bevan University Health Board	Prehospital Medical Streaming - An Emergency Department Bypass Model
SO&D 23	Daniel Cadoux-Hudson	Surrey and Sussex NHS Trust	Prioritizing patients leads to better rota design
SO&D 24	Karen Lowdon	NHS Tayside	Re-Design of Clinical Pharmacy Services to the AMU, Ninewells Hospital
SO&D 25	David Staples	The Royal Derby Hospital	Redesigning the Acute Medical Primary / Secondary Care Interface Results in a 39% reduction in Overnight Medical Admissions from the Community.
SO&D 26	Ruth Brown	Salford Royal NHS Foundation Trust	Reducing Alcohol-Related Admissions through Rapid Alcohol Detoxification Acute Referral Project: An Acute Trust Perspective
SO&D 27	Nicola Irvine	NHS Tayside	Streamlining in the AMU: Senior Physician assessment at initial contact provides highly effective, efficient & appropriate care
SO&D 28	Darren Green	Salford Royal NHS Foundation Trust	The distribution of junior doctor workforce numbers on a standard on call rota does not correlate with peak times of medical admissions
SO&D 29	Pooja Kathuria	Salford Royal NHS Foundation Trust	The Impact and Sustainability of Consultant Acute Physician Triage on Reducing Non-elective Admissions to Acute Medicine
SO&D 30	Gautam Bagchi	Russell Hall Hospital	The Impact of Rapid senior Acute Physician led Rapid Assessment on Patient Flow
SO&D 31	Christopher Bruce	Surrey and Sussex Healthcare NHS Trust	The Missing Piece of the Ward Round Puzzle: The Patient
SO&D 32	Peter Waitt	Warrington Hospital NHS Foundation Trust	Use of Ultrasound In a low resource Acute Medical Setting
SO&D 33	Bryan Renton	Royal Liverpool Hospital	Using Technology to our Advantage can make Clinical and Financial sense

POSTER VIEWING

Please man your posters at the following times:

EVEN Numbered Posters:

Thursday 1300-1330 & 1530-1600.

Friday 1300-1330

ODD Numbered Posters:

Thursday 1105-1135 & 1330-1400

Friday 1230-1300

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References:

1. Kellett J, *et al.* (2004) Bedside Testing of Cardiac Troponin T and Myoglobin for the Detection of Acute Myocardial Infarction in Patients with a Nondiagnostic Electrocardiogram in the Emergency Department. *Point-of-Care*: **3**: 159–161.
2. Januzzi J, *et al.* (2005) NT-proBNP testing for diagnosis and short-term prognosis in acute destabilized heart failure: The International Collaborative Study (ICON). *Eur Heart J*: **10**: 1093.
3. Wells PS, *et al.* (2003) Evaluation of D-dimer in the diagnosis of suspected deep vein thrombosis. *N Engl J Med*: **349**: 1227–1235.
4. Wells PS, *et al.* (2000) Derivation of a Simple Clinical Model to Categorize Patients Probability of Pulmonary Embolism: Increasing the Models Utility with the SimpliRED D-dimer. *Thromb Haemost*: **83**: 416–420.
5. Gaze D, *et al.* (2004) The Use of a Quantitative Point-of-Care System Greatly Reduces the Turnaround Time of Cardiac Marker Determination. *Point-of-Care*: **3**(4): 156–158.
6. Apple FS, *et al.* (2006) Decreased patient charges following implementation of point-of-care cardiac troponin monitoring in acute coronary syndrome patients in a community hospital cardiology unit. *Clin Chim Acta*: **370**: 191–195.
7. Price CP (2001) Point-of-Care testing. Impact on medical outcomes. *Clin Lab med*: **21**(2): 285–304.
8. Presentation by John Warrington www.imsta.ie/node/350 [Accessed 29th March 2012].

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