5TH DANISH EMERGENCY MEDICINE CONFERENCE 2013

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Emergency Medicine all the way”

Over the last few years emergency medicine has progressed within Danish hospitals. However, further developments are restricted due to the absence of a specialist in the emergency departments (ED) and the lack of emergency medicine (EM) as a specialty in its own right.

On April 17th, 600 people attended the Danish Emergency Medicine Conference (DEMC5) held at the Scandinavian Congress centre in Region Midtjylland. The aim of the conference was to promote and provide first-hand experience in EM to the medical and non-medical professions. More than 60 national and international speakers representing various EM disciplines were invited to speak at this event.

This year, three different organizations: the doctors (DASEM), the nurses (DAENA) and the paramedics (RUS) had arranged the conference. This collaboration illustrated the importance of cooperation within the different fields of medicine in the ED.

The conference took place over two fully packed days, including a great dinner on the first night. With five different conference rooms there was a variation between joint- and separated lectures. In this way the contestants were given the opportunity to manage their own program according to their interest. Furthermore there was a general overview of the current research in EM with the numerous presentations of posters and abstracts displaying throughout the conference.

The headline “Emergency Medicine all the way” and a wide range of sponsors (Siemens, Ferno, Thermo Fischer, Falck etc.) set off the conference followed by a short introduction given by the chairman of the three organizations (DASEM, DAENA, RUS).

The introduction was followed by several speakers e.g.; Erica F Christensen (Medical Director Prehospital Emergency Medical Services), Jonas Dahl (Danish politician, member of parliament MP) and Dr. Colin Graham (Chief editor of European Journal of Emergency Medicine).

Dr. Christensen shortly mentioned how research within EM in Denmark has expanded due to the implementation of the three professors in EM. Dr. Christensen also explained how training and education was in focus when developing EDs and why of this is necessary for the future of EM in Denmark. She finished her talk by encouraging the attendees to:

Look, listen, inspire and enjoy

J. Dahl primarily talked about the responsibility towards EM as a subject area. How cooperation and working as a unit is important when working with EM. How Denmark should keep focusing on being multidisciplinary when working together in the ED. J. Dahl finished his speech of by motivating everyone to keep pushing the politicians to make a difference in EM.

Dr. Graham talked about being in the ED with the headline “ED the good the bad and ugly”. With a short focus on the definition of Emergency Medicine and what Emergency Medicine physicians do.

Dr. Graham said:

“Acute ill and injured- undifferentiated patients – This is what defines us, this is what we do”

With a broad experience in EM Dr. Graham presented the nature and conditions of EM in Denmark, Europe and globally. Furthermore, he talked about the reason for change in EM– hereby the good, bad and ugly. With argumentations such as lack of ED staff, local resistance to EM as a specialty and the success of EM as a natural experiment Dr. Graham finished his speech with.

“Change is hard but necessary and it is important that we define our role in EM”.

On the second day, the conference ended with a presentation of the Danish organisation “Doctors Without Borders” With a corresponding headline to the DEMC5 5 “Emergency Medicine all the way- in all the world” Dr. Merete Engel and Dr Heidi Christensen talked about the life, education and conditions in the organization.

The clinical work in different countries such as India and Pakistan was illustrated by text and imaging. The two doctors talked about the environment, facilities, challenges and limitations in their work. Furthermore the two doctors mentioned the demand of Emergency Medicine physicians from Denmark in the future and how Doctors Without Borders would benefit from a specialty in Emergency medicine.

Overall DEMC 5 marked a conference that had lead up to inspiration, education and cooperation in all its variations.

QUICK FACTS ABOUT DEMCS

- More than 600 attendees
- Over 60 different speakers from Denmark, USA, Hong Kong, UK, Germany and New Zealand.
- First time an emergency conference was being held by cooperation between DASEM, DAENA and RUS.
- Fifth Emergency Medicine Conference in Denmark.
Dr. Challen spoke on pandemics in the ED. One of the main points of her lecture was to focus on the practical handling of future pandemics. According to Dr. Challen, previous experience has taught us that the ED are capable of handling pandemics to a certain extent, but restructuring is needed.

To optimize the hospital care during a pandemic, Dr. Challen suggested better legislation regarding triage, a physical separation of hospital wings and better opportunities for quarantine, better gear, better prevention of infection of staff, and better information from the authorities both to the general public and to the medical staff. She also pointed out the need of alternative thinking and suggested a so called "drive through" treatment.

Dr. Lauglin and Dr. Madsen spoke on the new approach to Migraine Headache Using Guidelines. In the US there is a 40% increase in prescription opioid abuse from 2003-2009. Opioid analgesic-related ED visits in New York City doubled; 55 to 110 visit for every 100.000 New Yorkers. In headache treatment approximately 90 % of the treatment are narcotic- and 10 % non-narcotic treatment. With the cooperation between the neurology department and the ED at Mayo Clinic they developed a new interesting guideline/flow chart for treating headache with primary non-narcotics. By implementing a new approach to migraine headache using the newly non-narcotic guideline, they hope to see a reduction in the prescribed amount of opioids in the ED.

Dr. Kilroy talked about how to lead in the ED - and how to follow. Dr. Kilroy presented different tools to define good leadership in the ED and mentioned why effective leadership in the ED is needed by taking initiative and evaluating the needs of others. The two fundamentals of an EM leader: selecting among alternatives of action, bringing and keeping other people on board. Without follow ship and good leadership – chaos is waiting. Transparency, honesty, willingness, communicative, share ups and downs, those are some of the factors that will define a good leader. And finally by knowing your team by name, your ED, your organization, and yourself.

Dr. Madsen gave a lecture on “cooperation between departments, leadership and management”. In relation to this he described how the ED at Mayo Clinic functions and which problems and challenges they experience. Dr. Madsen presented several topics in leading ED, including how they use lean and quality in the ED. He also underlined the importance of being able to measure the things: “If you can’t measure what you do, you can’t make it better”

In relation to this comment he mentioned that a non-profit hospital such as Mayo clinic must focus on research, education and courses etc. with every dollar they earn. He finished his presentation with a quote from one of the Mayo brothers - If we are satisfied, we are lost – William J. Mayo MD 1935.
Dr. Laursen spoke on “Focused lung ultrasound for the assessment of acute admitted patients with respiratory symptoms”. Here he introduced “THE BIG 5” - 1) Normal lung tissue – no findings on ultrasound. 2) The interstitial syndrome, which is seen by multiple B-lines, which is a sign of increased density of the lung, and tends to be associated with oedema of the lung. The interstitial syndrome is NOT associated with COPD or Asthma, which makes B-lines a fairly good predictor of lung oedema. 3) Pleura effusion – which is seen by black fluid around the lung. 4) Pneumothorax – which is seen by lung sliding. 5) Parenchymal pathology – e.g. tumour, pneumonia, or lung embolus.

Dr. Athmaram talked about the “RUSH Protocol”. RUSH – stands for Rapid Ultrasound and Hypotension. The purpose of RUSH is to eliminate differential diagnoses and thereby to save lives. The protocol have 5 steps: 1) Heart: you look for pericardial effusion or hypotension 2) Inferior Vena Cava (IVC) you check to see if the IVC is collapsing. If yes then it is a sign that the patient is bleeding or having sepsis. If not, then the patient might have a pneumothorax, heart failure, or lung embolus. 3) Abdomen: here you look for free fluid in the right and left quadrant. 4) Aorta: You look for a dissecting aorta and aneurisms.

Dr. Bendix spoke on “Acute operation – Haemostatic surgery in the trauma room” Dr. Bendix introduced us to one of the major concerns in the trauma room - severe bleeding, and how to cope with it in the emergency setting. First you do a FAST ultrasound scanning to define where the bleeding is coming from, e.g. the liver, the spleen, and the pelvis or from the thorax. Dr. Bendix clearly defined the importance of not trying to find the exact source of bleeding, but rather to stop the bleeding, by packing the bleeding organ.

Dr. Stead gave several lectures at the DEMC5. In the first lecture Dr. Stead talked about “Traumatic Brain injuries”. Her focus was to make the audience understand the epidemiology and scope of the problem. Dr. Stead started her lecture with a definition of TBI and how these are evaluated. Today, there is no standard evaluation of TBI. By reviewing clinical presentations and related pathology including post concussion syndrome Dr. Stead also presented several TBI scenarios and the problems when trying to diagnose TBI. In relation to this, Dr. Stead presented study that showed a limitation of GCS in classifying TBI patients. Furthermore she described the UF protocol for evaluating TBI in the Emergency department.
Dr. Stead’s second lecture was “translating research into clinical practice”. This was started of with a short introduction to the developments of guidelines there have been created and implemented. Dr. Stead talked about why you should care about research and why clinical research is important to practice. Dr. Stead underlined the need to review logistic in setting up a clinical research infrastructure. Here she mentioned two important factors: 1) Clinical data set 2) Making outcomes in to numbers.

“The patients is your best teacher, they show you exactly what you have to learn”

“Clinical research is important and do shape practice”

**Colin A. Graham**
Professor in Emergency Medicine and Editor-in-Chief, European Journal of Emergency Medicine, Chinese University of Hong Kong.

Dr. Graham attended the second day of DEMC 5 with a lecture on “Research where, who and why”. Dr. Graham started his lecture with the question: Whom do you try to help by publishing? You, your department, university, hospitals or the patients? The most important answer to this is the patients. Dr. Graham underlined the possibilities and importance of doing research by these remarks:

“Change in guidelines keeps research going”

“With research you can try to find an answer to a specific question”

Furthermore Dr. Graham talked about the process and challenges by writing a paper and getting it published. In relation to this he mentioned three keynotes to the audience: 1) Make your papers short 2) Rejection- are you willing to make changes 3) Aim high but be realistic.

### ABSTRACTS AND POSTER CONTEST

**Winner of best abstract (doctors):**
- BSc.med. Katrine Prier Lindvig “Bacteremic patients in the Emergency Department – How do they present and what is the diagnostic validity of temperature, CRP and SIRS”, Department of Emergency Medicine, Odense University Hospital, University of Southern Denmark, Odense, DK

**Winner of best abstract (nurses):**
- Cand.scient.san Ph.D. Student Marie Søe Mattson “Health care quality in a new Emergency Department based on the Danish stroke register data”, Region Sjaelland, Copenhagen University, DK

**Winner of best poster presentation (doctors):**
- BSc.med. Marie K. Jessen “Emergency Department patients with suspected infection at risk of intensive care unit transfer or death: A case-control study”, Research Center For Emergency Medicine, Aarhus University Hospital, DK.
Annmarie Lassen:
MD, Dr. Med. SI., Ph.D., professor for Emergency Medicine, Odense University Hospital, DK

What do you think about DEMC5?
• Fantastic and it is inspiring that it’s a conference with doctors, nurses, and paramedics.
• A great congress with a lot of people.

What do you take with you from DEMC5?
• Really good conference, well organized and great food.

Do you think Denmark needs an independent specialty in Emergency Medicine?
• No opinion about that.

Hans Kirkegaard:
MD, Dr. Med. SI., Ph.D., Professor for Emergency Medicine, Research Center for Emergency Medicine, Aarhus University Hospital, DK

What do you think about DEMC5?
• It is a fantastic congress, good to see how the different subject areas work together, well arranged.

What do you take with you from DEMC5?
• Best poster prize, lots of scientific inputs, new contacts.

Do you think Denmark needs an independent specialty in Emergency Medicine?
• Yes.

Bo E. Madsen:
MD. Assistant Professor, Mayo Clinic, MN, USA

What do you think about DEMC5?
• It is so inspiring to see that an EM conference can gather about 600 people in DK, it is impressive and touching.

What do you take with you from DEMC5?
• New contacts, ideas for transnational cooperation, and other good ideas for international possibilities.

Do you think Denmark needs an independent specialty in Emergency Medicine?
• Absolutely, it is a serious lack that Denmark does not have a specialty in EM yet.
**Latha Stead**  
Professor of Emergency Medicine & Neurological Surgery. Chief, Division of Clinical Research, Editor in Chief, International Journal of Emergency Medicine, University of Florida college of Medicine at Gainesville, USA

What do you think about this conference?
- Fantastic with a conference that includes doctor, nurses and paramedics.
- EM is a specialty where we work so closely together unlike other specialties. Not working together wouldn't make sense.
- This is my first time here at DEMC and it has been outstanding, best conference I have been to. Arrangements have been superb, IT working smoothly.

Overall impression of DEMC:
- Super well organized, worked like clock work,
- Fantastic and I hope they invite me next year
- I am impressed over the well attendance

Do you have any advice to people who wish to work in Emergency Medicine?
- If you are interested in EM then go for it!
- Great specialty
- Huge opportunities to make your mark in research, education and practice
- Possibilities and opportunities are wide open – I can’t think of a better specialty. My son is going to be an EM specialist

Which qualities are necessary in EM?
- Think on their feet
- Be able to chance in moments notice
- Good at transitions
- Enjoying “chaos”
- Be a people person

Do you think Denmark needs an independent specialty in Emergency Medicine?
- Absolutely we owe it to our patients.
- DK is well on its way

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**Dr. Colin Graham**  
Professor in Emergency Medicine and Editor-in-Chief, European Journal of Emergency Medicine, Chinese University of Hong Kong

What do you think about this conference?
- Great cooperation between the three organizations (doctors, nurses and paramedics)
- No other specialty with such a close relationship and bringing down the anarchy makes a difference.
- In the end it is the same patients despite of different specialties.

Which qualities are necessary in EM?
- Real interest in patient
- Real desire to make safe and correct diagnoses
- Helps to be dynamic have an interest in all specialties.
- Different patients- huge variety.
- Each day is different, you never know what you’re going to find.

Do you have any advice to people who wish to work in Emergency Medicine?
- Go for it, you will never regret it.
- Hard work
- Emotionally tough – particularly when you do well
- Try to address the “know factor”
- But rewards in seeing patients getting better

Do you think Denmark needs an independent specialty in Emergency Medicine?
  A. Definitely! Because you should!
  B. Secondly once you have a designation of a specialty – the progress will be better. Seen through EU when the designation 2-3 years the other specialties will fell comfortable about the EM physician. Be in front and show them that you do as an EM physician and how it is better compared to how they would do it.
Kristy Challen
MRC Ph.D student, University of Sheffield and Specialty Registrar in Emergency Medicine, Lancashire Teaching Hospitals, UK

Three words about your impression of this conference:
• Fun
• Welcoming
• Educational

What do you think of the co-operation between the nurses, doctors and paramedics on this conference?
• Excellent idea. Great to build relationships

Why EM?
• Exciting, vibrant and never predictable

Which qualities are necessary in EM?
• Hard work, quick thinking,
• Ability to trust your own judgement

Do you think Denmark needs an independent specialty in Emergency Medicine?
• Yes you need to co-ordinate the expertise

Tim Harris
Professor of Emergency Medicine and Barts health NHS trust and QMUL, Department of Emergency Medicine, Royal London Hospital, Whitechapel, London, UK

Why EM?
• Important to work together, same work, tasks, education. Division serves no one.

Which qualities are necessary in EM?
• Liking for people
• Humanity and humility
• Communication

Do you think Denmark needs an independent specialty in Emergency Medicine?
• Yes to optimize patient care!

Do you think Denmark needs an independent specialty in Emergency Medicine?
• Absolutely, it is a serious lack that Denmark does not have a specialty in EM yet.