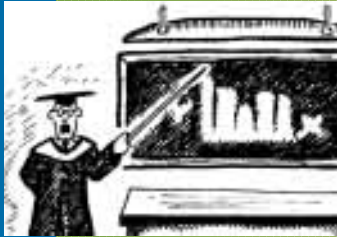


A quarterly look at activities in and around the Leicester Warwick Medical Schools

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THE QUEEN'S
ANNIVERSARY PRIZES
2002



(Main) An aerial view of the Clinical Sciences Building with the new site running to the right; (above) the CSB as of January 2003; (below) an artist's impression of the new building.

WALSGRAVE – MOVING FORWARD WITH CONFIDENCE

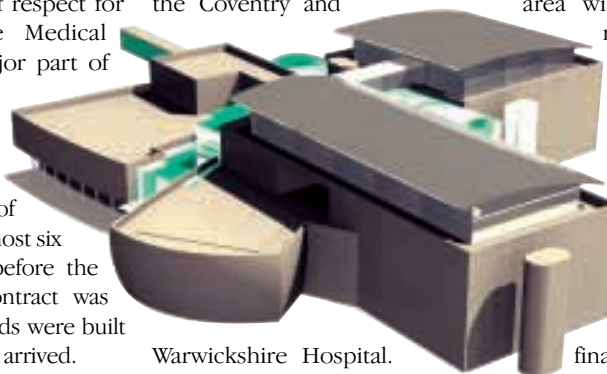
► The new Clinical Sciences Building in Coventry, UHCW Trust Coventry, planned to open on 4 November this year, will represent a massive injection of confidence for Coventry as a centre of excellence in teaching and research. Out of respect for the needs of the Medical School, the first major part of the new PFI hospital to be completed will be the Clinical Sciences Building.

It has been the site of building works for almost six months now. Long before the new PFI hospital contract was signed, additional roads were built and enormous cranes arrived.

The total development will cost £330 million, and the main clinical parts of the new hospital are due to be completed by 2005-6. Sited on the same campus behind our current buildings, this means that no major building space will be lost during the transitional years.

The one exception to this, sadly, is the former nurses' home, which provided accommodation for medical students.

The new hospital will replace all the facilities at Walsgrave Hospital and those downtown currently at the Coventry and



Warwickshire Hospital. Then we shall have all modern medical services provided on one hospital site.

The Clinical Sciences Building represents a massive multidisciplinary training resource. It will more than treble the currently available library space and facilities.

Two large wings will hold a major lecture theatre and dining area, alongside the library.

The larger of these wings will house a number of seminar rooms, undergraduate and postgraduate offices, and a skills lab area with separate, dedicated rooms for both undergraduates and postgraduates, as well as multiple other rooms for various medical and non-medical skills courses. The second wing will be for research and can be extended further as needs grow.

The resources which finance this project come from all the different groups of users, but most particularly from medical students through SIFT monies. So we hope that you will be the major users, too. ☺

Ian Fraser, Consultant Surgeon and Clinical Education Lead, Walsgrave Hospital



University of
Leicester

THE UNIVERSITY OF
WARWICK



SUCCESS IN THE FAST LANE

▶ A student on the LWMS fast-track degree course has won a prize of £250, a medal and a certificate from the national charity Arthritis Research Campaign.

Andrew Iceton, a final-year student on the four-year MBChB course, won the award with his essay on the subject: "Osteo-

porosis has been described as the hidden epidemic. What measures can be taken to reduce the socioeconomic impact?"

Andrew said: "At the time of the essay competition I was receiving teaching in orthopaedics and so I thought that this would be a great opportunity to gain a greater

insight into a medical condition that is relevant to this field of study."

Andrew Iceton will be one of 15 students to graduate from the LWMS four-year medical course in July 2003 – the first cohort of fast-track medical graduates in the country. *mb*



Your Letters

Timetable Trouble

▶ You know the feeling. It's the first day of a new block. You emerge in the hospital, bright eyed and bushy-tailed from a whole weekend of portfolio-free relaxation. You strut onto the wards in the not-quite-ironed-but-the-best-it'll-look-for-another-8-weeks white coat and ask for your consultant or PRHO.

Only the nurses don't know where they are, or have never heard of them. Or worse, the ward is closed.

You stare at the timetable you were given and all it says is 'Mr A, am Ward Round start on Ward 2'. So you wander aimlessly round, hoping to bump into someone who might help.

The first problem is that 'am' means different things to different consultants, a fact students invariably get wrong. Secondly, the timetable is inevitably going to have been altered somewhat. And thirdly, no matter how small the hospital or ward, you can never find the consultant (I hear they are trained to be very elusive).

OK, so two of these things we can do nothing about, but timetables can be improved. The whole of hospital medicine now centres around audit, so why not apply it to students as well? We may be less important than doctors, but surely we

deserve to be able to turn up in the right place at the right time on our first day? Why not have a system whereby students at the end of their block give back a copy of the altered timetable to the clinical co-ordinator so as to help the next lot of students?

Seeing as though it is now week 5 in my block and my consultant STILL doesn't remember my name (and can only just recognise me by sight), a little 'leg-up' to start off with isn't too much to ask. Is it?

*Paul Arkless,
4th Year*

Coffee Lounge Controversy

▶ I write this controversial comment enraged and embittered due to dealings I have had as fifth-year medical student and Chair of the Staff-Student Committee.

For those of you who are less familiar with the subject, let me bring you up to date:

The coffee lounge at the Leicester Royal Infirmary was removed from under our noses one day in 2000 and converted into an oxidative stress laboratory. I will try not to harp on, except to mention that we were not informed beforehand.

A replacement room was found, in the less-than-luxurious Knighton Street OP Department. Beggars can't be choosers, I suppose.



A "paediatric neurology enquiry" took over the would-be student room, without informing the Medical School. There they have stayed ever since.

Now the later stages of the enquiry are approaching and the Medical School is looking to refurbish the very room that was meant to be ours 18 months previously. Surprisingly, £1 million has apparently been made available to fund these very activities. So from now on, in an ideal world, it should be plain sailing from here.

Only three nagging thoughts remain:

The fact that Knighton Street OP, with all its early Victorian charm is likely to be ripped

down in the not-so-distant future. Great forward planning there, mate.

This case highlights one simple problem: the Medical School body, in fact, not even the Dean, has the clout to move any mole hills, let alone mountains where the Leicester Royal Infirmary is concerned.

If the medical students are the future of the NHS (as evidenced by the huge drive for more of them) why are there no student facilities in the largest teaching hospital in Leicester?

*Jessica Cross,
5th year*

Tom Alun-Jones, Director of Education at the UHL Trust, will have the chance to reply in the next edition of LWMS News.



Respiratory research in Leicester – leading the way in understanding and treating Asthma

► Since its inauguration in 2000 the Institute for Lung Health (ILH) has gained wide recognition as a centre of research excellence.

A prestigious network of respiratory researchers based in Leicester, the ILH comprises leading academics, scientists and healthcare professionals within the field of respiratory research, located in a number of centres and units in and around Leicester. The core strengths of the Institute are asthma, lung cancer, infant wheeze and Chronic Obstructive Pulmonary Disease (COPD), infection, immunity and TB, in addition to a clinical interest in cystic fibrosis and bronchiectasis.

Over the last year institute researchers have published articles in a number of premier medical journals. Most notably, researchers at the ILH have identified a novel pathological feature of asthma that may be the cause of the disordered airway physiology seen in asthma, and in another study

have found a simple marker to guide treatment in asthma and reduce exacerbations.

Asthma affects 5.1 million people in the UK and leads to an estimated 1,500 deaths per year. People with asthma become wheezy and breathless because the airways narrow excessively in response to stimuli like allergens and infections. The airways are inflamed and a number of inflammatory features are thought to be important in causing airway narrowing.

Researchers reported in the *New England Journal of Medicine* that patients with eosinophilic bronchitis, a condition causing chronic cough without abnormal airway narrowing, share many of these pathological features, except that in asthma mast cells are localised within the airway muscle suggesting that this is critical in the development of abnormal airway narrowing. Dr Chris Brightling has been awarded a Clinician Scientist Fellowship to

further explore this observation.

Dr Ian Pavord and Dr Ruth Green undertook a landmark study published in *The Lancet* on the management of asthma for which Dr Green was awarded the British Thoracic Society Young Investigators Award. The study aimed to reduce the number of severe asthma attacks by targeting therapy to normalise

treatment group. This test is now routinely used in the asthma clinic at Glenfield Hospital and it is hoped it will become a standard investigation for asthma.

In addition to these and other research successes last year the ILH has recently hosted a five-day postgraduate course in Respiratory Physiology. It attracted 50 delegates from both

Asthma affects 5.1 million people in the UK and leads to an estimated 1,500 deaths per year.

the sputum eosinophil count.

Seventy-four patients with moderate to severe asthma were randomly placed into two groups. One was treated conventionally, the other using the sputum test with their medication regulated in response to changes in eosinophil numbers. The results showed that the sputum test group had markedly fewer severe attacks and hospitalisations than the conventional

the UK and overseas and presentations were made by many of the most highly regarded academics and clinicians in the field. It is intended that this course should become an annual event.

As a result of its groundbreaking research coupled with the establishment of educational courses, the ILH is rapidly gaining a national and international reputation. ☺



Learning Together

► The Leicester arm of Leicester Warwick Medical Schools is one of the leading centres in the UK for Inter-professional education; the chance for medical students to learn interactively alongside other health and social care students.

The initiative is led by Professor Stewart Petersen and Dr Elizabeth Anderson, who has recently been appointed to a Senior Lectureship in Shared Learning in the Division of Medical Education, having worked in the field of shared learning with Dr Angela Lennox at Prince Philip House, Leicester, since 1996. Dr Anderson is a member of the Centre for the Advancement in Inter-professional Education, London (CAIPE).

Initial problems in organising shared learning, such as timetabling across different disciplines, have taken time to sort out, but there has been strong support from the local health community, the Leicester Warwick Medical Schools themselves and De Montfort University. Groups of Nursing, Medical and Social Work students have been learning together in the community since 1998. Further shared learning in the community and clinical settings such as training labs attached to UHL teaching hospitals will follow.

Shared learning at Leicester takes the form of learning by 'doing' together, which Professor Petersen feels is more effective than simply learning together in the more passive background of a lecture theatre. Dr Anderson's brief will be to develop current learning opportunities for pre-qualifying health and social care students in the community and to adapt the concept to clinical settings. Further learning opportunities for post qualified staff and continuous professional development are also planned.

Later, once the Medical School has moved to the Leicester General Hospital, training wards will be set up, run by multidisciplinary groups of students – under supervision. The wards will, Professor Petersen says, be



Social work and nursing students working together with a tutor on the community multi-agency course

“microcosms of a hospital within a hospital. All categories of students and staff will come into that training area to simulate the jobs they do, either with real patients or through role play. The primary function will be education and training.”

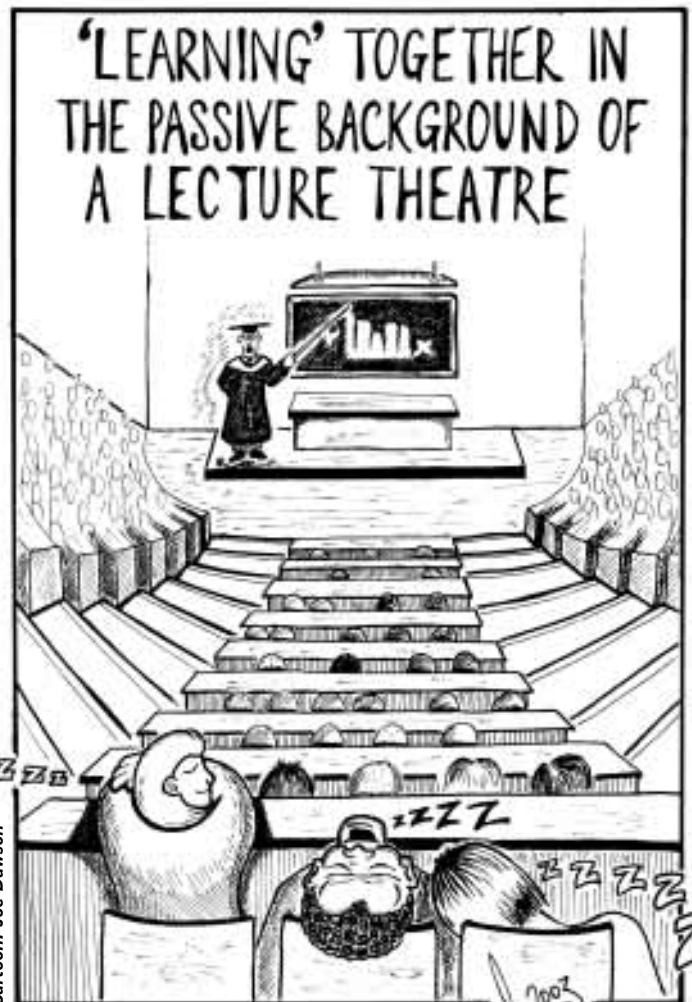
“As well as enhancing student learning these initiatives offer tremendous career opportunities for front line staff, in this case ward staff,” Liz Anderson said. “Both academic and experienced clinical staff will work together to enable realistic experiential learning opportunities. Nurses who have already played a central role in community inter-professional learning are realising career opportunities to extend their roles and advance their career progression combining clinical work with education.”

The benefits of shared education are self-evident. Medical and support staff have to work together once they are qualified, while at the same time relations within teams are blurring. It is important for staff to have a clear idea of what everybody else does and to respect their own roles. The earlier they learn this the easier it is to integrate later.

Evaluations in Leicester to date have been very positive, students agree that it helps them to understand their own role as well as other people's.

“Ultimately it will improve patient care,” Liz Anderson concluded. “Greater appreciation of team working will accelerate the development of shared records and faster appropriate

referrals. In team working professionals place the patient in a central role moving away from the traditional segmented approach where the patient does not feel in control.”



Cartoon: Joe Dawson



(Main) Dr Alan Sagar outside Pilgrim Hospital



History, seaside and a warm welcome at Boston

► Pilgrim Hospital, newly built in 1979 and now part of United Lincolnshire Hospitals Trust, is a large district general hospital with approximately 650 acute beds. It serves a population of up to 400,000 in the summer, taking in the holiday resorts of Skegness, Spalding and towards Sleaford and Horncastle.

The hospital offers an excellent opportunity for students to experience a variety of clinical areas and enjoy a closer contact with a consultant and his team than may be experienced in some larger centres.

There is a well stocked library accessible 24 hours a day, including a computer room with facilities to study privately as well as a 9 to 5 room where you can write your portfolio on a computer with colour printer and internet access.

We also have a separate undergraduate library which is well stocked and exclusively for the use of medical students. There are extensive educational programmes to which you are invited, on top of the twice weekly tutorial with the PRHOs.

We have a modern lecture theatre and an additional teaching room equipped to lecture theatre standards with multimedia projectors and teleconferencing and three additional smaller areas. We shall be building a new accommodation block for undergraduates, but until I'm able to achieve this I apologise for living quarters which may not live up to your expectations.

It is important to take advantage of a rotation such as this to discover a new area of the country. Boston is a historic market town, has a thriving port, the largest parish church in England, a theatre, music centre, multiplex cinema and leisure centre. Its Guild Hall still has the original cells in which the Pilgrim Fathers were kept before finally escaping to America via Plymouth. A major new shopping centre is at present under construction, and Boston is served by a railway station and bus services.

If you wish to visit the seaside Skegness is 30 minutes away. The area's past can be seen in a number of interesting historical

features, including windmills, while the Battle of Britain flight is worth a visit at RAF Coningsby. Our traditional brewery, Batemans, winner at the CAMRA beer festival more than once, offers tours. Tattershall Castle and the countryside which inspired D H Lawrence and Tennyson are close-by.

We try to make your stay here as welcome as possible. I work with Mrs Lynda Davis, who is both

Centre Manager and Undergraduate Co-ordinator and is assisted by a secretariat. We are all keen to help and support you during your time here and I am always available for confidential chats, and wish your stay to be productive and happy. ☺

*Dr Alan Sagar,
Associate Director of Clinical
Studies, Leicester Warwick
Medical Schools Consultant
Anaesthetist & Clinical Tutor*

The hospital offers an excellent opportunity for students to experience a variety of clinical areas

Pilgrim Hospital offers students experience in the following:

- Accident & Emergency
- Anaesthetics including Pain Management and Intensive Care
- Elderly Care
- ENT
- General Medicine including Endocrinology, Respiratory, Cardiology & Neurology
- General Surgery (including breast surgery)
- Haematology
- Obstetrics & Gynaecology
- Oncology
- Ophthalmology
- Orthopaedics
- Paediatrics
- Radiology
- Urology



Fulfilling an Ambition

▶ Leicester student Stuart Maitland Knibb provided the cover story for the publication NHS Careers recently. Stuart did not take the traditional path into medicine, having left school at 16 and worked in retail and print management for a time. But after a spell as a nurse for people with learning disabilities he decided that what he really wanted to be was a doctor. Timing wasn't great. He and his wife were expecting their first child, so Stuart felt he needed to carry on working as a nurse part-time and also took an Access to Medicine course at Kings Lynn, which kept him away from home during the week, but it got him a place at the Leicester Medical School.

For full story see the University of Leicester eBulletin at: <http://www.le.ac.uk/press/ebulletin/index.html>

MedSIN Unireps Workshop

▶ The first weekend in February saw the annual MedSIN Unireps Workshops, this year opened by Dr David Heney, Phase 2 Co-ordinator, Medical Education, at the University of Leicester.

A spirit of lively enthusiasm prevailed, as over two days participants, under the expert guidance of Master of Ceremonies Baljit Phul from Cardiff, discussed, listened and brainstormed on topics as diverse as the history and structure of MedSIN, the role of Unireps, planning for sustainability, water talk, branch problems, team building, fundraising, exchanges, conflict prevention and Sexpression.

Katy Snook, outgoing President, Leicester MedSIN, commented:

“Dr Heney gave an excellent start to the second National MedSIN training weekend, held here in Leicester. Over sixty MedSIN “unireps” from 14 medical schools took part in the weekend, which involved some excellent training sessions and the odd game involving water and buckets.

“Everyone seemed really interested to find out how they can run the new Water campaign that MedSIN is doing with Wateraid. However, despite all the good learning that went on over the two days, it will probably be remembered for the rather lovely meal and music that provided the Saturday evening social. Thanks to all the Leicester team who did such a great job as hosts.”



MedSIN at Warwick

▶ The Medical Student International Network (MedSIN) and its international parent organisation (IFMSA) represent 1.5 million medical students worldwide, a number recently increased by the formation of a branch in Warwick.

MedSIN provides medical students with opportunities to involve themselves in community projects, both locally and internationally, and to raise public awareness on issues affecting the more

vulnerable members of our society, including refugees and homeless people.

The Warwick group is involved in a variety of initiatives, including: **Marrow** – a national project which gives every university student the opportunity to join the Anthony Nolan bone marrow register. The first clinic on the Warwick campus will be run shortly.

Sexpression – also a national initiative, in which medical students

design and teach part of the sexual health curriculum in schools. Successful models exist in several UK medical schools and Warwick hopes to be teaching in the Autumn term of 2003.

Solace – a Leamington-based charity running a night-time help line for people with mental health problems.

Water – Half the world's hospital beds are occupied by people with water-related diseases, and the

number of people who die every day as a result of not having access to fresh water would fill 20 jumbo jets. Following its successful national HIV/AIDS campaign, this year MedSIN is about to launch a campaign for access to fresh water.

If you would like to know more about any of MedSIN Warwick's activities please email warwick@medsin.org.

Ben Lawton,
National Vice President



► “Oh no, not you again!” “What? You do this at the weekend as well?” These are the kind of comments that greet me at work. I force a tired smile and pull the tourniquet a little too tightly round the patient’s arm.

I work as a phlebotomist at the weekends – or vampire, Dracula and blood sucker, as I am more commonly known. Yet I decide to haul myself out of bed at ridiculous hours on Saturday and Sunday mornings in the name of improving my clinical skills, whilst earning a few extra pennies.

When I embarked on my first weekend at work, my trepidation must have been apparent, as I nervously wielded a needle, desperately searching for any hint of a vein in a patient who seemed to have IV lines everywhere. These feelings were heightened by comments such as: “The girl who came to take my blood yesterday had to try nine times, you know.” I felt my hands tremble as I advanced the needle, the stern-faced nurse watching my every move as she casually made the bed.

Success. Deep red blood came flowing back into the syringe and I felt my heart resume its normal rhythm. “Well done”, said the nurse, stern face melting into a smile. “I didn’t feel a thing, love,” the patient reassured me.

Working as a phlebotomist has definitely helped to improve my communication skills. I found patients often asking me questions that I was able to answer, using my knowledge as a medical student. Most patients were warm and friendly, and on quite a few occasions I was saddened to see the deterioration or passing away of patients with whom I had formed a rapport.

I have also come across my fair



Life as a Vampire

share of aggressive patients (and other health professionals for that matter.) Learning to negotiate is a skill which I am sure will be useful in my future career. I have come to realise that confidence is a huge factor in successfully taking blood, putting in venflons, or in any other practical skill in which we are expected to be competent when we qualify, but really have very little training for during medical school.

Most importantly, I have realised that a procedure which we, as doctors, consider simple and straightforward can, in fact, be very distressing for patients. There have been numerous occasions when the apparently “urgent” blood request has simply not been done because the phlebotomist

was unable to get the blood, and instead the easier route for over-worked junior doctors has been just to change the date on the form to the next day.

Some of the friendliest people I met were the domestic staff, who would offer me cups of tea.

I have come to realise that confidence is a huge factor in any practical skill in which we are expected to be competent when we qualify.

Doctors often completely ignored me, with not so much as a smile – until they found out I was a medical student. We must remember to value all members of the team, no matter how “ordinary” we consider their job.

If you were willing to give up your weekend lie-ins, I would definitely recommend this job to any medical student. With so much else to cram into a five-year curriculum, we get little enough training in this important skill.

Alternatively, hang around with

your friendly phlebotomist on the ward for a few mornings. They can extract blood from a stone, let alone veins which you never even knew existed. ☺

*Saroo Sharma,
5th Year*

LWMS Well Represented at National Competition

► On the 22nd of November four fifth-year students represented LWMS at the Royal Society of Medicine’s Student Competition. This annual competition attracted over 95 abstracts from students who had completed some form of research in their

previous academic year. From this number ten were selected for the poster competition and a further ten for the oral communication prize.

Leicester was well represented with Christia Perry selected for the poster prize and three

further students, Aqib Bhatti, Nashat Qamar and David Cundell, selected for the oral communication prize. Sadly none of the students were successful in winning the competition. However the number of Leicester students selected (four

out of 20) highlights the strength of the Intercollegiate BSc in producing publishable research in Leicester and hopefully further success in this competition will reinforce this. ☺

*Aqib Bhatti,
4th Year*



Scenes from LWMS Christmas Revue 2002



NEWS IN BRIEF

Staff Distinctions

► Congratulations to Professor Ian Lauder, Dean of IWMS, who has been appointed as an Academic Advisor to the Commonwealth Scholarship Commission; Professor Brughna (University of Leicester Department of Epidemiology and Public Health) who has been elected Secretary General of the International Federation of Psychiatric Epidemiology; and Dr Laurence Howard, Sub-Dean of IWMS, who has been appointed Chairman of the Central Council of Magistrates Courts Committees. Warwick diabetes lecturer Surinder Ghatoray was invited to a Downing Street reception in February in honour of her services to medicine.

Warwick researchers on mercy ferret run

► Two University of Warwick

Psychology researchers led a Christmas mercy mission to replace the last pet ferret in Cyprus. Drs June McNicholas and Glyn Collis have researched the relationship between owners and their pets for more than a decade. Part of that research has involved what happens following the death of a pet. When an English woman resident in Cyprus lost Giggles, her pet ferret, and there was no other to take its place the Warwick pair sprang to the rescue with two abandoned young ferrets.

Price of happiness

► Health was top of the list in new Warwick research putting a value on the causes of human happiness. Published in the International Journal of Epidemiology, the study conducted by Professor Andrew Oswald and Andrew Clark found that a major decline

in health equated to a loss of half a million a year. Marriage brings the same amount of happiness as £70,000 per year, widowhood causes unhappiness to the tune of £170,000 pa, and the gloom caused by separation amounts to £132,000.

One-Stop-Shop for biological terrorism

► The National Electronic Library for Health Emergency Care, based at the University of Warwick, has launched a web resource to provide access to information for emergency health staff in the event of a suspected terrorist attack involving chemical or biological agents. It includes sources of information on likely symptoms, treatments and wider public health responses. Further information is available from website: www.nelh-ec.warwick.ac.uk/delibrel.html.

University of Leicester honoured

► In November the University of Leicester heard that it was to receive the Queen's Anniversary Prize, the second time in a decade it has achieved this highest distinction. The award was made in recognition of its internationally acclaimed achievements in Genetics – the only genetics department in the UK to be awarded a 5-Star rating in the latest Government Research Assessment Exercise. Among the prestigious research carried out in the Department is that of Richard Trembath, Professor of Medical Genetics, whose significant progress in identifying the genetic structure of diseases has generated new ways of identifying people who are "at risk", as well as potential targets for therapeutic developments.

LWMS News:

Copy deadline for next edition of LWMS News – Thursday 1 May 2003.

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

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