Acute angle

Aletta Stevens reports from an ITI Medical & Pharmaceutical Network event where an expert spoke about the challenges of acute medicine

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On Friday 16 September, nearly 60 members of the ITI Medical & Pharmaceutical Network gathered at the University College London (UCL) School of Pharmacy in Brunswick Square for a full day's workshop on acute medicine. Tickets for this event sold out almost immediately, a mark of the network's continuing success and increasing membership. Participants from across the UK and further afield were welcomed with coffee on arrival and then took their seats in the Maplethorpe Lecture Theatre. Our expert speaker was Dr Jacob de Wolff, consultant acute physician and honorary senior lecturer in acute medicine at Northwick Park Hospital, London.

So what is acute medicine? The discipline was established in the late 1990s as 'general internal medicine', with emphasis on acute care. It operates in acute medical units and ambulatory emergency care, and requires a multidisciplinary team. The qualifications needed to work in this discipline, in addition to a medical degree, are an MRCP(UK) diploma – MRCP(UK) develops and delivers postgraduate medical examinations around the world on behalf of the three Royal Colleges of Physicians of the UK; an SCE (Specialty Certificate Examination) in Acute Medicine; and clinical and non-clinical specialist skills.

Assessment and diagnosis

The first lecture was an introduction to the subject, and focused on assessment and diagnosis. What do you do when an unknown patient comes into the accident and emergency department with acute choking or bleeding, for example? Most patients referred on the acute medical pathway are not severely unwell, but naturally they need to be examined to establish whether they are or not. For this purpose, physicians use the ABCs of patient assessment: A is for checking the airway; B for breathing; C for circulation; D for disability; and E for exposure. The traditional approach includes looking into the history of the presenting complaint, as well as the patient's previous medical history, family and social history, and any intoxications (eg alcohol, drugs). This is followed by a physical examination and a variety of investigations, such as laboratory tests, heart monitoring and scans. Emergency presentations may include cardiorespiratory arrest (requiring the 'crash team'), shock, coma and anaphylaxis.

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After a sustaining hot buffet lunch, we reconvened for De Wolff's second lecture, in which he looked in more detail at top-level clinical presentations and their treatment and monitoring. Typically, these might be patients suffering from acute abdominal pain, kidney injury, blackout/collapse, confusion/acute delirium, fits/seizures, limb swelling, paralysis and poisoning.

Refreshed by our tea break, we split up into the following translation groups: from Dutch, French, German, Italian, Portuguese and Spanish into English; and from English into French, German, Polish and Spanish. There were ten language groups, and although the workshop could not cater for all languages, some delegates felt it was definitely worth attending for the lectures alone. We had all prepared a source text on acute medicine made available on the website of the Medical & Pharmaceutical Network, and one person in each group compiled a glossary as we progressed. De Wolff circulated among the groups, answering questions and coming up with some excellent solutions to our translation problems. The Dutch group in particular benefited from De Wolff's medical training in the Netherlands, and managed to work through their entire list of queries with his help.

Plenary session

To conclude, we gathered once more for the plenary session and applauded De Wolff for his engaging and highly informative presentations, which were interspersed with some subliminal humorous images, including a final goodbye wave from Barack Obama. We all felt that we had learnt a great many things about a fascinating area of medicine with which we might previously have had only passing familiarity.

Those who did not have to rush to catch a train home walked a short distance for some post-workshop networking at the spacious Marquis Cornwallis pub, where members enjoyed a drink or two before going on to Carluccio's for dinner.

Our thanks go to Kasia Slobodzian-Taylor, who recruited the speaker and assisted the committee by coordinating this workshop. Thanks also to Charles Rothwell, who set the ball rolling, Maggie Hook for securing the venue and liaising with the event team, and all members of the committee who helped to make this event such a success. The presentation slides, packed full of useful information, were made available to participants through the network website. We look forward to the next workshop in Leeds in spring 2017.