



**Association  
of Anaesthetists**

# CORE TOPICS Newcastle

Wednesday 20 March 2019

Organisers: Dr Upma Misra, Sunderland

Location: Civic Centre, Newcastle

## Programme

**08:45 Registration/Tea and coffee**

**09:25 Welcome and introduction**  
Dr Upma Misra, Sunderland

**09:30 Pre-operative screening for Type 2 diabetes mellitus Domain 2: Safety & quality 2A03**  
Dr David Laws, Sunderland

**10:00 Postoperative cognitive impairment in the elderly Domain 2: Safety & quality 2A12**  
Dr Faye Wilson, Sunderland

**10:30 Discussion**

**10:45 Tea and coffee**

**Chaired by Dr Kathleen Ferguson**

**11:15 The environmental impact of anaesthesia Domain 1: Knowledge, skills & performance 1H02**  
Dr Chris Perry, Newcastle

**11:45 Conflict management in the work place Domain 1: Knowledge, skills & performance 1I02, 1I03**  
Dr Ann Harvey, Cornwall

**12:15 Discussion**

**12:30 Lunch**

**13:30 Your Association (Connecting with members)**

**Chaired by Dr Ann Harvey**

**13:45 Drug labelling in anaesthesia Domain 1: Knowledge, skills & performance 1I03**  
Dr Kathleen Ferguson, Aberdeen

**14:15 Perioperative fluids for the paediatric patient in the DGH Domain 2: Safety & quality 2D04**  
Dr Elena Fernandez, London

**14:45 Discussion**

**14:55 Tea and coffee**

**15:15 Training generation Z Domain 3: Communication, partnership & teamwork 3J02**  
Dr Kirsty MacLennan, Manchester

**15:45 Matters of the heart: scary electrocardiograms (ECGs) Domain 2: Safety & quality 2A03**  
Dr Stephen Murray, Consultant Cardiologist, Newcastle

**16:15 Discussion**

**16:30 Close of meeting**

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## Learning Objectives

### **Pre-operative screening for Type 2 diabetes mellitus** *Dr David Laws, Sunderland*

1. To gain familiarity with NICE guidelines relating to screening and testing for diabetes.
2. To receive an update on evidence relating to the pathophysiology of type 2 diabetes mellitus.
3. To be aware of the morbidity associated with Perioperative Stress Hyperglycaemia.

### **Postoperative cognitive impairment in the elderly** *Dr Faye Wilson, Sunderland*

1. What is POCD?
2. Which factors can influence cognitive outcomes after surgery?
3. What practical steps can we take to reduce the negative cognitive effects of surgery?

### **The environmental impact of anaesthesia** *Dr Chris Perry, Newcastle*

1. A revision of the ways in which healthcare and anaesthesia in general contribute to environmental issues, including climate change.
2. Understand the comparison measure of Global Warming Potential as applies to anaesthetic gasses.
3. Improve understanding of choices in anaesthesia contributing to differing impact on climate change.
4. Identify changes for individual daily practice that can reduce an individual's impact.

### **Conflict management in the work place** *Dr Ann Harvey, Cornwall*

1. To gain an understanding of conflict.
2. To understand where conflict comes from.
3. To consider how you react to conflict.
4. Some strategies to help manage conflict and manage yourself.

### **Drug labelling in anaesthesia** *Dr Kathleen Ferguson, Aberdeen*

1. To raise awareness of current systems for safe labelling of medicines including regulation.
2. Review reported issues with current labelling practice.
3. Consider possible solutions to patient safety incidents related to labelling.

### **Peri-operative fluids for the paediatric patient in the District General Hospital (DGH)** *Dr Elena Fernandez, London*

1. Update on the new fasting policy in children and rationale behind it.
2. Update on the principles of intra-operative fluid management in children.
3. Update on the principles of post-operative fluid management in children.

### **Training generation Z** *Dr Kirsty MacLennan, Manchester*

1. Introduction to the concept of generation theory.
2. Better understand the formative events shaping generation theory.
3. Consideration of preferred approaches to learning.

### **Matters of the heart: scary electrocardiograms (ECGs)** *Dr Stephen Murray, Consultant Cardiologist, Newcastle*

1. Recognise ECG features that may be high risk for GA.
2. Understand the relative risks of some rare conditions and their ECG features.
3. Signpost whether patient requires urgent versus routine investigation.

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