RAH ICU

Training and Research 2014/15



It is important to recognize the hard work and achievements of our staff in ICU.

In addition to our clinical work, we have continued to run highly successful teaching and research programs, and in this Newsletter we highlight some of these achievements over the past 12 months. We have also included a list of upcoming courses, the role of SAICA, travel logs from some of our registrars from overseas, and the imminent move to the new Royal Adelaide Hospital.

This an annual publication, so if you are aware of any other achievements that we have unfortunately omitted, please let us know!

SOME OF OUR 2014/2015 ACHIEVEMENTS

RESEARCH

53 publications in peer-reviewed journals (thus far!)

Number of Awards and Prizes for RAH ICU staff including;

- 2015 Two PhD's
- 2014 Matt Spence Medal (ANZICS) 2nd year in a row
- 2015 Tub Worthley Travelling Scholarship 3rd year in a row
- 2014 David Murray Prize
- 2014 Nimmo Professor Prize (RAH)
- 2014 Florey Postgraduate Medical Research Prize

TEACHING AND TRAINING

CICM Fellowship Exam pass rate of 82% from 2002-2015 (cf overall Aus/NZ pass rate of 55%)

Don Harrison Medal (CICM) 2014

Highly successful Primary and Fellowship Exam Courses

Involvement in number of other Courses including commencement in 2014/2015 of:

- BASIC Courses at RAH
- Critical Care Ultrasound Course
- Postoperative Care of the Cardiothoracic Patient Course

RAH ICU Facts and Figures

The Royal Adelaide Hospital ICU is the busiest Level 3 Unit in South Australia, and in the 12 months from July 2014 to June 2015, we admitted 3606 patients into the 42 beds (2282 ICU, 1324 Step Down Unit). Of the ICU-level patients admitted during that time, about 21% were direct admissions following cardiac surgical procedures, 11% were trauma, 8% following thoracic surgery, 8% 'sepsis', and 7.5% pneumonia without sepsis. Drug overdose, cardiac arrest and ENT surgery accounted for 3% each. The major diagnostic categories for SDU admissions were following neurosurgical procedures (15%), GI surgery (13%), trauma (13%), and sepsis (7%). Operating theatres were the source of admission for 48% of our patients (51% non-elective surgery), 31% were admitted directly from the Emergency Department, 16% from the wards, and 5% were transferred directly from another hospital to our ICU.

The Unit currently has 42.5 Registrars on the roster (16 registered with the College of Intensive Care Medicine) from a variety of backgrounds and training programs, and with very different levels of experience and long-term goals.

Teaching and Training

Congratulations to Mark Plummer who won the Matt Spence Medal in Melbourne last year at the Australian and New Zealand Intensive Care Society ASM for his paper, 'Dysglycaemia in the Critically Ill and the Interaction of Chronic and Acute Glycaemia with Mortality'. This is awarded for the best registrar research presentation, and of the 6 finalists, 2 were from the RAH ICU. The other was Palash Kar, who presented, 'Energy-Dense Feeds May Worsen Enteral Feed-Intolerance'.

Yasmine Ali Abdelhamid was presented (in absentia) with the Don Harrison Medal at the CICM ASM in Darwin for coming top of the CICM Fellowship Exam last year.

The Tub Worthley Travelling Scholarship was won by Palash in May this year. This is awarded for the best registrar research presentation at the annual South Australian ANZICS meeting. Other presenters of their research on the night included Sam Gluck, Mark Plummer and David Reid.

The 30th running of the Australian Short Course in Intensive Care Medicine was

held in February this year, with 30 candidates from Australia and New Zealand (photo below). An enormous amount of work goes into the Course, with 30 faculty this year, including 12 from the RAH, 5 from interstate, and Yasmine Ali Abdelhamid, who flew in from Toronto. Hot Case practice sessions were held at the RAH, QEH, FMC and LMHS.

The annual RAH Primary Examination Course was brought forward to May in 2015, and was coordinated as usual by Mark Finnis. There were 24 candidates and a number of the RAH Intensivists were involved in the teaching.

The second South Australian Critical Care Ultrasound Course was held in February for 16 candidates, with another planned for September. It is a 2-day course on focused cardiac, lung, abdominal and procedural ultrasound relevant to critical care.

The first of the Trainee Lecture Series days was held at Ayres House in May, with 4 speakers including Prof Jack Iwashyna (Ann Arbor, Michigan) and Prof Andrew Bersten (FMC), and was attended by 32 registrars from across the

State. Hao Wong, one of our Senior Registrars, chaired the event, and we hope to hold it 2 or 3 times a year.

The RAH BICMed Course was recently accredited by CICM as an introductory ICU Course, and can now be counted towards CICM training.

The first Postoperative Care of the Cardiothoracic Patient Course was held in June this year for ICU registrars at the RAH, and included sessions on the surgery itself and cardiopulmonary bypass (given by Justin Chan), common postoperative issues, haemostasis, monitoring, pacing, mechanical cardiac support, cardiac arrest in this group of patients, and scenario discussions. Feedback was very positive, and we plan to run it every 6 months.

We also conducted a BASIC Course at the RAH in November, with another planned for later this year.

A list of upcoming local ICU Courses is included at the end of this Newsletter.





ICU Registrar Positions

If you are interested in a position as an Intensive Care Registrar at the RAH, further details are available at http://www.icuadelaide.com.au, or contact Dr Alex Wurm at Alex.Wurm@health.sa.gov.au.

If you are thinking about ICU as a career and would like to discuss your options, Dr Nick Edwards (chopper45@iprimus.com.au) and Dr Peter Sharley (peter.sharley@internode.on.net) are the ICU (CICM) Supervisors of Training at the RAH – and we are always happy to have a chat.

Research

Research Publications July 2014 - June 2015

- 1. Kar P, Plummer MP, Chapman MJ, Cousins CE, Lange K, Horowitz M, Jones KL, Deane AM Energy-dense feeds may slow gastric emptying in the critically ill JPEN J Parenter Enteral Nutr. 2015 Jun 2 (Epub ahead of print).
- 2. Plummer MP, Jones KL, Cousins CE, Trahair LG, Meier JJ, Chapman MJ, Horowitz M, Deane AM. Hyperglycemia potentiates the slowing of gastric emptying induced by exogenous GLP-1. Diabetes Care 2015 Mar 17. pii: dc143091. [Epub ahead of print]
- 3. Gluck S, Headdon WG, Tang DW, Bastian IV, Goggin MJ, Deane AM. The incidence of ocular candidiasis and evaluation of routine ophthalmic examination in critically ill patients with candidaemia. Anaesthesia and Intensive Care 2015 (in press).
- 4. Reddi BAJ, Iannella SM, O'Connor SN, Deane AM, Willoughby SR, Wilson DP. Attenuated platelet aggregation in patients with septic shock is independent from the activity state of myosin light chain phosphorylation or a reduction in Rho kinase-dependent inhibition of myosin light chain phosphatase. Intensive Care Medicine Experimental 2015, 3:5.
- 5. Nguyen NQ, Debreceni T, Bambrick J, Wishart J, Deane AM, Rayner CK, Horowitz M, Young RL. Accelerated intestinal glucose absorption in morbidly obese humans relationship to glucose transporters, incretin hormones and glycaemia Journal of Clinical Endocrinology and Metabolism 2015 Mar;100(3):968-76.
- Kar P, Cousins CE, Annink CE, Jones, KL, Chapman MJ, Meier JJ, Nauck MA, Horowitz M, Deane AM. Effects of glucosedependent insulinotropic polypeptide on gastric emptying, glycaemia and insulinaemia during critical illness. Critical Care 2015 Jan 23;19(1):20.
- 7. Poole A, Deane AM, Summers MJ, Fletcher J, Chapman MJ. The relationship between fasting plasma citrulline concentration and small intestinal function in the critically ill. Critical Care 2015 Jan 20;19(1):16.
- 8. Reintam Blaser A, Starkopf L, Deane AM, Poeze M, Starkopf J. Comparison of different definitions of feeding intolerance: a retrospective observational study. Clinical Nutrition 2014 October. [Epub ahead of print]
- 9. Czapran A, Headdon W, Deane AM, Lange K, Chapman MJ, Heyland DK. International observational study of nutritional support in mechanically ventilated patients following major burn injury. Burns 2014 Oct 22;41(3).
- 10. Nguyen NQ, Debreceni T, Bambrick J, Chia B, Deane AM, Rayner CK, Wittert GA, Horowitz M, Young RL. Up-regulation of intestinal glucose transporters after Roux-en-Y gastric bypass to prevent carbohydrate malabsorption. Obesity 2014 Oct;22(10):2164-71.
- 11. Sundararajan K, Wills S, Chacko B, Kanabar G, O'Connor S, Deane AM. Impact of delirium and suture-less securement on accidental vascular catheter removal in the Intensive Care Unit Anaesthesia and Intensive Care 2014 Jul;42(4):473-9.
- 12. Ali Abdelhamid Y, Cousins CE, Sim JA, Bellon MS, Nguyen NQ, Horowitz M, Chapman MJ, Deane AM. Effect of critical illness on triglyceride absorption. JPEN J Parenter Enteral Nutr. 2014 Jun 24. [Epub ahead of print]
- 13. Peake SL, Davies AR, Deane AM, Lange K, Moran JL, O'Connor SN, Ridley EJ, Williams PJ, Chapman MJ. Use of a concentrated enteral nutrition solution to increase calorie delivery to critically ill patients: a randomized double-blind clinical trial. American Journal of Clinical Nutrition 2014 Jul 2;100(2):616-625.
- 14. Plummer MP, Bellomo R, Cousins CE, Annink CE, Sundararajan K, Reddi BAJ, Raj JP, Chapman MJ, Horowitz M, Deane AM. Dysglycaemia in the critically ill and the interaction of chronic and acute glycaemia with mortality. Intensive Care Med 2014 40(7):973-980. Followed by an editorial.
- 15. Plummer MP, Jones KJ, Annink CE, Cousins CE, Meier JJ, Chapman MJ, Horowitz M, Deane AM. Glucagon-Like Peptide-1 attenuates the acceleration of gastric emptying induced by hypoglycemia in healthy subjects. Diabetes Care 2014 Jun;37(6):1509-15.
- 16. Sundararajan K, Martin M, Srinivas R, Chapman M. Posttraumatic stress disorder in close relatives of intensive care unit inpatient evaluation (PRICE) study. Aust Crit Care. 2014; 27(4):183-7.
- 17. Nenke MA, Rankin W, Chapman MJ, Stevens N, Lewis JG, Torpy DJ. Depletion of high affinity corticosteroid-binding globulin (CBG) corresponds to illness severity in sepsis and septic shock; clinical implications. Clinical Endocrinology. 2014. 82(6).
- 18. Pryor L, O'Connor S, Finnis M, Chapman MJ. Impact of nasogastric tubes on swallowing physiology in older, healthy subjects: a randomised controlled crossover trial. Clinical Nutrition. 2014.
- 19. Dafoe S, Stiller K, Chapman MJ. Staff perceptions of the barriers to mobilising ICU patients. Internet Journal of Allied Health Science and Practice. 2014.
- 20. Sundararajan K, Kanabar G, Milne D, Shakib S, Chapman MJ. Anti-seizure prophylaxis in critically ill patients with traumatic brain injury in an intensive care unit (ICU). Accepted by Anaesthesia and Intensive Care. 2015.
- 21. Stiller K, Dafoe S, Edwards S, Chapman MJ. Overcoming barriers to the mobilization of patients in an intensive care unit. Submitted to Anaesthesia and Intensive Care May 2015.

- 22. Pryor L, Baldwin C, Ward E, Cornwell P, O'Connor S, Chapman MJ, Bersten A. Tracheostomy tube type and inner cannula selection impacts pressure and resistance to airflow. Submitted to Respirology April 2015.
- 23. Plummer MP, Chapman MJ, Horowitz M, Deane AM. Incretins & the Intensivist: What are they and what does an Intensivist need to know about them. Crit Care. 2014; 18(1):205.
- 24. Ali Abdelhamid Y, Chapman MJ, Deane AM. Nutrition in the Perioperative Period. Submitted to Anaesthesia. May 2015.
- 25. Chapman MJ, Peake SL, Jones D. Gluttony in the ICU: is it really a deadly sin? Crit Care and Resus June 2015.
- 26. Ncomanzi D, Edwards S, Sundararajan K. Outcomes and clinical characteristics of critically ill patients requiring inferior vena cava filters in a tertiary referral centre. Anaesth Intensive Care. 2015 May;43(3):422-4.
- 27. Reintam Blaser A, Starkopf J, Kirsimägi Ü and Deane AM. Definition, prevalence, and outcome of feeding intolerance in intensive care: a systematic review and meta-analysis. Acta Anaesth. Scand. 2014 Sept 58(8);914-22.
- 28. Plummer MP, Reintam-Blaser A and Deane AM. Stress ulceration: Prevalence, pathology and association with adverse outcome. Critical Care 2014 Mar 18;18(2):213.
- 29. Sundararajan K, Gopaldas JA, Somehsa H, Edwards S, Shaw D, Sambrook P. Morbidity and mortality in patients admitted with submandibular space infections to the intensive care unit. Anaesth Intensive Care. 2015 May;43(3):420-2.
- 30. Sundararajan K, Wills S, Chacko B, Kanabar G, O'Connor S, Deane AM. Impact of delirium and suture-less securement on accidental vascular catheter removal in the ICU. Anaesth Intensive Care. 2014 Jul;42(4):473-9.
- 31. Loo SY, Sundararajan K. Fatal atrial oesophageal fistula following pulmonary vein isolation: an unresolved safety issue. JICS Volume 15, Number 3, July 2014.
- 32. Sundararajan K, Milne D, Edwards S, Chapman MJ, Shakib S. Anti-seizure prophylaxis in critically ill patients with traumatic brain injury in an intensive care unit (ICU). (Accepted for publication in Anaesth Intensive Care).
- 33. Loo KF, Sundararajan K, Litwin M, Hughes L. Catastrophic parasitic meningoencephalitis due to halicephalobiasis: case report. International Journal of Medical and Pharmaceutical Case Reports 2015; 4(2): 42-49.
- 34. Plummer MP, Bellomo R, Zaknic AV, Sundararajan K, Reddi BAJ, Raj J, Chapman MJ, Horowitz M, Deane AM. 'The impact of premorbid glycemia on the association between acute hyperglycemia and mortality in critically ill patients.' Critical Care Medicine 2014. (in press).
- 35. Chen J, Ou L, Hillman K, Flabouris A, Bellomo R, Hollis SJ, Assareh H. A population based study of the trends of cardiopulmonary arrest and mortality and their association with rapid response system expansion. Med J Aust. 2014;201;167-70.
- 36. Chen J, Ou L, Hillman K, Flabouris A, Bellomo R, Hollis S, Assareh H. The impact of implementing a rapid response team: A comparison of cardiopulmonary arrests and mortality among four large teaching hospitals (2002-2009) in Australia. Resuscitation. 2014;85:1275-81.
- 37. Kar P, Jones KL, Horowitz M and Deane AM Management of critically ill patients with type 2 diabetes: the need for personalised therapy World Journal of Diabetes 2015 Jun 10;6(5):693-706.
- 38. Reintam Blaser A, Deane AM and Fruhwald S. Diarrhoea in the critically ill. Current Opinion in Critical Care 2015 Apr;21(2):142-53.
- 39. Chapman MJ and Deane AM. Gastrointestinal dysfunction in the critically ill. Current Opinion in Clinical Nutrition and Metabolic Care 2015 Mar;18(2):207-12.
- 40. Kar P, Jones KL, Horowitz M, Chapman MJ, Deane AM. Measurement of gastric emptying in the critically ill. Clinical Nutrition 2015 Aug;34(4):557-64.
- 41. Phillips L, Deane AM, Jones KL, Rayner CK, Horowitz M. The impact of gastric emptying on blood glucose homeostasis. Nature Reviews Endocrinology 2015 Feb;11(2):112-28.
- 42. Deane AM, Guyatt GH. Primum non nocere and challenging conventional treatment Intensive Care Medicine 2015 Apr 14 [Epub ahead of print].
- 43. Deane AM, Horowitz M. Incretins Player or Stayer? Journal of Intensive Care Medicine 2015;30(4):229-231.
- 44. Deane AM. Intensivists under threat: Who's in charge here? Critical Care and Resuscitation 2014 Jun;16(2):138-9.
- 45. Ali Abdelhamid Y, White MG and Deane AM. Toward a sustainable ICU programme. Critical Care and Resuscitation 2014 Dec;16(4):243-4.
- 46. Reddi B, Beltrame JF, Young RL, Wilson DP. Calcium desensitisation in late polymicrobial sepsis is associated with loss of vasopressor sensitivity in a murine model. Intensive Care Medicine Experimental 2015, 3:2 (31 January 2015).
- 47. Deane AM, Jeppensen PB Understanding incretins Intensive Care Medicine 2014 Nov; 40(11):1751-4.
- 48. Deane AM and Guyatt GH. Response to letter Trials on stress ulcer prophylaxis finding the balance between benefit and harm Intensive Care Medicine 2015 (accepted).
- 49. Deane AM, Dhaliwal R, Day A, Ridley EJ, Davies AR and Heyland DK. Response to letter Effect of intragastric versus small intestinal delivery of enteral nutrition on the incidence of pneumonia in critically ill patients: a complementary meta-analysis. Critical Care 2014,18:450.
- 50. Deane AM and Horowitz M. Comment on: Is Incretin-Based Therapy Ready for the Care of Hospitalized Patients With Type 2 Diabetes? Diabetes Care 2014 Feb;37(2):e40-1.

- 51. Ou L, Chen J, Assareh H, Hollis SJ, Hillman K, Flabouris A. Trends and variations in the rates of hospital complications, failure-to-rescue and 30-day mortality in surgical patients in New South Wales, Australia, 2002-2009. PLoS ONE 9(5): e96164.
- 52. Assareh H, Ou L, Chen J, Hillman K, Flabouris A, Hollis SJ. Geographic variation of failure-to-rescue in public acute hospitals in New South Wales, Australia. PLoS One. 2014 Oct 13;9(10):e109807.
- 53. Assareh H, Chen J, Hollis SJ, Ou L, Hillman K, Flabouris A. Rate of venous thromboembolism among surgical patients in Australian hospitals: a multicentre retrospective cohort study. BMJ Open 2014;4:e005502 doi:10.1136/bmjopen-2014-005502.

Book chapters 2014/2015

- Deane AM and Chapman MJ. Upper GI bleeding. Structured Oral Examination in Intensive Care Medicine. Editors: Morgan and Wise
- 2. Chapman MJ and Deane AM. Pancreatitis. Structured Oral Examination in Intensive Care Medicine. Editors: Morgan and Wise
- 3. Chapman MJ and Deane AM. Nutrition. Structured Oral Examination in Intensive Care Medicine. Editors: Morgan and Wise

Attainment of PhD 2014/2015

Ben Reddi - 'Vascular reactivity in sepsis and platelet dysfunction in septic shock'

Matt Maiden - 'Tri-iodothyronine (T3) therapy in a pre-clinical model of septic shock'

Summary of other recent achievements

Nimmo Professor Prize awarded to the best presentation by a part-time Masters-level postgraduate student at the Royal Adelaide Hospital Alice O'Connell 2015 (Supervised by Arthas Flabouris)

Tub Worthley Travelling Scholarship Palash Kar 2015

Australian & New Zealand Intensive Care Society (ANZICS) Matt Spence Medal Mark Plummer 2014

Tub Worthley Travelling Scholarship Mark Plummer 2014

Florey Postgraduate Medical Research Prize Mark Plummer 2014

David Murray Prize for the student who has achieved the most outstanding final results in the Bachelor of Medical Science - Honours year Shane Selvanderan 2014

Nimmo Professor Prize awarded to the best presentation by a medical trainee at the Royal Adelaide Hospital undertaking full time research Mark Plummer 2014

Honours Students

- 2014: Shane Selvanderan (Honours First Class) 'The effects of routine proton pump inhibition on gastrointestinal bleeding, ventilator-associated complications and Clostridium difficile infections in mechanically ventilated enterally-fed critically ill patients'.
- 2014: Simon Tan (Honours First Class) 'Intestinal Glucagon-like peptide 2 as a novel therapeutic target in critical illness-induced malabsorption'.

Current Research Funding

2012-17: NHMRC Centre for Research Excellence Grant

Title: Centre of research excellence in translating nutritional science to good health.

Investigators: Horowitz M, Wittert G, Clifton P, Rayner C, Chapman I, Feinle Bisset C, Jones K, Noakes M, Chapman MJ

and Nguyen N. Value: \$2,499,990

2015-19: NHMRC Project Grant Title: The Augmented versus Routine approach to Giving Energy Trial (TARGET)

Investigators: Chapman MJ, Peake S, Bellomo R, Horowitz M, Davies AR and Deane AM.

Value: \$3,534,236

2015: Royal Adelaide Hospital Research Fund Project Grant

Title: The effect of critical illness on gallbladder motility, lipid absorption and plasma cholecystokinin concentrations.

Investigators: Plummer MP, Deane AM, Jones KL and Hausken T.

Value: \$49,565

2015: Australian Society for Parenteral and Enteral Nutrition (AusPEN) Project Grant

Title: Nutritional status, nutritional intake and energy requirements in non-invasively mechanically ventilated critically ill

adult patients - A pilot study.

Investigators: Yandell R, Yaxley A, Hodges C and Deane AM.

Value: \$20,000

2015: Intensive Care Foundation Trainee Project Grant

Title: Gallbladder motility in critical illness.

Investigator: Plummer MP.

Value: \$5,000

2015: Maurice Sando Foundation Grant

Title: A state-wide study to determine whether hyperglycaemia during critical illness identifies survivors at risk of

subsequently developing diabetes.

Investigators: Plummer MP, Deane AM, Finnis ME, Shaw JE, Moodie S and Biradar V.

Value: \$10,000

2015: Maurice Sando Foundation Sponsorship Scheme

Title: Psychological stress in intensive care survivors.

Investigators: Sundararajan K, Chapman MJ, O'Connor S, Raj S, Mitchell I, Brown R and Rajamani A.

Value: \$10,000

2015: Australian Society for Parenteral and Enteral Nutrition (AusPEN) Project Grant

Title: The provision of energy and protein in adults with moderate-severe traumatic brain injury: the relationship

between nutrition provision and long-term outcomes.

Investigators: Costello L, Chapman M.

Value: \$10,000

2014: Royal Adelaide Hospital Research Foundation, Clinical Project Grant

> The effect of routine pantoprazole administration when compared to placebo on gastrointestinal bleeding, ventilatorassociated pneumonia and Clostridium difficile infection in enterally-fed mechanically ventilated critically ill patients: A

prospective randomised study.

Investigators: Plummer MP, Deane AM, Chapman MJ and Rayner C.

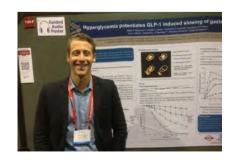
Value: \$49,139

2014: Intensive Care Foundation Project Grant

Title: Intestinal GLP-2 as novel target in critical illness-induced malabsorption.

Investigators: Young RL and Deane AM.

Value: \$30,900



Current Research Funding Scholarships

2014-16: Royal Adelaide Hospital AR Clarkson Scholarship

Investigator: Kar P. Value: \$300,000

2014-17: NHMRC Early Career Fellowship

Title: The effects of acute and chronic hyperglycaemia on short and long-term outcomes in the critically ill.

Investigator: Deane AM. Value: \$255,217

2014-15: NHMRC Postgraduate Scholarship

Title: Patient safety and therapeutic implications of a new glucose lowering agent for type 2 diabetes and high blood

glucose states in the critically ill.

Investigator: Plummer MP. Value: \$80,000

ICU Registrar involvement in Research

Registrars, and ICU trainees in particular, are actively encouraged to participate in research on the Unit, both in terms of personal research and larger trials. Significant support is also available for CICM trainees for their Formal Project requirements, and they are encouraged to present and publish their results.

The Tub Worthley Travelling Scholarship Dinner is run annually with the support of Pfizer, and provides trainees with an excellent opportunity to present their research to Intensive Care colleagues from across the State, and compete for the Scholarship.

Trainees are also encouraged to present their research at the annual Australian and New Zealand Intensive Care Society (ANZICS) ASM and the CICM ASM.

We have had a number of winners of the Matt Spence Medal for the best registrar research presentation at the ANZICS Annual Scientific Meeting – including last 2 years!

South Australian Intensive Care Association (SAICA)

SAICA is a not-for-profit association that oversees a number of educational courses in South Australia as well as promoting, encouraging and financially supporting educational and research activities in the area of Intensive Care Medicine.

It also awards travel scholarships to assist Intensive Care registrars and Honours/PhD students to present their research at international or national meetings.

This has been a busy year for SAICA, with activities including;

- awarding scholarships to Dr Mark Plummer (RAH ICU) and Dr Palash Kar (RAH ICU) to present their PhD research at the Intensive Care Society State of the Art Meeting in England in December 2014, and travel assistance to Dr Sam Gluck (RAH ICU) to also present at the same meeting
- purchase of bronchial tree model and disposable bronchoscopes and screen for training
- \bullet purchase of cardiothoracic re-opening manikin
- sponsorship of first Trainee Lecture Series day (see photo opposite)
- funding for Departmental Subscription to Crit-IQ for ICU Consultants and Registrars

- sponsorship of research seminar Critical Care and Gastrointestinal Disorders - coinciding with the visit of the 2014 Nimmo Professor (Prof Jan van Lanschot)
- covering the cost of this Newsletter!

Application forms for these scholarships can be downloaded from the RAH ICU website at www.icuadelaide.com.au/saica.html.

Any questions should be directed to;

Nick Edwards C/- ICU, Royal Adelaide Hospital Email: chopper45@iprimus.com.au



START Foundation Ride for the RAH

Congratulations and thanks to Kerryn Harvey and the START Foundation for their successful 'RIDE FOR THE RAH'.

Kerryn was an inpatient in the RAH ICU in 2013 after being knocked from her bike, and underwent 11 operations and spent nearly 3 months in hospital before returning home to Melbourne. She is the Founding Director of START, which raised \$80,000 over the 5 weeks of a series of rides from Perth to Melbourne in April/May this year. Kerryn rode the whole 3602km herself, and Sonya Kloeden, one of our ICU RN's rode the Ceduna to Adelaide leg. START have kindly donated \$40,000 of this to the RAH Research Unit which will go toward the purchase of a peripheral Quantative Computed Tomography scanner (pQCT).

Initially the pQCT will be used to measure muscle mass in critically ill patients to document muscle mass loss over time, with a number of studies utilising this information to determine whether different calorie intakes can improve not just patient survival rates, but also enhance functional outcomes, and thus reduce long term disability. The pQCT scanner will then be used in a number of other planned studies on improving functional recovery after critical illness.

If you would like to know more about START, you can find it at startfoundation.org.au.



Marathon Madness

In April this year, Paul MacLure, one of our ICU Registrars from the UK, completed (survived) the Marathon des Sables, a six-day, 251 km ultramarathon in the desert of southern Morocco. In doing this, he also raised money for the Les Bourgs Hospice in Guernsey where he grew up – and is grateful for the donations received from doctors and nurses on the Unit.





Travel Stories from some of our ICU Registrars

Niels

I'm a Belgian anaesthetist, just finished my training in Anaesthesia in Ghent, Belgium, and now doing my postgraduate training in Intensive care. My aim was to practice a year overseas, to finish my training in ICU and to experience a different way of working and living abroad. Because of the excellent work-life balance over here we are able to have a lot of days off, which translates itself in a lot of trips around Australia. My partner and I visited so far Kangaroo Island, Flinders Ranges, Lake Eyre, Sydney, Blue Mountains, Melbourne, Great Ocean Road, the Whitsundays and a lot of short trips around Adelaide.

We still have a huge bucket list to accomplish which includes Brisbane, Noosa and Fraser Island (July), Alice Springs + Uluru Rock (August), Darwin and Kakadu National Park (August), Cairns, Port Douglas, diving tour and Daintree Forest (September and November again), Perth and Margaret River (probably December) and Tasmania to finish in January.

Top 3 so far: 1) Whitsundays 2) Flinders Ranges 3) Kangaroo Island



Kristian

I was born in Bergen, Norway, where I also studied medicine. After moving around Norway for some years after medical school, I ended up in my wife's hometown, Stavanger. I received my specialty in anesthesia and intensive care in 2008 and went on to do some years of research followed by further ICU training in the Scandinavian post-specialty program. I have take a leave of absence for 2015 from my position as an intensivist at Stavanger University Hospital in order to work at the RAH.

So far I have travelled to Cairns, which was a great place for exploring the reef and rainforest. I have also visited Kangaroo Island and Melbourne via the Great Ocean Road. My next planned trip is to Bali.



Green Island, Far North Queensland

Sofie

I was born in Hasselt, a city in the east of Belgium, and lived my whole life in a small adjacent village called Diepenbeek. When I was 21yo, I moved to Leuven (30km east of Brussels and home to AB InBev, the world's largest brewing group, making it the beer capital of Belgium) for my studies. Leuven also has one of the largest hospitals of Europe, Gasthuisberg, where I was working.

After my medicine studies, I spent most of my time there working as an anaesthesia registrar. The decision to come to Australia grew over the last couple of years but as we were only allowed to spend one year of our training in another hospital (which I already did), I decided to start training in intensive care medicine abroad instead of settling down already.

During my time here, I have already travelled to Tasmania, Brisbane, Noosa, Sydney, Melbourne, the Great Ocean Road, Flinders Ranges, Victor Harbour, the Barossa region, Kangaroo Island, Alice Springs with Uluru, Kata Tjuta, Kings Canyon, and to Port Douglas with a visit to the Great Barrier Reef and Daintree Rainforest. It's really hard to choose a favourite destination as everything is so diverse...

But I think the Red Centre gives me the best memories, maybe because it was a complete new experience to me, something I never saw before, one of my first big travels, the feeling of being in the middle of nowhere, hard to catch the expanse of nature ...

On my to do list, I still have for the next couple of months: driving in the NT top end, sailing the Whitsunday Islands and discovering Western Australia.



Jens

I grew up on a farm in Denmark and after internship, did 16 months Anaesthetic/ICU and 17 months Cardiology in Denmark. I came to Australia in October 2012 with my wife and 8 year old son on a tourist visa, and got a job as an ICU Registrar at Port Macquarie Base Hospital in Queensland. We then moved to Adelaide where I continued in ICU at the Royal Adelaide Hospital. RAH ICU has a great teaching program every week and all registrars have a professional development account that can be used for exams, courses and conferences. I have just finished 6 months as a Retrieval Registrar with MedSTAR, doing road, helicopter and fixedwing retrievals, and am returning to RAH ICU in August to gain more experience.

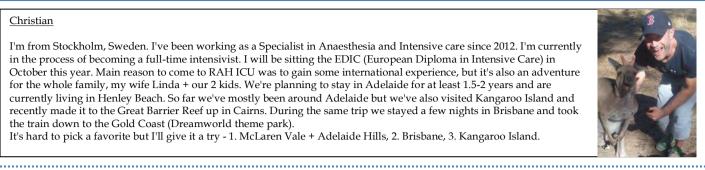
There are heaps of places to see when working on a flexible roster. Guess my favourite place is the Great Barrier Reef followed by Sydney Harbour. A sailing trip to Manley Beach really ranks high. A year ago we experienced the outback

driving Adelaide to Cooper Pedy and Uluru, returning to Adelaide via Alice Springs. Locally I often drive south to Sellicks Beach to swim followed by food at the historic Victory Hotel. On my way back to Adelaide I stock up on local produced olives and Shiraz from McLaren Vale.



Christian

I'm from Stockholm, Sweden. I've been working as a Specialist in Anaesthesia and Intensive care since 2012. I'm currently in the process of becoming a full-time intensivist. I will be sitting the EDIC (European Diploma in Intensive Care) in October this year. Main reason to come to RAH ICU was to gain some international experience, but it's also an adventure for the whole family, my wife Linda + our 2 kids. We're planning to stay in Adelaide for at least 1.5-2 years and are currently living in Henley Beach. So far we've mostly been around Adelaide but we've also visited Kangaroo Island and recently made it to the Great Barrier Reef up in Cairns. During the same trip we stayed a few nights in Brisbane and took the train down to the Gold Coast (Dreamworld theme park).



It's hard to pick a favorite but I'll give it a try - 1. McLaren Vale + Adelaide Hills, 2. Brisbane, 3. Kangaroo Island.

Paediatric Rotation

The requirements for successful completion of the College of Intensive Care (CICM) training program changed for trainees joining after January 2014 - the details of which can be found on the CICM website. One of these changes is a requirement to gain some exposure to Paediatrics.

We have previously helped facilitate 6-month terms for our trainees in the Paediatric Intensive Care Unit at the Women and Children's Hospital, and have recently formalized this link. The feedback from previous trainees has been very positive, and we strongly recommend it during the latter years of training. We also assist our trainees with the organization of their medical and anaesthetic terms, and now with rural placements.

New RAH

Construction of the new RAH is well underway, with the move to the new site planned for April/May 2016. The new site is still on North Terrace, and so remains in the heart of the city.

Costing over A\$2.2 billion, the hospital will have 700 inpatient areas, consisting of 600 high acuity and acute recovery beds, 60 intensive care beds, and 40 mental health beds, and will be co-located with the new South Australian Health and Medical Research Institute.

The ICU will remain a mixed, general ICU and will open with 48 beds (4 pods of 12), with the capacity to expand to 60 in the future.

Further information can be found at

http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/the+new+royal+adela ide+hospital







http://www.icuadelaide.com.au

Upcoming Intensive Care Courses 2015/2016

SOUTH AUSTRALIAN INTENSIVE CARE FELLOWSHIP EXAM (TUB'S) COURSE

February 2016 (Dates to be confirmed)

30-32 candidates. For ICU Registrars within 12 months of CICM Fellowship Examination.

Aimed at CICM trainees planning to sit the Fellowship Examination in the next 12 months, and is conducted over 3 days. It includes sessions on the written paper, vivas, investigation interpretation, paediatrics and hot cases (at 4 hospitals). There is little didactic teaching, with the focus very much on practical sessions and trial exams.

Applications open 8 September 2015.

Enquires to Dr Nick Edwards, c/- ICU, Royal Adelaide Hospital.

Email: chopper45@iprimus.com.au

SA CICM PRIMARY EXAMINATION COURSE

4-8 July 2016

24 candidates. For Registrars preparing for CICM Primary Examination.

Application form at http://www.icuadelaide.com.au/course_primary.html.

Enquiries to Dr Mark Finnis, c/- ICU, Royal Adelaide Hospital.

Email: mark.finnis@adelaide.edu.au

SOUTH AUSTRALIAN CRITICAL CARE ULTRASOUND COURSE

17-18 September 2015

16 candidates. 2-day course on focused cardiac, lung, abdominal and procedural ultrasound relevant to critical care.

Enquiries to Dr Michael Farquharson, c/- ICU, Royal Adelaide Hospital.

 $Email: \underline{michael.farquharson@health.sa.gov.au}\\$

BASIC INTENSIVE CARE MEDICINE (BICMED) COURSE

An introductory course for junior and general trainees rostered to the RAH ICU for 3-6 month rotations.

Runs over a 12 week cycle, repeating 4 times per year, with the intention of allowing all trainees rostered to the unit the opportunity to attend. The course is run on Friday afternoons from 15:00-17:00, with most sessions having a significant 'hands-on' component. Accredited towards CICM training.

Course program available at http://www.icuadelaide.com.au/course_bicmed.html.

Enquiries to Dr Alex Wurm, c/- ICU, Royal Adelaide Hospital.

 $Email: \underline{Alex.Wurm@health.sa.gov.au.}\\$

BASIC ASSESSMENT AND SUPPORT IN INTENSIVE CARE (BASIC) COURSE

15-16 October 2015 (at Queen Elizabeth Hospital)

16 candidates. Further information about the Course at http://www.aic.cuhk.edu.hk/web8/index.htm.

Application form at http://www.icuadelaide.com.au/course_basic.html.

Enquiries to Dr Ken Lee, c/- ICU, Royal Adelaide Hospital.

Email: imipenam@yahoo.com

POSTOPERATIVE CARE OF THE CARDIOTHORACIC PATIENT (PCCP) COURSE

February and August 2016 (Dates to be confirmed)

A 1-day Course for RAH Registrars who will be looking after cardiothoracic patients in the ICU.

Enquiries to Dr Nick Edwards, c/- ICU, Royal Adelaide Hospital.

Email: chopper45@iprimus.com.au

Some Recent Celebrations and Farewells....



Contact

Any feedback about this Newsletter or achievements/details you would like included in the next Newsletter should be directed to Dr Nick Edwards (chopper45@iprimus.com.au.