



# Program in **ACUTE MEDICINE**

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# ABOUT

## Royal College of Physicians of Edinburgh

Formed in 1681 by Royal charter, Royal College of Physicians of Edinburgh (RCPE) is a medical royal college in Scotland. It was formed by 21 original fellows, now currently claiming to have more than 12,000 fellows and members worldwide. The College helps to develop standards of medical care and training, and influences health policy which will be taken account by health policymakers throughout the UK. It is one of the three organisations, sets the specialty training in Internal medicine through rigorous training and education, and even support and facilitate professional development for physicians throughout their careers. The “Journal of the Royal College of Physicians of Edinburgh”, a peer reviewed medical journal published quarterly by the College which covers research in clinical medicine, medical education, and the history of medicine, which was established in 1971 as Chronicle, renamed in 1988 to Proceedings of the Royal College of Physicians of Edinburgh, and obtained its current title in 2002.



# ABOUT

## Royal College of Physicians

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Being the oldest medical college in England, Royal college of Physicians, was found in 1518 and is a British membership body who allow to practice medicine and has been also referred as "Royal College of Physicians of London". They have set the first international standard in the classification of diseases, and its library contains medical texts of great historical interest. It has 40,000 members who work in hospitals and communities across over 30 medical specialties with around over 80 countries worldwide. Since 504 years, the college has been hosting six training faculties: the Faculty of Forensic and Legal Medicine, the Faculty for Pharmaceutical Medicine, the Faculty of Occupational Medicine the Faculty of Public Health, the Faculty of Sport and Exercise Medicine and the Faculty of Physician Associates.

Membership and fellowship: The MRCP(UK) has been used by the doctors who have passed the examinations for the Diploma of Membership of the Royal Colleges of Physicians of the United Kingdom, and MRCP(UK) may also become "Collegiate Members" of the London College. FRCP are elected mostly from the general membership (collegiate or affiliate), but also from among the members of the more specialised faculties within the Royal Colleges of Physicians.



# ABOUT

## Royal College of Physicians and Surgeons of Glasgow

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Founded by Peter Lowe in 1599, The Royal College of Physicians and Surgeons of Glasgow, is an institute of physicians and surgeons in Glasgow, Scotland. The College, in combination with the Royal College of Physicians of Edinburgh and the Royal College of Surgeons of Edinburgh has entitled the bearer to practice medicine, also provides Triple Qualification diploma (LRCP (Edinburgh), LRCS (Edinburgh), LRCPSG). From 1984, they started providing dental education via the Glasgow Dental School awarding the qualification of LDS RFPSC. They also offer a number of specialist postgraduate diplomas to medical practitioners in various subjects including dermatology, child health, geriatric medicine, travel health, ophthalmology, and dentistry. In 1909, the Faculty was allowed to add the prefix "Royal" to its name; and in 1962 the name was again changed to the Royal College of Physicians and Surgeons of Glasgow to bring it into line with its sister corporations. The Royal College holds an annual symposium and awards several prizes.





# ABOUT

## Health Education England

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Health Education England (HEE) is a part of the NHS constitution involved in supporting the delivery of excellent care in health care with incremental health improvement for patients and the public of England. With broad based topics for upskilling doctors, its elfh program, is the state of the art elearning for healthcare which has more than 100 programs where more than 160,000 students in real time access it, developing healthcare staff in a range of healthcare and community settings



SESSION

01

## Immunology/allergy

1.1 | Anaphylaxis

SESSION

02

## Interventional Radiology

2.1 | Interventional Radiology Part 1

2.2 | Interventional Radiology Part 2

SESSION

03

## Toxicology

3.1 | Other Signs of Cocaine Use

3.2 | Poisoning

3.3 | Investigation and Management of  
Paracetamol Overdose

SESSION

04

## Abdominal Pain

4.1 | Abdominal Pain Part 1

SESSION

05

## Acute Confusion

5.1 | Acute Confusion 01

5.2 | Acute Confusion 02



SESSION

06

## Blackout/Collapse

- 6.1 | Blackout/Collapse - Knowledge A
- 6.2 | Blackout/Collapse - Knowledge B
- 6.3 | Blackout/Collapse - Knowledge C

SESSION

07

## Breathlessness

- 7.1 | Breathlessness 02 - Knowledge A
- 7.2 | Breathlessness 02 - Knowledge B
- 7.3 | Breathlessness 02 - Knowledge C
- 7.4 | Breathlessness 03 - Knowledge A
- 7.5 | Breathlessness 04 - Knowledge A
- 7.6 | Breathlessness 04 - Knowledge B
- 7.7 | Breathlessness 04 - Knowledge C
- 7.8 | Breathlessness 04 - Knowledge D
- 7.9 | Breathlessness 06 - Knowledge A
- 7.10 | Breathlessness 07 - Knowledge A
- 7.11 | Breathlessness 07 - Knowledge B
- 7.12 | Breathlessness 07 - Knowledge C
- 7.13 | Breathlessness 10 - Knowledge A
- 7.14 | Breathlessness 11 - Knowledge A
- 7.15 | Breathlessness 12 - Knowledge A
- 7.16 | Breathlessness 12 - Knowledge B
- 7.17 | Breathlessness 13 - Knowledge A
- 7.18 | Breathlessness 18 - Knowledge A
- 7.19 | Breathlessness 18 - Knowledge B

SESSION

08

## Cardio-Respiratory Arrest

- 8.1 | Cardio-Respiratory Arrest - Knowledge A
- 8.2 | Cardio-Respiratory Arrest - Knowledge B

SESSION

09

## Chest Pain

- 9.1 | Chest Pain 01 Knowledge A
- 9.2 | Chest Pain 03 Knowledge A

SESSION

10

## Cough

- 10.1 | Cough 1 - Knowledge A
- 10.2 | Cough 1 - Knowledge B
- 10.3 | Cough 1 - Knowledge C
- 10.4 | Cough 2 - Knowledge A
- 10.5 | Cough 3 - Knowledge A
- 10.6 | Cough 3 - Knowledge B
- 10.7 | Cough 4 - Knowledge A

SESSION

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## Diarrhoea

- 11.1 | Diarrhoea 1 - Knowledge A
- 11.2 | Diarrhoea 2 - Knowledge A

SESSION

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## Falls

- 12.1 | Falls 1 - Knowledge A
- 12.2 | Falls 1 - Knowledge B
- 12.3 | Falls 1 - Knowledge C
- 12.4 | Falls 2 - Knowledge B
- 12.5 | Falls 2 - Knowledge C





SESSION

13

## Fever

13.1 | Fever 1 - Knowledge A

SESSION

14

## Haematemesis & Melaena

14.1 | Haematemesis and Melaena 1 - Knowledge A

SESSION

15

## Haemoptysis

15.1 | Haemoptysis 03 - Knowledge A

15.2 | Haemoptysis 03 - Knowledge B

SESSION

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## Hoarseness and Stridor

16.1 | Hoarseness and Stridor - Knowledge A

17

## Hypothermia

17.1 | Hypothermia - Knowledge A

17.2 | Hypothermia - Knowledge B

SESSION

18

## Immobility

- 18.1 | Immobility 1 - Knowledge A
- 18.2 | Immobility 1 - Knowledge B
- 18.3 | Immobility 2 - Knowledge A
- 18.4 | Immobility 2 - Knowledge B
- 18.5 | Immobility 2 - Knowledge C

SESSION

19

## Jaundice

- 19.1 | Jaundice in Acute Medicine Setting

SESSION

20

## Limb Pain and Swelling

- 20.1 | Limb Pain and Swelling 1 - Knowledge A
- 20.2 | Limb Pain and Swelling 2 - Knowledge A

SESSION

21

## Medical Complications Following Surgery

- 21.1 | Medical Complications Following Surgery - Knowledge A

SESSION

22

## Medical Problems in Pregnancy

- 22.1 | Medical Problems in Pregnancy 1 - Knowledge A
- 22.2 | Medical Problems in Pregnancy 1 - Knowledge B



SESSION

23

## Micturition

- 23.1 | Micturition 03 - Knowledge A
- 23.2 | Micturition 03 - Knowledge B
- 23.3 | Micturition 03 - Knowledge C
- 23.4 | Micturition 04 - Knowledge A
- 23.5 | Micturition 04 - Knowledge B

SESSION

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## Palpitation

- 24.1 | Palpitation - Knowledge A

SESSION

25

## Poisoning

- 25.1 | Poisoning - Knowledge A
- 25.2 | Investigation and Management of Paracetamol Overdose

SESSION

26

## Shocked Patient

- 26.1 | Shocked Patient - Knowledge A

SESSION

27

## Speech Disturbance

- 27.1 | Speech Disturbance 1 - Knowledge A
- 27.2 | Speech Disturbance 1 - Knowledge B
- 27.3 | Speech Disturbance 3 - Knowledge A
- 27.4 | Speech Disturbance 3 - Knowledge B

SESSION

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## Syncope/Pre-syncope

- 28.1 | Syncope/Pre-syncope 05 - Knowledge A
- 28.2 | Syncope/Pre-syncope 07 - Knowledge A
- 28.3 | Syncope/Pre-syncope 07 - Knowledge B

SESSION

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## Unconscious Patient

- 29.1 | Unconscious Patient 02 - Knowledge A
- 29.2 | Unconscious Patient 03 - Knowledge A

SESSION

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## Unsteadiness

- 30.1 | Unsteadiness 1 Knowledge A
- 30.2 | Unsteadiness 1 Knowledge B
- 30.3 | Unsteadiness 1 Knowledge C

SESSION

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## Vomiting & Nausea

- 31.1 | Vomiting and Nausea 1 Knowledge A
- 31.2 | Vomiting and Nausea 2 Knowledge A

SESSION

32

## Weakness and Paralysis

- 32.1 | Weakness and Paralysis - Knowledge A
- 32.2 | Weakness and Paralysis - Knowledge B
- 32.3 | Weakness and Paralysis - Knowledge C





## Biochemistry

- 33.1 | Strong Ion Theory
- 33.2 | Metabolic Acidosis: Investigation and Management

## Cardiovascular

- 34.1 | Acute Management of Accidental Hypothermia and its Complications
- 34.2 | Acute Illnesses Which Can Present With Syncope
- 34.3 | Definition of Postural Hypotension
- 34.4 | Syncope: Guidelines and Treatment
- 34.5 | Anoxic Seizures
- 34.6 | ECG Interpretation in the Bradycardic Patient
- 34.7 | Limb Pain and Swelling
- 34.8 | Diagnosis of Endocarditis
- 34.9 | Differential Diagnosis Investigation and Treatment of Chest Pain in Pregnancy
- 34.10 | Cardiovascular Adaptations to Pregnancy
- 34.11 | Causes, Investigation and Management of Valvular Disease in Pregnancy
- 34.12 | Classic ECGs and Infarct Territories
- 34.13 | Different Presentations of Anginal Chest Pains
- 34.14 | The ECG in Acute Pericarditis
- 34.15 | Pathophysiology Presentations and Management of Cocaine-related Chest Pain
- 34.16 | Causes of Mitral Stenosis
- 34.17 | Investigation, Management and Treatment of Mitral Stenosis
- 34.18 | Causes of Palpitations - Atrial Flutter
- 34.19 | Characteristics of Ventricular Tachycardia Versus Supraventricular Tachycardia
- 34.20 | Brugada Syndrome
- 34.21 | Risk of In-stent Re-stenosis
- 34.22 | Causes of Hypertrophic Cardiomyopathy
- 34.23 | Investigation and Management of Hypertrophic Cardiomyopathy
- 34.24 | Pericarditis: Investigation and Management

SESSION

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## Clinical Genetics

35.1 | Polycystic Kidney Disease

SESSION

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## Dermatology

36.1 | Skin Rash

SESSION

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## Endocrine

- 37.1 | Drugs Which Cause Low Sodium
- 37.2 | Management of Low Sodium
- 37.3 | Clinical Manifestations of Diabetic Autonomic Neuropathy
- 37.4 | Endocrine Causes of Fever
- 37.5 | Management of Thyrotoxicosis Including Thyroid Storm

SESSION

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## Gastroenterology

- 38.1 | Pathophysiology of Gastro-oesophageal Reflux Disease Causing Cough
- 38.2 | Abdominal Pain
- 38.3 | Investigation and Management of Diarrhoea
- 38.4 | Jaundice in Acute Medicine Setting
- 38.5 | Nausea and Vomiting: Investigations and Management
- 38.6 | Refeeding Syndrome
- 38.7 | Ulcerative Colitis: Investigation and Management
- 38.8 | Haematemesis and Melaena: Causes, Risk Stratification and Management
- 38.9 | Investigation and Management of Dyspepsia



SESSION

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## Haematology

- 39.1 | Causes of Anaemia Associated with Breathlessness
- 39.2 | Anaemia and Breathlessness
- 39.3 | Anticoagulation in Pregnancy
- 39.4 | Spontaneous Bleeding

SESSION

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## Infectious Diseases

- 40.1 | TSS\_Usual Organisms and Antibiotic Therapy
- 40.2 | Differentiation of Causes of Fever
- 40.3 | Management of Breathlessness in an HIV positive Patient
- 40.4 | Signs and Symptoms of Viral Encephalitis
- 40.5 | All About HSV Encephalitis
- 40.6 | Investigation and Management of Urinary Tract Infection
- 40.7 | Management of the Septic Patient
- 40.8 | Severe Malaria
- 40.9 | Investigation and Management of Sepsis

SESSION

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## Medical Problems in Pregnancy

- 41.1 | The Physiology of Pregnancy
- 41.2 | The Physiology of Pregnancy - MCQ
- 41.3 | Medical Disorders Complicating Pregnancy
- 41.4 | Medical Disorders Complicating Pregnancy - MCQ
- 41.5 | Prescribing Safely in Pregnancy
- 41.6 | Prescribing Safely in Pregnancy MCQ
- 41.7 | Clinical Assessment of the Pregnant Patient
- 41.8 | Communication and Coordination of Care for the Complex Obstetric
- 41.9 | Common and Important Clinical Scenarios: Sepsis and Thromboembolism
- 41.10 | Common and Important Clinical Scenarios: Sepsis and Thromboembolism MCQ

## Medicine of the elderly

- 42.1 | Causes and Symptoms of Hypothermia
- 42.2 | Perturbations and Clinical Features Caused by Hypothermia
- 42.3 | Hypothermia in the Elderly: Causes and Multifactorial Nature
- 42.4 | Causes of Falls
- 42.5 | Criteria for Diagnosing Osteoporosis
- 42.6 | The Assessment and Management of Falls
- 42.7 | History in Collapse
- 42.8 | Acute Illness Impacts Function In Elderly
- 42.9 | Approach to General Deterioration: Atypical Presentation of Sepsis in Elderly
- 42.10 | Causes of Postural Hypotension
- 42.11 | The Overlap Between Falls and Syncope
- 42.12 | What is Vasovagal Syncope?
- 42.13 | How to Take a Dizzy History
- 42.14 | Investigation and Management of Acute Confusion
- 42.15 | Post-operative Confusion
- 42.16 | Investigation and Management of UTI Causing Delirium

## Neurology

- 43.1 | Chronic Cord Compression: Examination Findings
- 43.2 Definition of Stroke
- 43.3 Stroke Differential Diagnosis in Younger Patients
- 43.4 Stroke: Where is the Lesion?
- 43.5 How to Take a Headache History
- 43.6 Parkinson's Disease: Classical Symptoms and Signs
- 43.7 Parkinsonism
- 43.8 Parkinson's Disease: Diagnosis, Investigation, Management
- 43.9 Clinical Findings Associated with Spinal Cord Compression
- 43.10 Causes of Acute Spinal Cord Compression
- 43.11 Spinal Cord Compression



- 43.12 | The Vestibular System and its Connections
- 43.13 | All About Uncompensated Vestibular Disorders
- 43.14 | Types of Speech Disturbance
- 43.15 | Areas of the Brain and Associated Speech Disturbances
- 43.16 | Brain Tumours Affecting Speech: Types, Treatment, Management
- 43.17 | Dealing with the Unconscious Patient
- 43.18 | Management of Acute Back Pain
- 43.19 | Safe Sedation
- 43.20 | First Fit: Investigation and Management

SESSION

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## Oncology

- 44.1 | Acute Back Pain - Malignant Cord Compression: Investigation and Management
- 44.2 | Neutropenic Sepsis with Oral Ulceration

SESSION

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## Palliative Care

- 45.1 | General Approach to Assessment of Symptoms
- 45.2 | Agreeing a Plan of Management and Care
- 45.3 | Communicating the Plan of Management and Care
- 45.4 | Individual preferences and cultural influences on symptom management
- 45.5 | Influence of Transition Points and Crises on Decision-Making in Management
- 45.6 | Recognising Your Own Limitations in Symptom Management
- 45.7 | Drug Management of Pain: Core Knowledge
- 45.8 | Opioids in Pain Management: Advanced Knowledge
- 45.9 | Managing Different Types of Pain
- 45.10 | Drug Management of Breathlessness
- 45.11 | Assessment of Breathlessness
- 45.12 | Causes of Nausea and Vomiting
- 45.13 | Assessment of Nausea and Vomiting
- 45.14 | Management of Nausea and Vomiting
- 45.15 | Assessment of Constipation
- 45.16 | Management of Constipation

- 45.17 | Management of Seizures
- 45.18 | Managing Excessive Respiratory Secretions
- 45.19 | Recognising and Managing Malignant Spinal Cord Compression
- 45.20 | Agitation and Restlessness in the Dying Phase
- 45.21 | Managing Distress During the Dying Phase
- 45.22 | Non-drug Intervention in Symptom Management
- 45.23 | Symptom Management in People with Learning Difficulties or Mental Problems
- 45.24 | Symptom Management Complicated by Coexisting Conditions
- 45.25 | Management of symptoms associated with wounds
- 45.26 | Assessment of Mood
- 45.27 | Assessment and Management of Anxiety
- 45.28 | Management of Depression
- 45.29 | Assessment and Management of Agitation
- 45.30 | Recognising and Managing Fatigue
- 45.31 | Assessment and Management of Weight Loss and Loss of Appetite
- 45.32 | Management of Sore Mouth and Other Oral Problems
- 45.33 | Assessment of Physical and Cognitive Deterioration in Function
- 45.34 | Management of Physical Deterioration
- 45.35 | Management of Cognitive Deterioration
- 45.36 | Assessment of Pain
- 45.37 | Principles of pain management
- 45.38 | Recognizing the Last Months and Days of Life and Verifying
- 45.39 | Using Syringe Drivers

SESSION

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## Renal

- 46.1 | Investigation and Management of Urinary Tract Infection
- 46.2 | Investigation and Management of Haematuria
- 46.3 | Goodpasture's Disease Signs and Symptoms
- 46.4 | Causes of Nocturia
- 46.5 | Definitions of Chronic Kidney Disease
- 46.6 | Management of Chronic Kidney Disease
- 46.7 | Causes of Dysuria
- 46.8 | Investigation and Management of Acute Kidney Injury

## Respiratory

- 47.1 | Diagnosis and Treatment of Hyperventilation Syndrome
- 47.2 | Interstitial Lung Disease Case Studies
- 47.3 | History of Acute Asthma
- 47.4 | Assessing Severity of Acute Asthma
- 47.5 | Chronic Asthma
- 47.6 | Asthma Guidelines and Inhaler Technique
- 47.7 | Evaluation and Advice on Good Inhaler Technique
- 47.8 | Differentiating COPD and Asthma
- 47.9 | Interstitial Lung Disease and the Acute Medical Take
- 47.10 | Pathway to Diagnosing Interstitial Lung Disease
- 47.11 | Investigation and Management of Interstitial Lung Disease
- 47.12 | Variability of Lung Cancer Presentations
- 47.13 | New Lung Cancer Diagnosis and Management
- 47.14 | Pleural Effusion Diagnosis Criteria For Transudate And Exudate In Adults
- 47.15 | Risk Factors for Pulmonary Embolism
- 47.16 | Symptoms and Signs of Pulmonary Embolism at Initial Presentation
- 47.17 | Managing Pulmonary Embolism Special Circumstances
- 47.18 | Severity Assessment of Pneumonia Using the CURB-65 Criteria
- 47.19 | Breathlessness Type 1 and Type 2 Respiratory Failure
- 47.20 | Breathlessness: The Difference between BiPAP and CPAP
- 47.21 | Causes and Risk Factors for Primary and Secondary Pneumothorax
- 47.22 | The Symptoms and Signs of Sarcoidosis
- 47.23 | Investigation and Management of Sarcoidosis
- 47.24 | Common Causes of Pulmonary Diseases
- 47.25 | Definition and Description of Bronchiectasis
- 47.26 | Mechanisms behind Haemoptysis in Bronchiectasis
- 47.27 | Rarer Causes of Haemoptysis
- 47.28 | Investigation and Management of Rarer Causes of Haemoptysis
- 47.29 | Drugs That Can Cause Breathlessness and Underlying Lung Disease
- 47.30 | Management of Drug Induced Breathlessness
- 47.31 | Common and Serious Respiratory Causes of Cough
- 47.32 | Importance of Good History
- 47.33 | Cough: Investigation and Management and BTS Guidelines
- 47.34 | Drug Induced Hoarseness and Stridor

- 47.35 | Investigation and Management of Hoarseness and Stridor
- 47.36 | Presenting Features of Pulmonary Embolism
- 47.37 | Drug-induced Cough and Bronchospasm
- 47.38 | Taking an Occupational History
- 47.39 | Non-drug management of breathlessness
- 47.40 | Acute Presentations of Tuberculosis (TB)