

RCPE symposium – Medical Trainees' Conference

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The Medical Trainees' Conference was held on 26 January 2018 at University Place, Manchester

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Balancing increasing clinical pressures with the educational demands of medical training makes the role of a medical trainee as challenging as ever. The Medical Trainees' Conference 2018 offered the unique opportunity to discuss some of these challenges alongside engaging in updates and clinical lessons across a diverse range of medical topics. For the first time the Conference was held in Manchester, marking the beginning of an ambitious and exciting collaboration between the Royal College of Physicians of Edinburgh and the Manchester Academic Health Science Centre.

Session 1 – Breaking blood; Parkinsonian Puzzles; Radiology Quiz

Dr James Russell (Cambridge) opened with a session on the thrombotic microangiopathies, a diverse group of rare but life-threatening disorders. He reiterated the importance of prompt diagnosis and management to reduce morbidity and mortality, with early plasma exchange reducing mortality by up to 75%.¹ Dr Conor Maguire (Edinburgh) teased out some of the issues around Parkinson's disease, directing trainees to the Brain Bank Criteria for diagnosis of the parkinsonian patient. For those patients who were nil by mouth he encouraged trainees to use the website www.parkinsonscalculator.com to streamline medicines management for inpatients with Parkinson's disease. The session ended with a radiology quiz from Dr George Tse (Sheffield) with imaging of sarcoidosis and moyamoya, among others.

Session 2 – Why we need to talk about fatigue

Fatigue and sleep were the focus of the keynote lecture from Dr Michael Farquhar (London). Sleep is fundamental to health

and wellbeing yet most people do not get enough sleep each night. Despite increasing awareness of the effects of sleep deprivation, trainee surveys show that inadequate rest and fatigue remain a persistent issue with almost 25% of doctors feeling sleep-deprived on a daily or weekly basis.² Dr Farquhar highlighted the physiological similarities between sleep and intoxication, as even moderate sleep deprivation results in impaired cognitive and motor performance. Tired individuals take greater risks with the same degree of confidence and with reduced empathy. Trainees were urged to think about their sleep patterns and approach to shift work. They were also offered a number of simple tips such as optimising the sleep environment, napping and maintaining eating routines.³ The panel discussion following the keynote speech was dominated by trainees sharing their comments on sleep and shift working, though recent winter pressures and the effect on training opportunities also featured prominently.

Session 3 – 44th Croom Lecture: ¹⁸F-fluoride PET-CT: a novel imaging assessment to predict bioprosthetic valve failure

The prestigious Sir John Halliday Croom Medal was awarded to Dr Timothy Cartlidge (Edinburgh) for his work on a novel technique for identifying early bioprosthetic valve degeneration. Valve calcification is the final common pathway for mechanisms resulting in valve degeneration including mechanical stress, immune reaction and inflammation. ¹⁸F-fluoride binds with high specificity to areas of microcalcification, therefore PET-CT has the potential to highlight early degenerative changes before they become clinically apparent. Through his prospective observational cohort study, Dr Cartlidge demonstrated that PET-CT revealed such degeneration significantly earlier than

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other modalities such as echocardiogram and CT alone, and is a powerful predictor of deteriorating valve function.

Session 4 – Red skin – when to call the dermatologist; Haemoptysis – minor or massive; Demystifying myoclonus

In managing the patient with red skin, Dr Anja Weidmann (Salford) advised simple measures including analgesia, emollients and topical steroids. She emphasised the importance of identifying severe cutaneous adverse reactions, for example by systemic symptoms and mucous membrane involvement. Dr Anne Jones (Edinburgh) followed with a talk on haemoptysis. She noted that the clinical equipoise in bleeding risk for somebody with PE is reached when the annual risk of VTE recurrence is around 5%. This session closed with Dr Russell Hewett (Glasgow) demystifying myoclonus for the audience by breaking down causes by presumed source. He reminded trainees that history is the key in diagnosing and managing myoclonus.

Session 5: Clinical Lessons

The three clinical lessons were selected from a number of abstracts submitted to the organising committee. The prize for best clinical lesson was awarded to Dr Tegwen Ecclestone (Northumbria) for her presentation on hereditary angioedema misdiagnosed as IBS, with other presentations covering IgA myeloma presenting as back pain and sarcoidosis masquerading as sepsis.

RCPE College Journal Prize

Dr John Widdrington (Newcastle upon Tyne) was awarded the RCPE College Journal Prize for his retrospective analysis of

ten patients with syphilitic uveitis, potentially sight-threatening though treatable. In 80% of these patients there were missed opportunities for diagnosis, highlighting the importance of taking an adequate sexual history.⁴

Take home message

This symposium offered a wide range of refreshingly approachable updates and practical tips on a range of different topics. The audience were inspired by the Croom Lecture and Journal Prize with its excellent examples of trainee research. I found the keynote lecture particularly thought-provoking and it will shape my own future approach to the impact of sleep and shift work in training.

References

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- 2 General Medical Council. *Key Findings from the National Training Surveys*. General Medical Council; 2017. <https://www.gmc-uk.org/education/surveys.asp> (accessed 9/2/18).
- 3 Farquhar M. Fifteen-minute consultation: problems in the healthy paediatrician – managing the effects of shift work on your health. *Arch Dis Child Educ Pract Ed* 2017; 102: 127–32.
- 4 Widdrington JD, Ashfaq I, Puvaneswaran B et al. Missed opportunities to diagnose syphilis prior to the development of sight-losing uveitis. *J R Coll Physicians Edinb* 2017; 47: 129–34.