

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

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Leicester General Hospital Centenary

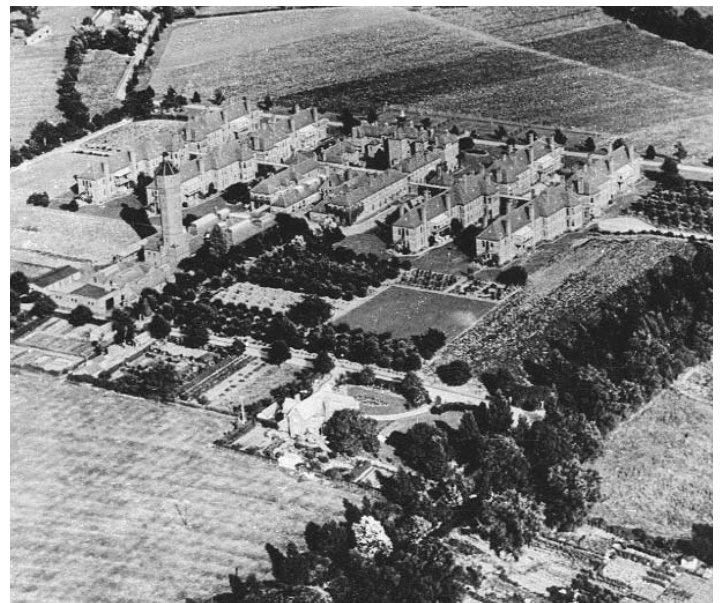
► Dr Hugh Mackay (retired consultant histopathologist) has written an extensive history of LGH, entitled *The Palace on the Hill*, which is due to be published shortly and will be available in all LGH wards and departments. Below he gives a brief outline of some of the hospital's highlights.

Leicester General Hospital recently celebrated the centenary of its opening on 28th September 1905. Built in open country with 16 wards on 2 storeys off a straight central corridor, (at 194 yards long one of the longest in the country) it replaced the overcrowded workhouse infirmary near the London Road railway station. Its grand appearance earned the nickname of "The Palace on the Hill".

There was strict discipline and segregation of males in wards 1-8 and females in wards 9-16 named after Leicester's municipal wards. There were no operating theatres or out-patient facilities. Very basic care for 512 patients was provided by 3 medical officers, one non-resident, and 40 nurses including 8 ward sisters.

During the First World War, the army took over the hospital and with a temporary base in the old County Lunatic Asylum (now the Fielding Johnson Building, part of the University), treated 74,625 wounded servicemen.

The Poor Laws ended in 1930 and Leicester City Council assumed responsibility until the start of the




NHS on 5th July 1948. Little changed as basic medical knowledge and treatments were still very limited. Specialist orthopaedics and the hospital school (one of the first in the country) began in 1932.

The start of the Leicester Medical School in 1974 saw new medical, surgical and maternity wards opening, plus purpose-built operating theatres and out-patient space. Several Foundation Professors were based at LGH until the Medical Sciences and Clinical Sciences Buildings were finished.

Since then, LGH has built an international reputation for nephrology, renal transplantation and urology services. Leicester's first renal transplant was done at

LGH by Prof Sir Peter Bell in 1975. Minimal Access Surgery Training, diabetes care, geriatric medicine and gastroenterology have all flourished while two of our surgeons are national lead-clinicians for cancer care.

LGH became an NHS Trust in 1993 and with the Leicester Royal Infirmary and Glenfield formed the University Hospitals of Leicester NHS Trust in April 2000. Major reconfiguration plans across Leicester will see almost complete re-building of LGH to become a planned care, and rehabilitation centre plus the main focus for inter-professional education and training in Leicester.

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► Professor Bryan Williams, Professor of Medicine in the Department of Cardiovascular Sciences at Leicester, broke new ground when he took the unusual step of inviting all 423 Leicester patients who had participated in a major research study to two meetings to present the research findings.

In September he explained to packed halls in Leicester and Market Harborough how these patients' co-operation in the ASCOT Study (Anglo Scandinavian Cardiac Outcomes Trial) will have a major effect on the way doctors treat blood pressure and other risk factors in the UK.

In doing so, Professor Williams paid tribute to them for the part they had played. "To my knowledge, this is the first time the results of a major study have been presented to the patients in the study," he said. "This will allow them to see how exciting clinical research is and how important their participation has been in changing clinical practice in the United Kingdom. I see this as a very important opportunity to present the work of the University and the NHS locally to the wider community.

"The results of this study are likely to impact directly on national guidelines. Leicester has played a very significant role and I think this is going to present a very powerful image of the importance of the interaction between the NHS and clinical research in Leicester and result in change and improvements in the health service.

"This has not been done before in Leicester, but I think it could be the first of a series of important initiatives to better engage the general public in understanding the impor-

ance of clinical research."

The ASCOT Study is a randomised trial of prevention of coronary heart disease and other vascular events by blood pressure and cholesterol lowering. The trial involved a wide range of patients aged between 40 and 80 years old, all of whom had high blood pressure and a combination of other risk factors which cause heart disease, such as smoking and diabetes.

Check-ups were routine and typical of those that any patient would have at their usual clinic visit. There were two treatment groups: one treated with a calcium channel blocker and the other with a beta-

blocker. Some patients in each group were also treated with a statin to lower blood cholesterol.

They returned for check-ups after six weeks, three months and six months to ensure their blood pressure was well controlled. After that they visited the centre every six months.

ASCOT is one of the largest studies of high blood pressure ever conducted in Europe, involving nearly 20,000 patients with high blood pressure and additional risk factors for heart disease and stroke.

Patients were randomised to receive either calcium channel blocker-based (amlodipine + the ace inhibitor perindopril) or beta blocker based (atenolol + the



Major International Research Trial Acknowledges Patients' Input

diuretic bendroflumethiazide-K) treatment regimens and their blood pressure was monitored using the traditional arm cuff measurements.

The ASCOT study showed that patients receiving the amlodipine-based treatment did better than those getting the atenolol-based treatment on all cardiovascular endpoints, including a 24% reduction in cardiovascular death.

A sub-study of the ASCOT trial, CAFÉ (Conduit Artery Function Evaluation) was designed and co-ordinated from Leicester. This study was recently presented by Prof Williams at the late breaking Clinical Trials "hotline" session at the American Heart Association in Dallas, scheduled to be published in *Circulation* in

early March. The CAFÉ study showed important differences in central aortic pressure with different blood pressure treatments, possibly explaining the difference in cardiovascular outcomes observed in ASCOT.

Professor Williams said: "These studies indicate the huge importance of clinical research. The fact that they have been conducted in Leicester means that our patients are benefiting from the rapid transfer of new knowledge into the clinical arena. It was gratifying to see how much the patients enjoyed hearing about how their contribution to clinical research in Leicester will directly impact on the treatment of many millions of patients world-wide." 📞

Warwick Clinical Trials Unit

► Warwick Clinical Trials Unit is a new unit within Warwick Medical School. Directed by Professor Sallie Lamb, the Unit has particular expertise in clinical trials of complex interventions and is leading several multi-centre randomised controlled trials with patients recruited from across the UK. Its major focus is on trials of emergency care and rehabilitation, and it has recently been joined by

Professor Janet Dunn, who will lead a programme of cancer trials. Twenty full-time staff cover the full range of roles required for running high quality clinical trials – clinical trialists, statisticians, project managers, research fellows and clinicians. You can find out more about the unit and its work on the website: www.warwick.ac.uk/go/ctu. 📞

New Research 'Will Change Way Heart Attack Patients are Treated'

► A recently published study led from the University of Leicester and University Hospitals of Leicester NHS Trust reveals that angioplasty can cut the risk of adverse outcome by half for patients suffering a heart attack, where conventional clot-busting drugs have failed to open the

vessel. The British Heart Foundation-funded research, published in the *New England Journal of Medicine*, will change the way heart attack patients are treated - making angioplasty to reopen a clogged artery the standard of care if clot-busting drugs have failed. 📞



The BioMed Grid

▶ On 20th February the new BioMed Grid opened in the Medical School Building at Warwick. Funded by the University using HEFCE Project Capital, the development is a response to student feedback, calling for improved study facilities on the Gibbet Hill campus.

The new BioMed Grid is an offshoot of the existing Learning Grid, which was developed as a joint venture between the Library and IT Services at Warwick. The original Learning Grid was designed to

provide a new kind of study space to facilitate student-centred learning and encourage groups of students to learn together. The BioMed Grid extends this provision to support students on the Gibbet Hill campus.

A number of different zones within the BioMed Grid include a leather sofa seating area as well as more formal study spaces. The space can be reconfigured by users who can move mobile screens and furnishings to create areas for group study. Students are able to consume food

and drinks in the BioMed Grid whilst they study, either alone or in groups, and the noise level is self managed by the users.

The BioMed Grid provides a reference stock of core texts for the MB ChB programme, wireless network access, a small number of networked PC workstations, an internet kiosk and areas of desking for individual study. In addition students have access to a cleverboard, an interactive smartboard, data projectors, large plasma screens, a video editing system and a video conferencing system.

A team of student advisors has

been trained to support the BioMed Grid, which is staffed at all times. It is open between 10am and 10pm Monday to Friday and between 12pm and 9pm on Sunday.

Future developments will include the addition of careers materials and careers advice, to be provided by the new Medical School Careers Advisor, and in the summer the external courtyard will be landscaped to provide an outdoor extension of the BioMed Grid. Initial feedback from students following the opening has been really positive.

*Michael Glover, School Secretary
Warwick Medical School*

FOUNDATION YEAR PROGRAMME FOR 2006 ENTRANCE – A STUDENT VIEW

▶ The job application process, for newly qualified doctors, has undergone a recent overhaul due to the introduction of the foundation year programme. These changes have emerged following a national shortage of consultants and are due to be implemented nationally for the first time in 2006.

The old scheme

Initially a one-year pre-registration house officer year, consisting of two six month rotations culminating in GMC registration, followed by a year senior house officer post, allowing flexible training in several different areas of medicine or surgery.

The new scheme

A two-year programme. Foundation year one (FY1) comprises three

posts of four months duration in medicine and surgery. In foundation year two (FY2) doctors are given the opportunity to work in the specialty of their preference. The new scheme aims to channel junior doctors into a specialty earlier on in their career.

In order to implement the scheme, it has been necessary to combine the deaneries allowing applicants a greater choice of training programmes.

Pilot

A two-year pilot programme was carried out by a number of deaneries and was deemed successful overall. However, as emerging graduates, we were keen to gauge the support for the scheme, so we sought the opinions of some of the Leicester doctors who were involved in the pilot run.

We also consulted other final-year colleagues.

In general, Leicester graduates felt the foundation programme was somewhat limited in flexibility and general training, the overall view being that three years of SHO training had been compressed into a single FY2 year. In addition, the participants on the pilot scheme were allowed to apply to a single deanery only, a disadvantage compared to the subsequent cohort of graduates who will be able to apply to at least two deaneries.

Both final year medical students and doctors in the FY1 pilot, felt that they would not be adequately prepared to enter a specialty without sufficient experience in other fields and felt that this lack of experience

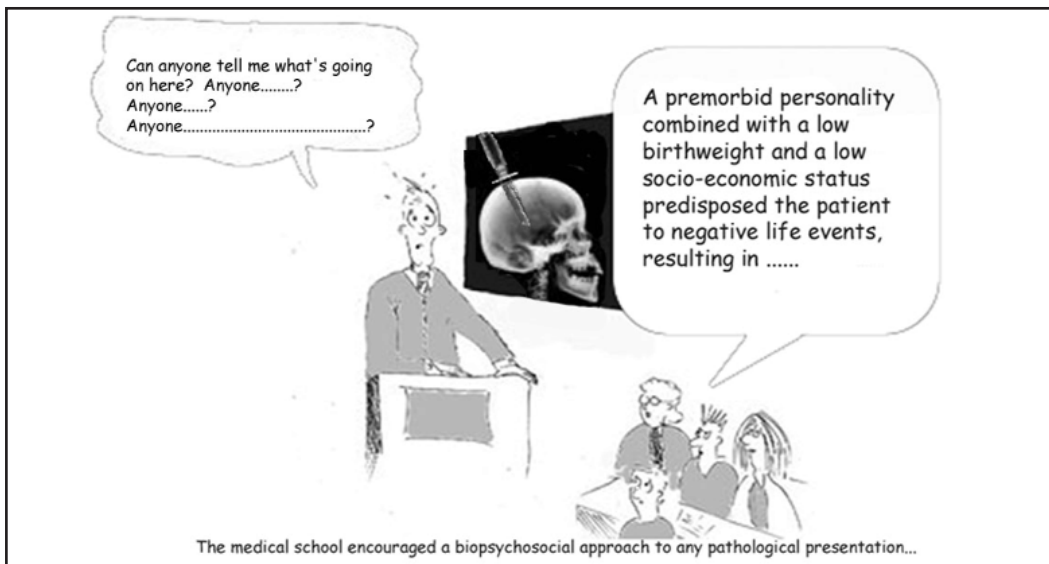
might adversely affect the professional quality of future consultants. There was also some concern regarding the current ambiguity surrounding the FY2 year and beyond.

Dr A, a FY1 doctor working in Burton-upon-Trent said: "FY1 training is ok but I think I would have preferred going into the old system of six months medicine and surgery. It's not a good idea to specialise so early on because working is totally different from being a student and you don't know what you want until you start working."

The positive aspects of the new scheme include a greater choice of training posts and continuing assessment as well as education. This is a more efficient route for those with a predetermined career path. Also, it allows consultancy at an earlier age, resulting in more focused experience. Miss L, a fifth-year medical student said: "I think the foundation programme is a good idea, because there is a greater emphasis on post-graduate education and I can also apply to work in different places."

In conclusion, this new scheme, like all new ideas, has its preliminary problems with scope to improve. The general feedback from Leicester graduates and undergraduates indicates that the disadvantages of the foundation programme outweigh the advantages and that they would rather have entered the old scheme. However, the outcomes of the foundation year training programme have yet to be assessed in the long term, once consultancy posts have been appointed.

*Nisha Parbat (np53@le.ac.uk) &
Neha Sharma (ns84@le.ac.uk),
Leicester*





► As a result of the National Patients' Safety Agency (NPSA), set up by the NHS in 2000, the Leicester Medical School, in association with Queen's Hospital, Burton on Trent, has been taking a pioneering role in running pilot Patient Safety Awareness Days for final-year medical students, student nurses and allied health professionals.

In 2001 the NPSA put out bids for medical schools to develop learning that would enhance patient safety. Leicester was one of only three UK medical schools to receive development money.

While patient safety is at the core of many modules in health and social care curricula, the newly developed Patient Safety Awareness Days, placed at the end of training, draw together issues from all medical disciplines in an interprofessional context. To date two pilots have been run at Leicester and five at Burton Hospital.

The days centre round a DVD, produced by Jon Shears, University of Leicester Audio Visual Services. The DVD outlines the story of Mildred, a stroke victim taken into hospital and unable to talk. What it shows is that failures of non-clinical skills, across all professional groups, can adversely affect the safety of the patient. Should these failures be compounded by more and more incidents of poor practice, then the risk to the patient increases, as happens in the film. The day offers plenty of opportunity for discussion and all students have a special workbook to take away with them.

The story was developed by the Burton Team, Paul Allsop and Paul Stewart, consultants in critical care, Steve Overton, simulation trainer, and Nicole Stewart, Project Manager, from an amalgamation of real patient in-hospital experiences. The final DVD was filmed in Burton using actors. The script follows a patient's journey through hospital, merging a number of different experiences. The students can see the build-up of small mistakes due to pressure

of time, the environment, sloppiness, lack of focus, junior staff who feel unempowered and a lack of team values in practice.

Regional lead for interprofessional education, Dr Liz Anderson, Senior Lecturer in Shared Learning in the Department of Medical and Social Care Education at the Leicester Medical School, explained: "We have benefited from working with consultants in acute medicine, and Nicole Stewart, who has come from the aviation industry where the teaching of equivalent non-technical/clinical skills is mandatory and assessed on an annual basis".



Patient Safety – Avoiding the Pitfalls

Liz sees the potential for interprofessional learning for final-year students on clinical placements. "Patient safety awareness forms a meaningful moment for interprofessional education. We have put well over 50 students through the Patient Safety Days and the feedback is incredibly positive. We are keen that it should be interprofessional and delivered with other healthcare partners, examining things that we could do in different ways, helping each other across the professional boundaries. If you've got a busy shift then there are times you have to say: 'this is a risky day. What are we going to do to get through it together?' If teams recognise that then the environment will be safer".

A similar DVD teaching support is planned to be developed for students who work mainly in the community and patients' homes e.g. social workers and therapists.

Dr David Heney, head of clinical education, who has taught on the Leicester days with Liz Anderson and Sandy Goodyer states, "The students love it

because it is interactive and the DVD gives a platform for discussion. It's rather like Pandora's box and lots of issues have come out. Many of the students do this towards the end of their training and they tell us of things they have seen. We have a duty to feed this back into the service."

The next stage involves working with NHS partners already signed up to the regional IPE strategy to help deliver the learning to small student mixed groups. Training for clinical and academic educators to deliver these events is the next step. With the active involvement of a hospital Trust clinical governance unit, student concerns can be appropriately fed back into practice.

Students leave the one-day workshop with a patient tool, which they can take to their clinical areas and apply in partnership with other clinical workers, examining practices and reporting back. The tool aims to help them consider their personal approach to practice, the environment and culture within which they find them-

selves working, skills to analyse processes or system weaknesses and it enables them to be alert to danger signs.

It is not a magic wand that can eliminate all instances of risk to patients. Long term, the team hopes the work will become integral to all post-qualified staff who can bring experience to enhance the debate. The Burton team plans to lead these developments and use the DVD as part of the content for a national one day course. "It's about everyone being able to stop and analyse how best to work together," said Paul Allsop.

"This isn't about stopping those big mistakes which are sometimes made by even the very best and most competent people. All we can do is to help minimise this. If we talk about the risks more openly then it will help everyone more than if the issues are hidden away. What is really needed is for professionals to think more carefully about the content and outputs of day to day encounters with patients and professionals," Paul Stewart added. ❷



Elect To Enjoy Your Medical Electives

BY SHAHED YOUSAF, WARWICK

► There is more to a medical elective than medicine. Let us get the medical benefits out of the way first. An elective is just that, you elect to go where you want to and do what you want and, after three or four years of being virtually dictated to, the autonomy is a relief. You may pursue almost any speciality. If you choose an intensely educational elective it is a good way to improve your CV and maybe publish a paper. Also, you get to see medicine as practised outside of the bounds of the national health system.

I chose Egypt because I wanted to study emergency medicine in a non first-world environment and take the opportunity to improve my spoken Arabic. Cairo is a city at once confrontational and yet evasive. It is home to approximately 20 million people and is an all-out assault on the senses. On arrival the city will either seduce or repel. I was of the former persuasion and could not wait to explore this vast and unpredictable location.

My home for the next 8 weeks was an island on the river Nile. The island of Rhoda is home to

approximately 40,000 people. Taxis are cheap and provide an excellent means of exploring Cairo. There are five millennia of history in a city that guards its secrets well. Historic buildings are buried in age-old quarters of the city. And everywhere is teeming with humanity - the corpuscles that give this ancient body life.

I was based at the Kasr El Aini Teaching Hospital, the oldest and largest medical school in the Middle East. Days were long, 12 hour shifts with an on-call every other night. I was expected to participate fully in the running of the ward and I assisted with the placing of nasogastric tubes, setting up drips, catheterizing bladders, tapping ascites, inserting and removing chest drains and inserting central lines. After eight weeks I felt a good deal more confident in my clinical skills than I had on my arrival.

Before leaving Egypt the doctors and I organised a break to a desert oasis. We hired a 4x4 vehicle and went to the Oasis of Bahariya, 265 km south-west of Cairo. The oasis was an aquamarine miracle in the midst of boundless desert. From



Bahariya we travelled to the white desert, (Sahra al-Beida), a blinding moonscape whose pristine whiteness contains rock formations that have resulted from millions of years of erosion by wind and sand.

Beside the white desert is the black desert, (Sahra al-Aswad), formed from wind erosion to the encircling black mountains. We body-surfed down golden dunes in

the western desert. We tried not to laugh but still ended up with mouthfuls of sand. One night I went to Bir al-Ghaba and swam in a hot spring on the edge of the desert. I swam on my back and could see the moon and night sky reflected on the surface of the water over my body. I felt as if I was flying amongst the stars. I returned to England, exhausted and happy. ☺

FEE ISSUES

► From 2006, universities in England can charge tuition fees of up to £3000 per year. It is expected that most, if not all medical schools in England will charge the maximum rate.

Those studying medicine as a first degree will be entitled to take out a student loan to cover these fees in their entirety, in addition to the student loan to cover living costs. They will only be obliged to pay back their loans after graduation in accordance with the student loans company's usual terms and conditions.

However, all graduates studying medicine as a second degree will

not have this option. This means that those on non-graduate entry medicine courses (i.e. 5 and 6 year courses) will have to pay approx. £3000 up front each year for the duration of their course, apart from the final year, when the fees will be paid by the NHS.

Graduates on 4-year courses will also have to pay £3000 up front for the first year of their course, but the NHS will continue to pay their fees in years 2-4.

According to the Council for the Heads of Medical Schools, between 15% - 25% of students on 5 year medical courses in the UK are graduates. It is likely that

the increased financial burden will discourage many potential students from applying to study medicine and will favour those from more affluent backgrounds. As such, this policy is in direct contravention of the Government's own policies on widening access to medicine.

An online petition (www.medschoolsonline.co.uk) was handed to MPs on 1 March, during a lobby on Parliament at which the issue was highlighted.

*Kirsty Lloyd
Chair, BMA Medical Students'
Committee* ☺

Health Secretary Opens New Wing of Children's Cancer Centre

► New facilities in Leicester to help cure more children of cancer were opened by the Right Honourable Patricia Hewitt MP, Secretary of State for Health and MP for Leicester West. The extension to the current data centre of the United Kingdom Children's Cancer Study Group (UKCCSG) will facilitate more clinical trials to help improve survival for all children with cancer. The new wing costs around £100,000 a year to maintain with the funding provided by a variety of sources including the UKCCSG's 22 centres, donations, fundraising events and cancer charities. ☺



Triathlon in Hawaii

► After a year's preparation, I arrived in Hawaii with a week to go. Jet lag was shrugged off within a few days, and with several 'recces' of the course I was familiar with all the climbs, descents, turns and potholes. But the heat was one thing that was not so easily overcome. Thirty degrees in the shade made walking, let alone training, uncomfortable.

The 'Olympic Distance' triathlon involves 1500 metres of open-water swimming, followed by a 40km bike course and a 10km run. The notorious Hawaiian surf, the Pacific Trade Winds and the unabating heat made this year's Championships additionally challenging.

Coming off the bike leg in a respectable 32nd place, I set off still

feeling reasonably well. But the regular water stops were not regular enough to offset the effects of the mounting temperatures and my pace gradually wound down. By the time I crossed the finish line I had fallen to 57th place, just glad to have finished without requiring a trip to the medical tent.

Overall, the experience was fantastic, well worth the couple of hours of training each day required to get there. Next year's Championships will be held in Lausanne – a bit closer to home and hopefully a bit cooler. As I write this, I am enjoying the end-of-season break before I settle back down into winter training and start on the long road to Lausanne.

Martin Knight, Warwick 🍷



Warwick 2003 cohort student, Martin Knight, beating the heat in the World Age-Group Triathlon championships in Hawaii.

Medsin News

► In Introweek we joined forces with LUSUMA and held a fair-trade wine reception before the annual formal dinner. We also had a raffle from which we raised £150, with eight prizes, each representing one of our active projects.

Our Medsin-Explained evening attracted a great turn-out, with many people enthusiastic to get their hands dirty! With the help of some fabulous first-years a new project, Crossing Borders, got off the ground, concerned primarily with the welfare of refugees and asylum seekers in Leicester.

The annual Medsin Conference at

Leeds Medical School included workshops and training sessions on issues such as trade and access to medication in the third world. One of the highlights, a debate between representatives from the Association of the British Pharmaceutical Industry and the No Free Lunch Campaign, explored the ethics surrounding pharmaceutical companies and their marketing methods.

A fantastic Salsa evening in November raised money for Marrow and the Leicester Medics Tsunami Appeal, where we were taught Salsa by a professional



dancer! Pity for me I have two left feet!

A Sexual Fantasy fancy dress bar crawl in support of World AIDS Day on 1 December, was well-supported, with some fabulous outfits. The prize for best dressed went to the 4 first-years dressed as condoms (aka cling film!). We raised a fantastic £180 for Leicestershire AIDS Support Services (LASS).

Our Christmas Appeal supported two projects: Homed and Crossing Borders, collecting gifts and non-perishable foods for refugee, asylum seeker and homeless children in the UK. A couple of first-years involved in the Crossing Borders project went along to Salisbury World's Christmas party. This

organisation, based in Brent, is concerned with the welfare of asylum seekers in London. We took 87 wrapped gifts to brighten the children's Christmas! An additional 50 presents were taken to Border House for homeless children. All in all many smiles on many faces!

A huge thank you to everybody who has supported any of our events, including the Medsin committee who worked very hard to make each event a success. Keep checking the Medsin board and medsininfo for more details.

Jessica Sternberg
Leicester-Medsin president
2005/2006
leicester@medsin.org 🍷



Distinctions

CONGRATULATIONS TO THE FOLLOWING PEOPLE:

UNIVERSITY OF WARWICK:

▶ Two members of the Endocrinology & Metabolism Research Group at Warwick, **Dr Manos Karteris** (Non-clinical Lecturer within Dr Randevara's research group) and **Mrs Danijela Markovic** (2nd year PhD student within Dr Grammatopoulos's research group) have both received highly prestigious Young Investigator's Awards from the European Federation of Endocrine Societies (EFES).

Professors S Thornton and **S Kumar** from the Clinical Sciences Research Institute have been appointed to serve on the MRC college of experts for the Physiology and Clinical Research Board.

Professor R P Cappuccio, also from the Clinical Sciences Research Institute, has been awarded the Gold Medal of the Lithuanian Society of Cardiology on their 40th anniversary.

Cynthia Atwell, Senior Teaching Fellow for the Diploma in Occupational Health, has been awarded an Honorary Fellowship of the Faculty of Occupational Medicine of the Royal College of Physicians. She is believed to be the first nurse to have ever been awarded an Hon FFOM.

Elective Winners

▶ At the Elective Prize Evening at the Leicester Medical School on 23 March, Eleanor Macdougall won 1st prize (£175), Sophie Hasselman 2nd prize (£150) and Helen Cowley 3rd prize (£125) with Claire Hennell, Helen Jacomb and Craig Sheridan as runners up (£50). Congratulations to all of them. 🍷

Doctor in the House

▶ Fifty Leicester medical students have embarked on an e-mentoring project that links medical students with school pupils who are now in year 10, and who may not come from a background traditionally associated with university entrance. The project will follow the pupils through to year 13. Is There a Doctor in the House is a five-year project, part of the Government's

UNIVERSITY OF LEICESTER:

▶ **Dr David Lambert** (Cardiovascular Sciences) has been elected to the Board of Anaesthesia and Intensive Care Medicine as Pharmacology sector editor, and has also been awarded the Mapleson Medal UK by the Anaesthetic Research Society for best research presentation in 2004.

A paper by **Dr Mary Dixon-Woods** (Health Sciences) has been included in a volume of the most significant articles published by the Lancet since 1823.

Dr Nisha Dogra (Greenwood Institute of Child Health, Health Sciences): awarded a Harkness Fellowship for study in the US for the academic year 2005/06.

George Doukas (Clinical Research Fellow, Cardiovascular Sciences): named Young Investigator of the Year in Clinical Science at the annual meeting of British Cardiac Society for his three-year study on heart palpitations.

Professor Pierluigi Nicotera (MRC Toxicology Unit): elected to the Academia Europaea.

Dr Colin Ockleford (Infection, Immunity and Inflammation): awarded the degree of Doctor of Science by St Andrew's University for a thesis reflecting the research recorded in some 150 scientific publications and two books.

Kirsty Lloyd (Intercalated B.Sc. student): elected to the Chair of the British Medical Association's Medical Students Committee, representing the country's 33,000 medical students.

Aimhigher programme which works to increase the numbers of students entering higher education, particularly in communities where higher education is not traditionally taken up. It is a collaboration between Leicester, Loughborough and De Montfort Universities and the Open University and in future years will include further education institutions. 🍷

Dean's Annual Golf Day



▶ No other event on the medical calendar stirs as much competitive passion as the Dean's Annual Golf Day. Bring together a carefully selected bunch of professors, consultants and GPs (the Dean's dozen) and pit them against twelve keen, fresh-faced students from across LWMS, and rivalry is bound to flourish.

After last year's defeat, the Dean's dozen were certainly out for revenge this year on 16th October at Kilworth Springs Golf Club. With only half of last year's winning team remaining, and no less than three changes to the line up in the preceding week, the students knew that it would be an uphill struggle.

With the non-arrival of his playing partner, the Dean battled valiantly against student captain, David Walker and Nick Thomas from Warwick, but went down 8 & 6 with a steady round from David and a

flamboyant one from Nick. The other performance of note was an excellent win for John Isherwood (Leicester) and Andy Wrench (Warwick) over Dr Brian Kendall and Mr Chris Lauder. These however were the only two matches the students won and with one exciting draw the final score was 3 to 2 to the Dean's Dozen.

The trophy was presented to Prof Robin Frazer, the captain of the Dean's team for the day, and we thank him for his ongoing participation in the event.

On behalf of the student team I would like to thank the Dean for his continued support of this excellent event. It is a unique opportunity for students and faculty to interact, and such events should be encouraged to maintain relations and the community spirit within LWMS.

David Walker
5th Year, Leicester 🍷

Warwick Diabetes Care in Europe

▶ Dr Hilary Hearnshaw, Director of Research at Warwick Diabetes Care, Warwick Medical School, was invited to present the Keynote Address at the recent European General Practice Research Network (EGPRN) conference, entitled "Research on Diabetes in General Practice". The conference was held at the University of Tartu, Estonia in October and was attended by 66 members from

over 25 different countries. Dr Hearnshaw's presentation was entitled "Diabetes research involving psychology and people who live with diabetes", and described the current research into diabetes care at the University of Warwick, including the involvement of the Warwick Diabetes Care User Group. Further information can be found on www.warwick.ac.uk/go/diabetes or call 024 76 572958. 🍷

LWMS News:

Copy deadline for next edition of LWMS News – 15 May 2006.

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

Jane Pearson, Deputy Editor, University of Leicester Press & Publications
Tel 0116 210 0070 Email jane.pearson@ntlworld.com

Student news to Student Representatives:

Leicester: Carla Hakim, email ch120@le.ac.uk
Eleni Anastasiadis, email ea54@le.ac.uk

Warwick: Andrew Currie, email A.C.Currie@warwick.ac.uk
Shahed Yousaf, email s.yousaf@warwick.ac.uk