

*A look at activities in and around the Leicester Warwick Medical Schools*

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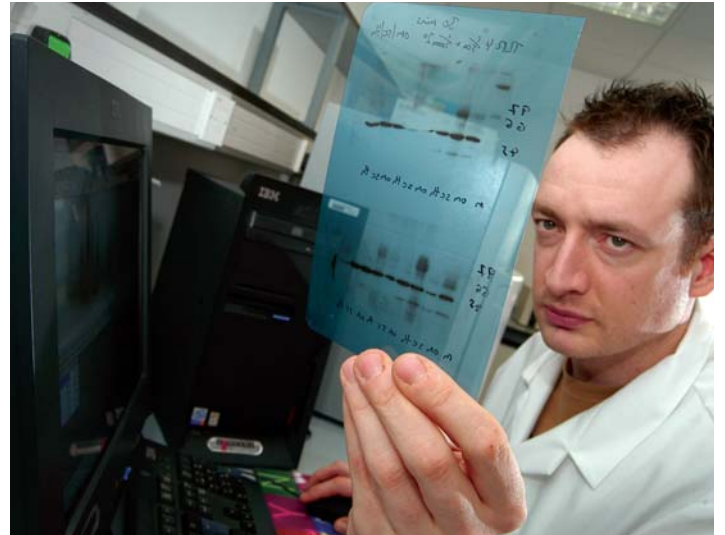
**p6** Student news – Trauma medicine & the pros and cons of becoming a GP.

► This year the University of Warwick celebrates its 40th Anniversary. Warwick Medical School has an important part to play in the celebrations, particularly given the parallels between us and our parent university.

The institution of a university in this region was a long-held ambition, dating back to the rebuilding and rejuvenation of Coventry after the Second World War. In 1960, the University Promotion Committee, an imaginative partnership of city and county councils, began to actively campaign to bring a university to the region, culminating in government approval of the University of Warwick in 1961. Outstanding scholars were handpicked, and the freedom was given to them to create and shape their own departments.

The beginnings of Warwick Medical School have strong echoes of this process. Again, there was a long-held ambition for its institution; again an imaginative partnership, this time between Leicester and Warwick; and, again, there is an innovative shape to the Department, evidenced by the joint, federal structure of the School.

Other resonances are even easier to discern. In 1964, a small group of postgraduates and staff installed themselves in what was, essentially, a building site on some muddy fields. In October 1965, the first 340 undergraduates were admitted. A group of buildings on the Gibbet Hill site was by then complete, providing accommodation for the academic departments, two lecture theatres, a restaurant, and a common room. Much has changed up at Gibbet Hill in the meantime, with the



A researcher at the Clinical Sciences Research Institute.

## Warwick's 40th Birthday – a Look Back Over the Years

BY GAVIN MAGGS, DEVELOPMENT EXECUTIVE, DEVELOPMENT AND ALUMNI RELATIONS OFFICE, UNIVERSITY OF WARWICK

construction of the Bio-Medical Research Institute and Medical Teaching Centre, but vestiges of the University's early days remain, in the Estates Department and thoroughly-refurbished Medical School Building.

The School's current accommodation and facilities, including the Clinical Sciences Building and Clinical Sciences Research Institute at University Hospitals Coventry and Warwickshire, the Medical Education Building at Warwick Hospital and the Educa-



tion and Clinical Skills Centre at George Eliot, are certainly a far

cry from the original temporary lodgings in the Computer Science Building! This can only be a good thing, now that 586 undergraduates are enrolled, and there are 220 staff.

Milestones come thick and fast at Warwick Medical School, which was all the more reason to enjoy Professor Carter's talk on 2 March. At one of a series of Policy Briefings "Exploring the Future" to



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celebrate the 40th Anniversary, the Dean spoke on "Health in 2045".

Vaccinations, stem cells, the human genome project, obesity, poverty, population and climate changes were all examined, as was the likely face of doctors in the future, including the possibility of virtual medical schools. The audience comprised representatives from the Royal Colleges, the GMC, The Wellcome Trust, NICE, BHF, and assorted pharmaceutical companies. All that Yvonne asked was that if her predictions did not come true it would not be held against her!

A similar gathering of stakeholders attended the opening of the Clinical Sciences Research Institute on 26 April, led by Professor Sir Graeme Catto, President of the GMC. The ceremony was followed by a symposium on Cardiovascular Health and Ethnicity.

The University has made great strides in 40 years; the Medical School's development in four and a half years has also been extraordinary. Here's looking forward to Warwick Medical School's 40th Anniversary in 2040! 🍷

### Leicester Expert Assists Sri Lankan Authorities In Tsunami Forensic Probe

▶ A University of Leicester professor with an international reputation in forensic pathology was asked to use his expertise in identifying the victims of the tsunami disaster in Sri Lanka. Professor Guy Rutty joined a team of international pathologists. Assisting him was the Forensic Unit's forensic odontologist. Professor Rutty commented: "My job was to assist with the identification of bodies. I have had considerable experience of working in the field of mass fatalities both at home and abroad, for example my previous involvement with the Selby rail crash and the mass graves of Bosnia." 🍷

## DO WE NEED FITNESS TO PRACTISE PROCEDURES?

BY NIGEL SIESAGE, SECRETARY, LEICESTER MEDICAL SCHOOL

▶ Harold Shipman was a medical student once. So perhaps that question hardly needs asking. Everyone associated with the profession knows its reputation depends on sound fitness to practise procedures – and public confidence in them.

The prospect of appearing before a Fitness to Practise hearing is not one to make any medical student rejoice – and fortunately it rarely happens. The Medical Schools have a double duty – to protect the public from trainee doctors who may be a danger to their patients; and to help students to deal with any problems which interfere with their ability to practise.

A student may have to be considered by the IWMS Fitness to Practise Committee for a variety of reasons - behaviour and attitudes, dishonesty, criminal conduct or illness, including mental ill health. Where possible, problems will be addressed without formal consideration but inevitably there are some instances where the Committee has to be involved.

There is no rush to reach a decision. First a senior member of the School carries out a full investigation, involving the student. The report is shown to the student, who can make a statement. Only then does the student (who can be accompa-

nied) meet a panel of 3-4 members of the Committee. These will always include at least one lay person, as well as clinically qualified members and (where there are mental health issues) a psychiatrist. If there are health problems, an independent clinical report will normally be required.

The outcomes can be as wide ranging as the reasons for the original referral. No action may be needed, or at the other extreme, termination of registration may prove to be the only option. More information on the procedures is available from the School offices. 🍷



*Pictured: Dr Keith Struthers receiving the certificate from Mr James Johnson, Chairman of the BMA. They are flanked on the right by Roger Westran, and on the left by Michael Manson of Manson Publishing.*

## ACCLAIM FOR BOOK BY WARWICK DOCTOR

▶ At the British Medical Association Annual Book Awards ceremony in November 2004, a book co-authored by Dr Keith Struthers, Consultant Medical Microbiologist, University Hospitals Coventry and Warwickshire Trust, Coventry,

(Honorary Senior Clinical Lecturer, Warwick University), was awarded the 'BMA Student Textbook of the Year Award'.

The book is entitled 'Clinical Bacteriology' and Dr Struthers' fellow author was Mr Roger Westran, Microbiology Biomed-

ical Scientist, Southend Hospital Trust, Southend.

According to the authors, the book was written primarily for medical students, and relates the fundamentals of bacteriology to the basis of clinical practice and antibiotic use. 🍷



# Research at Warwick Medical School – an Overview

BY DAVID BENNETT, WMS SENIOR RESEARCH DEVELOPMENT MANAGER

▶ I joined Warwick Medical School just over a year ago and in that short space of time the pace of change seems to be accelerating by the month. This year research income has exceeded budget by £750,000 and the exponential rate of growth in research activity is set to continue. We currently have 65 posts that are in the process of

being filled; space is gradually filling up and we are revising our plans so that we will be able to accommodate all the new people who keep arriving.

If, as Mao Tse-Tung put it, 'the longest journey begins with the first step' then we are well on our way. With the official launch in April 2005 of the Clinical Sciences Research Institute on the University Hospitals of Coventry and Warwickshire NHS Trust site, we are passing a significant landmark. The building that houses the new Institute (pictured here) has a definite 'wow' factor and provides a state-of-the-art facility that many an established Medical School would relish.

So the journey has well and truly begun, and with our partners in Leicester we are looking forward to building on the research excellence already established. WMS has just published a new brochure outlining its research strategy. Copies are available from Jurga Walford, WMS Research Secretary,



David Baber, Chief Technical Manager of the Clinical Sciences Research Institute.

(J.Walford@warwick.ac.uk).

Our approach to our research strategy is to manage our growth and focus our research development on a small number of important areas. Perhaps the largest area of growth has been in Health in the Community, one of our major research themes. This encompasses research in primary care, emergency care and rehabilitation, musculo skeletal problems, health and ethnicity, psychiatry and e-health.

There has also been growth in clinical science research, which includes two major themes: first, diabetes, cardiovascular and metabolism and secondly, repro-

duction. Although we have intentionally concentrated our development in these areas, we have also encouraged development of niche areas such as sleep medicine. Within the focussed themed research strategy, we have produced groups which comprehensively investigate these areas.

Our work therefore spans the spectrum of research activity from basic science research using state-of-the-art techniques such as genomics, proteomics, cell biology and imaging to translational research and clinical studies in primary and secondary health care.

At Warwick we are very fortunate in being able to undertake collaborative work with other university departments including Biological Sciences, the School of Health and Social Studies, the Institute of Health Statistics, the Business School, Philosophy and Warwick Manufacturing Group.

We intend to further develop our collaborative links with other university departments and in the UK, USA and Europe, so as to enhance our research portfolio. Our partnership with Leicester represents an important and valued part of our overall collaborative links.

Leicester researchers who are interested in linking up with Warwick staff can contact me for further information: d.n.bennett@warwick.ac.uk. ☺



The Clinical Sciences Research Institute on the University Hospitals Coventry and Warwickshire NHS Trust site.

Members of the WDC Research Framework Steering Group with the keynote speaker, Dr Sue Roberts – National Clinical Director for Diabetes. (1-r) Dr Hilary Hearnshaw, Dr Kamlesh Khunti, Dr Sue Roberts, Sandra Whitlock.



## WARWICK – CENTRE OF DIABETES RESEARCH

▶ Warwick Diabetes Care is at the leading edge of education, research and delivery of diabetes care, Dr Sue Roberts, National Clinical Director for Diabetes at the Department of Health, told those attending the Diabetes Research

Day, hosted by Warwick Diabetes Care Research Framework, on Thursday 3 February 2005.

Visit: <http://www2.warwick.ac.uk/fac/med/healthcom/diabetes/research/framework/> for further information. ☺



By Vicky Smith, 2nd-year Warwick Medical Student.

▶ Our congratulations to Vicky, on her prize-winning cartoon. She will be receiving a letter and book token from the Editor. ☺



## Mechanism Leading to Stroke

► Medical Research Council (MRC) scientists, in collaboration with colleagues from British and Italian universities, have unveiled a mechanism which explains death of brain cells (neurons) in stroke. The discovery may help explain why some therapy approaches for stroke have been unsuccessful and identifies potential research avenues for the development of new treatments for stroke and other brain degenerative diseases.

The research carried out at the MRC's Toxicology Unit at the University of Leicester, in collaboration with the University of Leicester Department of Cell Physiology and Pharmacology, studied the mechanism of calcium accumulation in neurons and then showed that the same mechanism operates in areas of the rat brain which function very similarly in humans. The findings show that the calcium overload occurs when the route for calcium outflow from the neurons is destroyed. There has been a general consensus for some time that an influx of calcium ions is the driving force for the calcium overload but it has been unclear why brain cells could not get rid of this excess calcium load. 26

## Visitors from Gondar in Ethiopia

► The University of Leicester recently hosted a two-week fact-finding mission for leaders from the new University of Gondar in Ethiopia. Staff at Leicester have 'mentored' three senior figures from the fledgling University who aim to influence development of their own University by what they have learnt at Leicester. Members of the delegation also visited the Leicester General Hospital and the University's Medical School. A link between the medical schools of Leicester and Gondar was created in 1997. 26



*Pictured left to right: Hugh Barr, President of CAIPE; Professor Ian Lauder, Dean of the Leicester Warwick Medical Schools; Sue Allen, Dean of University College Northampton; Angela Northrose, Head of Nursing at De Montfort University (representing Gillian Grant, Dean); Simone Jordan (Chief Executive, LNRWDC); Liz Anderson, Senior Lecturer in Shared Learning at the University of Leicester.*

# INTER-PROFESSIONAL EDUCATION

## Learning to Work Together in the Health and Care Services

**The Government-led move towards Inter-professional Education for health and social care workers (which includes doctors, nurses and health care workers) has intensified, and Inter Professional Education is no longer an option for medical schools, it is now a requirement. Dr Liz Anderson, Senior Lecturer in Shared Learning in the University of Leicester's Department of Medical and Social Care Education, explains what this means**

► The modern NHS expects people to work in new ways. It has identified that some tragic mistakes of the past, such as the case of the Bristol heart surgeon and that of Victoria Climbié, might have been avoided if health and social care professionals had worked better as a team, with greater respect for each other and with the means to challenge one another.

If medical students are taught to work with other professionals before they qualify, they can learn from each other and break down the barriers and stereotypical images that can otherwise build up.

Within education in the Leicestershire, Northamptonshire and Rutland Workforce Development Confederation (LNRWDC) are over 3,000 health and social care students. Over the last two years three of the region's universities - the University of Leicester, University College Northampton and De Montfort University - have

worked together to develop a regional strategy for inter-professional education.

The final pre-registration strategy was launched in July 2004, endorsed by the Deans from the three institutions and the Chief Executive of the WDC, supported by the UK Centre for Advancement of Inter-Professional Education (CAIPE).

The steering group, chaired by Dr Liz Anderson, consists of academics from the three universities with health and social care practitioners aligned to education needs, who have all worked hard to develop the strategy, which will commence in September 2005.

Students will access inter-professional learning at the beginning, middle and end of their training. Learning events will be recorded in a portfolio, assessed six months before they qualify. A range of learning sets will be made available for students at the three stages in their programmes.

Several have been in operation

since 1998, while others are new and will be evaluated during the pilot year, before the full participation of all students in September 2005. A launch video lecture will alert students to examples of good team working and its significance for optimal health and social care.

Strand one, largely carried out in a university setting, will ensure students learn about their own and other professional roles. During strand two, they will become familiar with the theoretical basis of team working and practice and will consider their own future roles within health and social care teams. Strand three will continue to develop students' team-working skills within the modern health and social care services, identifying solutions to effective collaborative working.

Patients/service users will feature in many of the IPE models - for instance we have a course on IP Care Planning, in which students look at what happens to patients who are in transition from one sector to another or awaiting discharge home. Learning 'at the coal face' emphasises the impact of effective team care on people's lives.

Teaching methods will include student learning, using the very best of education techniques, such as problem-solving and experiential learning. Didactic lectures will not feature in IPE. We hope students will have fun and socialise with each other and that the training will equip them for working in future health and social teams in the modern NHS. 26



## CALLING ALL LEICESTER GRADUATES

► Students come, they study, they qualify and generally they move on. But those years at university are formative years, often a time when lasting friends are made as well as career choices, and many graduates retain a sense of belonging to their university for the rest of their lives.

If you have lost touch with us, or if you would like to make contact with former student friends, do contact us again. We would love to hear from you. *Please contact Lynn Barker, Medical and Social Care Education, Maurice Shock Medical Sciences Building, University of Leicester, University Road, Leicester, LE1 7RH, tel 0116 223 1477, email lwmsnews@le.ac.uk.*

**Two of the first cohort of Medical School graduates, who have established flourishing careers at Leicester, are Professor Joe Harper and Dr Kevin West. Below, they tell LWMS News why they came here - and why they are still here.**

### DR KEVIN WEST Departments of Cancer Studies & Molecular Medicine and Medical & Social Care Education

► As a histopathologist, I spend most of my time looking at specimens from the living in order to diagnose cancer, inflammation and other disease processes. A small component of my work involves autopsies. I went into medicine because I was always fascinated by how things went wrong with the body and how normal functions became abnormal. In addition, the Foundation Professor of Pathology, Eric Walker, was, in my opinion, the finest teacher I have ever encountered – and Leicester had some very good ones. He encouraged me throughout my undergraduate years and afterwards.

I've never been much bothered by tradition and history, so I didn't see any particular reason to attend an old, established medical school. A new one sounded more fun. I stayed because people kept giving me jobs! I also felt a sense of loyalty and belonging because of the great time I had at medical school here. Once I started to support Leicester City, I was stuck.

The main challenge for the first intake of Leicester medical students was the lack of any advice from a year above. Also, with only 48 students, everyone knew you by name, so if you didn't turn up or you did something wrong you couldn't get away with it.

There were no refreshment facilities in the Medical Sciences Building, so some of us started making coffee and selling it during breaks. We used to boil the kettle in the back of the lecture theatre during the last 10 minutes of a lecture.

I think that the friendly,

welcoming staff were the greatest asset of the Medical School. We were given the freedom to make our mistakes, but also the support to put things right. Even now, as admissions tutor, if any prospective medical students ask me why they should choose Leicester, the answer is simple. It's the friendliest medical school in the country! ☺

### PROFESSOR JOE (WM) HARPER Department of Health Sciences

► As a student, it seemed more exciting to come to a new medical school and have an opportunity to shape and build the student experience there.

My most abiding memory of arriving in Leicester was that there was no physical building. There was also a question mark as to whether our qualification would be recognised by the GMC, but that highlighted the excitement of Leicester. I was involved in forming the medical students' society, their rugby team and the MedSoc bar – which was initially portable before we acquired a permanent site for it.

I also remember how welcoming clinical staff were towards medical students, and

their enthusiasm for teaching.

My specialist interest in orthopaedic surgery is most particularly in the field of trauma and restoration of function following trauma. I also have an interest in musculoskeletal tumour surgery.

Initially I wanted to be a GP, then a psychiatrist and only eventually settled to surgery. My main surgical interests were urology, vascular surgery and orthopaedic surgery, and I finally settled for the latter because it offered a rare opportunity to make people significantly better, most particularly patients suffering from trauma. It was always exciting to piece together the victims of injury to enable them to live as normal a life as possible afterwards. In addition, it seemed that orthopaedics offered a wide variety of interesting surgical procedures.

I stayed in Leicester for some years after graduating and then went to Manchester and Hull to undertake surgical training, before returning here. I think the Leicester Medical School is excellent and I am delighted to have studied here as an undergraduate and to be a part, again, of medical education and research at Leicester. ☺



Kevin West



Joe Harper

## University Challenges Local Schools to Get Healthy!

► Schools across Warwickshire and Coventry are leading the way in healthy living by taking part in a unique competition to promote healthy ideas. Over thirty primary and secondary schools took up the challenge to design posters, pamphlets, DVDs and websites to encourage a greater interest in health across the whole community. The competition, initiated by Warwick Medical School, was part of celebrations to mark the opening of its new Clinical Sciences Research Institute at University Hospital - Walsgrave. With the new Research Centre developing expertise in the prevention of obesity, diabetes, heart attacks, strokes and women and children's health, pupils were asked to focus on these and other health issues, with prizes of £100 for the best individual designs and £1000 for the winning schools. ☺

## Leicester involved in new Centre for Ethnic Health Research

► Health issues for ethnic minority populations are a major concern for the delivery of equitable health care in the UK. The investigation of disease patterns and disease progression in ethnic minority populations, and service delivery for the ethnic minority community are a priority for the NHS in Leicestershire. The establishment of a Leicester Centre for Ethnic Health Research will enable a co-ordinated approach to ethnic health research for the first time, enabling local researchers to work with local communities, which will bring health benefits for our population. The research centre is a joint initiative between the local NHS and universities. ☺



## Your Views: Whistle Blowing

► Imagine you're on the wards, perhaps for the first time. Something doesn't seem quite right – maybe you think a patient's confidentiality is being abused, money or drugs are finding their way into the wrong hands, a junior member of staff is being bullied, or the correct health and safety procedures aren't being followed. If you keep silent the situation will only get worse. But if you report it and you're wrong, your colleagues might also suffer. What do you do? Who do you turn to? Will you be victimised, whether or not you're right?

In the next edition of LWMS News we will be clarifying the procedures medical students should follow if they find themselves in this position. We would welcome your views on this issue – email to [jane.pearson@ntlworld.com](mailto:jane.pearson@ntlworld.com) or send by mail to Lynn Barker, Medical and Social Care Education, Maurice Shock Medical Sciences Building, University of Leicester, Leicester LE1 7RH. 📧

## Medic...Surgeon... GP...Researcher?

► If you are bewildered by the choice of medical careers open to you then help was at hand. On Friday 10 June the Leicester Medical School hosted its first careers fair for several years. Organised by students for students, the event featured exhibitors from a wide range of medical organisations who offered advice, along with a comprehensive programme of lectures and seminars. The exhibition took place in the Queen's Hall, Percy Gee Students' Union Building, with lectures and seminars in the nextdoor Ken Edwards Building. Both Warwick and Leicester students were welcome. For more information contact Chris Beet, [chris@mediccareers.com](mailto:chris@mediccareers.com), tel 07967 637875, or James Bedford, [james@mediccareers.com](mailto:james@mediccareers.com), tel 07884 060231. 📧

► In September 2004, several students from Leicester Medical School attended the Trauma conference for medical students at Barts and The London Medical School, Queen Mary's campus.

An interactive educational conference on trauma care and emergency medicine organised by medical students from Barts and The London, the conference brought together many of the country's top trauma specialists to teach medical students from all over the country.

The 3rd biennial conference followed the format of the Advanced Trauma Life Support course, a qualification currently required for many careers in Surgery and Accident and Emergency medicine. It provided students with clear, concise teaching in a field that, despite attracting many and representing an integral part of most of our future careers, is currently under-taught at most UK medical schools.

The first day entailed lectures on assessment and management of airways, breathing, circulation, acute neurological assessment, and full body assessment. The format was taught along the 'Primary survey ⇨ critical interventions ⇨ secondary survey ⇨ definitive treatment' protocol. Further lectures discussed head, chest and abdominal injuries.

As well as a careers and education fair, Day 2 offered 8 practical workshops, including hands-on experience of emergency tracheostomy on animal tissue



*David Fox, final-year student, attempts intubation on a model.*

# TRAUMA MEDICINE FOR MEDICAL STUDENTS

BY LEWIS GRAY AND DAVID FOX, FINAL-YEAR STUDENTS

models; emergency chest drainage; a demonstration of medical equipment carried out by HEMS air ambulance team doctors; intubation on anatomical dummies; a run through of ATLS team-working; spinal immobilisation; and safe transportation of patients from emergency scenes to emergency rooms.

The third day returned to lecture format, and included topics of spinal injury and

orthopaedics, trauma radiology and an optional lecture from the armed forces on careers involving trauma medicine.

"The conference was an ideal opportunity to learn aspects of the Advanced Trauma and Life Support course, in preparation for the real thing," said Nick Jonson, final year.

See [www.traumamedicine.org](http://www.traumamedicine.org) 📧

## Back to School?

► In March, Mr M J Kelly, Consultant in Colorectal Surgery at Leicester General Hospital was awarded the Cardiff University Bond Solon Expert Witness Certificate. Mr Kelly commented: "I am strongly of the view that expert medical witnesses should have training in what they do; for this reason I enrolled in this two-year course. It was a bit of a shock going 'back to school' at the age of 58, to say nothing of having a video made of one's efforts at simulated cross examination, which was then marked, as well as an MCQ. The whole exercise costs £2,000, so one is not bursting with enthusiasm to fail any part of it." 📧

## Predicting Cardiovascular Disease

► The University of Leicester is one of 15 centres across Europe that has been awarded 9 million euros from the European Commission to carry out work over the next 4 years. The Leicester team of Professor Alison Goodall and Professor Nilesh Samani will be working with leading universities and the Sanger Institute in Cambridge to use the knowledge and expertise gained from the Human Genome Project to search for genes that may be responsible for causing heart attacks. 📧



# To GP or not to GP... That is the question

BY SHAHED YOUSAF AND FAYE HARRISON,  
3RD YEAR MEDICAL STUDENTS

► Mature students on graduate entry medical courses often show a lack of interest in pursuing a career in general practice. We canvassed opinions amongst our peers at the Leicester Warwick Medical Schools, the Warwick branch being a graduate-only medical school.

#### Positive opinions were:

1. Relative autonomy.
2. Family-friendly working hours.
3. Good pay.
4. Quick and clear career progression.
5. Generalism would be more interesting than the myopia of a specialism.

#### Negative opinions were:

1. Snobbery against general practice from other doctors.
2. Not an exciting field; the cases are all trivial.
3. Could be seen as the easy option.
4. It is a generalism and GPs are not 'experts' in any one field.
5. As mature students we are 'expected' to become GPs, especially the females.

A good place to seek further clarification seemed to be the Recruitment to General Practice Conference, held in BMA house, London, in September 2004. What came across very strongly was the great enthusiasm and optimism that many of the speakers and delegates have for general practice.

#### Some other views that emerged were:

- The boundary between primary and secondary health care is shifting, aided by the growing number of GPs pursuing specialist interests.
- Supposedly influenced by hospital clinicians, medical students may see medicine as a hierarchy with general practice towards the bottom and certain branches of surgery at the apex. Such prejudice must be dismantled. Exposure to good role models aids recruitment.
- Students strongly believed that GPs need to be involved with students earlier on in their



training, perhaps through a mentoring role.

- The field of academic general practice was virtually unknown to the majority of the student delegates.
- Is general practice a generality or a speciality? Are GPs 'specialists in their patients and their lives'? Western society seems to underestimate generalism and respect specialisms.
- Less contentious was whether general practice was boring, the consensus being an emphatic NO.
- Low morale was discussed, the reasons being more paperwork and increased levels of litigation.

• The strong points about general practice were: its flexibility, the continued care across families and through generations, the opportunity to get to know people, becoming part of the community and making a positive difference.

The most striking feature of the conference was the optimism and enthusiasm general practitioners have for their future. The new contract was largely greeted as a very positive initiative and generally the mood was sanguine with the future being bright for new doctors.

## Leicester Medics vs Lawyers – February 2005

BY TOM MARTIN

► A cold, blustery pitch awaited two teams, eagerly anticipating the annual epic clash. As players gathered outside the pavilion, many obviously hung-over from the night before, it became clear that this match was not going to be taken lightly by either side.

The Medics started well, camping out in the Lawyers' half, having much of the early possession. Unfortunately, they were unable to take advantage of this early ball, and a break from the lawyers, followed by a scrum, resulted in their winger going over in the corner. After previous

losses, this didn't bode well for the Medics.

They were soon back in the game, however, following a mazy individual run from outside centre Freddy Rud, resulting in the first try for the Medics. The conversion was missed by the try-scorer. Confidence was building now and the Medics forwards started dominating the game, keeping possession for long phases of play. The lawyers were hanging on, but the Medics piled on the pressure and after good work from the pack, Ian Isherwood went over for the second try of the match. Once again the

conversion was missed, this time by stand-in fly half, Fergus Wilson.

The Lawyers, determined not to give up, came back and a series of scrums in the Medics 22, resulted in an opportunity for an attack. The Medics were soon punished. The lawyers missed the conversion and at half time everything was to play for with the scores at 10 apiece.

The second half started in a frantic fashion, with early breaks from both teams. However, the medics' pack started to dominate. With fresh legs on the field, they were gradually turning the screw on the Lawyers. Thanks to a delightful backs move, Rud was put into space and was able to finish off the Medics' third try of the game under the posts. To the amazement of all players and

spectators, Wilson contrived to hit the corner flag with his conversion causing rapturous laughter.

This may have given the Lawyers confidence but they were unable to capitalise and the Medics were soon back on the attack. Despite the withdrawal of vice-captain Tom Martin, No. 8, the Medics kept up the pressure in more ways than one, with substitute Phil Longfellow-Saville starting a fight after 39 seconds! This attitude was soon forgotten as Wilson offloaded to captain and scrum-half Matt Charlton to finish off the game with an excellent try from 5-yards out. Wilson refused to give up and did manage to slot over the final conversion to give a full-time score of 22-10 to the Medics. 🍀



## Teddy Bears' Hospital

▶ A new project that has been set up by University of Leicester Medical Students with the support of the Leicester Royal Infirmary Play Co-ordinators - and a bunch of teddy bears.

The scheme aims to work with schools to lessen the fear children can feel in a hospital, whether they are there as patients or visitors. Through educational workstations and role-play with teddy bears they can explore some of the issues surrounding hospitals and

hospital procedures. The Teddy Bear Hospital has two main objectives:

1) Through role-play and educational stations children will become more familiar with the potentially intimidating surroundings and common practices of hospitals.

2) Medical students will gain valuable experience in communicating with children, which should have a sustainable impact on their interpersonal skills. Contact [teddybear@le.ac.uk](mailto:teddybear@le.ac.uk)



## Who's Who?

▶ What links Professor Ian Lauder, Dean of the Leicester Warwick Medical Schools, with film star Nicole Kidman and singer, guitarist and songwriter Eric Clapton? All three are among the one thousand new entries in the 2005 edition of Who's Who. Among his interests, ballroom dancing is listed. Professor Lauder commented: "I am awaiting daily a call from Nicole Kidman in respect of a retake of Moulin Rouge!"

## STAFF DISTINCTIONS

WARM CONGRATULATIONS TO THE FOLLOWING PEOPLE:

### UNIVERSITY OF LEICESTER:

▶ **Professor David Evans** (Cardiovascular Sciences) has been awarded Honorary Membership of the British Medical Ultrasound Society.

**Professor Carol Jagger** (Health Sciences) has been appointed to serve as joint chair of a working group to prepare a world ageing survey.

**Ms Sara Kenyon** (Cancer Studies and Molecular Medi-

cine) has been appointed to the Chair of the National Institute for Clinical Excellence's Guideline Development Group for Intrapartum Care.

**Dr Jonathan Thompson** (Cardiovascular Sciences) is Assistant Editor of the British Journal of Anaesthesia, and has recently been elected to its Editorial Board.

### UNIVERSITY OF WARWICK:

▶ **Professor Yvonne Carter**, Dean of Warwick Medical School, has been invited to join the Medical Research Council Health Services and Public Health Research (HSPHRB) College of Experts.

At an awards ceremony in December, **Professor Carter** was awarded an Honorary Fellowship of the College at Queen Mary, University of London. **Professor Carter** has also received a Gold Award in the Department of Health's

National Clinical Excellence Awards 2004, to recognise her services to the NHS and to the medical profession.

**Sarah Stewart-Brown**, Division of Health in the Community, co-edited a book, "Child Public Health", which has been highly commended in the winners of the 2004 BMA Medical Book Competition. Fellow editors were Mitch Blair, Tony Waterston and Rachel Crowther.

▶ The following staff from Warwick Medical School have received Bronze Awards in the Department of Health's National Clinical Excellence Awards 2004:

**Professor Jeremy Dale**, Director of Health in the Community.

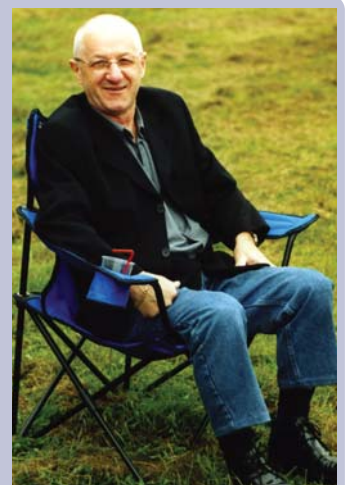
**Dr Paul O'Hare**, of the Medical Education Division.

**Professor Sarah Stewart-Brown**, of the Health in the Community Division.

**Professor Steve Thornton**, of the Clinical Sciences Division.

## Cricket Match Tribute to Graham Wheat

▶ All of us in the Leicester Medical School have been saddened by the recent death of Mr Graham Wheat, who joined the University in 1997 as a porter. He founded the annual Medical School Staff-Student Cricket Match, and on Sunday 12 June at 2 pm at the University sports ground in Stoughton Road, Oadby, the match was played as a tribute to Graham, with a new trophy bearing his name. Graham was a highly popular member of staff. His



family were also at the match and our thoughts are with them at this time.

## Golfers – Get Practising

▶ An advanced notice that the annual Staff Student Golf Match will take place this year in October, which will keep it well away from exam periods. So keen golfers on both sides will have no excuse for not getting in plenty of practice. Students from both Leicester and Warwick are invited to take part, and the team will need a volunteer for student captain.

▶ For more medical news see the university websites:  
<http://www.le.ac.uk/press/>  
and <http://www2.warwick.ac.uk/newsandevents/pressreleases/>

### LWMS News:

Copy deadline for next edition of LWMS News – Monday 13 July 2005.

We welcome your letters, comments, news and information. Please send to:

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Tel 0116 210 0070 Email [jane.pearson@ntlworld.com](mailto:jane.pearson@ntlworld.com)

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