

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

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Tribute to Mr I V Fussey PhD FRCS

Dr I V Fussey arrived in Leicester following his retirement in 1996 from a long and distinguished career as a Consultant Surgeon. From the moment he arrived it was clear that he was the right man to take over a crucial post in the Medical School that of most to staff, demonstrates an above all, students. He came from an academic background and was very proud of the work that led to the award of a PhD in 1972, nine years after a PhD in medicine. Both

Dr Fussey was an inspirational teacher, as illustrated by the fact that he talked to some of his students. Dr Fussey only taught me a couple of times but that was all that was needed to see what a great skill he had in teaching. He encouraged us to think for ourselves and work out the answer - to think logically and get it wrong was better than not attempting it at all. I was looking forward to more of his wisdom and encouragement, he was always so patient. Hubert Hunt, FRCS

I thought Mr Fussey was an excellent teacher and of how to dissect. Making me stay in the ward to explain the structure through who held scalpel met Pete Cran

Although we were very long he was a very heard.

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NEW VICE-DEAN AT WARWICK

► On 1 October 2003 Professor Yvonne Carter became the new Vice-Dean of the Warwick Medical School having been, she says, particularly attracted by the collaborative teaching and research opportunities offered by the federal structure of LWMS.

Within the Warwick Medical School, Professor Carter sees her role as to enable the School to achieve its three strategic objectives over the next five years:

- Independent degree awarding powers for the MB ChB programme in 2006
- Grade 5 or equivalent in the next Research Assessment Exercise
- Growth of the School's continuing professional development activities.

She commented: "Much of my first four months has been focused on getting to know the staff and students in the School, strengthening our partnership with neighbouring trusts, overseeing new academic and other key appointments, introducing a system of joint academic appraisal, and further developing the research strategy for the School. I have also been involved with colleagues at the Universities of Leicester and Coventry, in our successful national and regional bids to the NHSU.

"Prioritisation of time during

such a busy period at the School is a challenge for us all. The fantastic education facilities in the Clinical Sciences Building at the Walsgrave Hospital (part of the University Hospitals of Coventry and Warwickshire NHS Trust) opened at the end of last year. The research wing of the building is due to be opened very shortly and will provide state of the art laboratory accommodation for staff working in the trust, with strong links with colleagues in Biological Sciences at Warwick.

"We will also be moving the main Medical School offices to the newly refurbished Mathematics and Statistics Building on the Gibbet Hill site at the end of March, and have the challenge of co-ordinating the move as other colleagues from across the Divisions join us over the coming months. The current Medical School building will provide the focus for medical education to the graduate entry programme."

As if all this were not enough, Professor Carter is also a General Practitioner and Honorary Consultant in Primary Care at Coventry Primary Care Trust. More recently she became a Non-Executive Director at UHCW. She came to the Warwick Medical School from Barts and The London, Queen Mary's



School of Medicine and Dentistry, University of London, where she had been Professor of General Practice and Primary Care and Head of Department since 1996, and where, on her appointment, she was the youngest person in the country to hold a Chair in General Practice.

More recently, she has been Director of the Institute of Community Health Sciences at Queen Mary, and an Associate Dean for Research. She practised as a part-time GP Principal in Tower Hamlets, a very deprived urban area in east London. Between 1996-2000 she was Chairman of Research for the Royal College of General Practitioners and is currently an elected member of RCGP Council. In 2000 she received an OBE in the Queen's Birthday Honours List for services to health service research. ☺



New Editor for LWMS News

▶ Dr David Heney, who has been Editor of LWMS News since it began two years ago, has now stood down and the editorship has been taken up by Dr Laurence Howard, until recently Sub-Dean for the Leicester Medical School. Dr Heney put a great deal of time and effort into LWMS News and he leaves with our grateful thanks for all he achieved in launching the publication and making it a regular feature of LWMS life. 🍷

Educational Research Symposium

▶ The Warwick Medical School is to hold an Educational Research Symposium on Thursday 24 June 2004. This is the third in a series of symposia which has proved highly successful. Sessions have been aimed at all those involved in undergraduate medical education at Warwick, Leicester, Birmingham and Keele Medical Schools. Organisers are inviting short presentations on undergraduate medical research of 10-15 minutes, with further discussion time of 15 minutes. This represents an opportunity to learn about the curricula of the different medical schools and to plan collaborative research projects. To attend please email a.evans@warwick.ac.uk, or to offer a presentation email rodger.charlton@warwick.ac.uk. 🍷

Tribute to Mr I V Fussey PhD FRCS

▶ Ivor Fussey arrived in Leicester following his retirement in 1998 from a long and distinguished career as a Consultant Surgeon. From the moment he arrived it was clear that he was the right man to take over a crucial post in the Medical School: that of mentor to staff, demonstrators and, above all, students.

He came from an academic background and was very proud of the work that led to the award of a PhD in 1972, nine years after he graduated in medicine. Both degrees were awarded by Leeds University. His work on cardiovascular control mechanisms in the brain stem with Ron Linden and Cecil Kidd, was held in high regard and, even though he moved into surgery in Sheffield in the early 70s, he still retained his physiological interests and continued to work with Tim Scratcherd on abdominal vagal efferents until 1980.

It was at that stage that he decided that general surgery was his forte and he was appointed Consultant General Surgeon at Lincoln County Hospital, a post he held until 1996. He was a surgeon in the true sense, including urology.

In the words of the famous but anonymous reference, 'we were, indeed, lucky to get this man to work for us'. He was enthusiastic in everything that he did and students and staff alike admired him greatly. He was a stickler for standards, as anyone who had

Ivor Fussey was an inspirational teacher; as Parastou Alizadeh found out when she talked to some of his students:

Dr Fussey only taught me a couple of times but that was all that was needed to see what great skill he had in teaching. He encouraged us to think for ourselves and work out the answer - to think logically and get it wrong was better than not attempting it at all. I was looking forward to more of his wisdom and encouragement, he will be sorely missed.

K Lloyd, 2nd year

He was an inspiration to all aspiring surgeons and needless to say, fervent about teaching anatomy and the preclinical sciences. My condolences to Mr Fussey's family. He was a highly

respected member of the faculty and will always be remembered.

Hisbam Butt, final year

I thought Mr Fussey was an excellent teacher and explainer of how to dissect - despite making me stay behind to explain the structures I would cut through when my wrongly-held scalpel met my other hand!

Pete Cranefield, 5th year

Although we didn't know him for very long, our group felt that he was a very sincere and kind-hearted man, and we are regretful that we will not be able to get to know him better. I don't know how many people knew him, but those whom I've talked to have all commented that he was a great guy and that they liked him.

Jenna Deeming, 1st year

been involved with examining with him, will know. Although tough in this respect, he had a very soft spot for students and was always willing to help them overcome the difficulties they encountered.

Like many surgeons of his generation, he was non-conformist and idiosyncratic. His filing system was less than perfect, with notes and papers being relegated to piles on his table whilst important matters like food and tea were neatly stacked in cupboards. All those who came into contact with Ivor will

remember him as a warm and caring man. He was a great man in all respects and, like most great men, had no time for petty fogging bureaucracy.

His wide-ranging experience as physiologist and surgeon gave him the confidence to argue his case convincingly. As a source of information, his advice was second to none. We will, of course, mourn his passing but his legacy of providing students with what they needed to know, has already become part of this Medical School's ethos.

Dr Laurence Howard 🍷

STAFF DISTINCTIONS

▶ University of Leicester: Congratulations to **Professor Peter Farmer** (Biochemistry/Cancer Studies and Molecular Medicine), who has been recognised for his outstanding contribution to research and scientific excellence in chemical toxicology by the European Society of Toxicology (EUROTOX), and has also received a Royal Society of Chemistry award for the development of new analytical methods using bioanalytical

techniques. Congratulations also to **Professor Pat Heslop-Harrison** (Biology), who has been elected to the Board of the European Cytogenetics Association.; **Dr Diane Hudman** (Cell Physiology and Pharmacology) who has been awarded a British Heart Foundation Intermediate Fellowship for three years; to **Dr David Lambert** (Cancer Studies and Molecular Medicine/Cell Physiology and Pharmacology), who is the first non-clinician to be elected to an

eponymous Professorship of the Royal College of Anaesthetists (the Edmund Riding Professorship) for one year; to **Dr Robin Graham-Brown**, Consultant Dermatologist and Honorary Senior Lecturer, Department of Dermatology, Leicester Royal Infirmary, who has been elected President of the British Association of Dermatologists; to **Professor Nigel Scrutton** (Biochemistry), who has received the Royal Society of Chemistry award (the Charmian Medal) for his contribution to research in enzyme chem-

istry; and finally to **Professor Sir Alec Jeffreys** (Genetics) who has been awarded the Terence J Green Award by the International Homicide Forensic Association, the Carter Medal by the Clinical Genetics Society; the Howard Steel Medal by the British Orthopaedic Association; and the 2004 Louis Jeantet Prize for Medicine.

University of Warwick: Congratulations to **Dr Hilary Hearnshaw**, who has recently been appointed to the MRC Advisory Board (MAB). 🍷



► Most people presume that their treatment in an emergency resembles that given on Casualty or ER. But behind the excitement of TV drama is a real life where new treatments have to be researched and new ways of delivering emergency care need testing. There are only five academic centres of emergency medicine, so having two within LWMS means we are at the centre of this field of medicine.

Warwick Emergency Care and Rehabilitation (WECR) only started five years ago with the appointment of a single academic. It has now grown to be a major research group currently undertaking projects with a budget of over £2million, although with still only a small group of staff. Its impact is already considerable, with presentations of its work recently being given to the Department of Health and the Cabinet Office.

The group has three major areas of research interest – the delivery and organisation of emergency care, clinical effectiveness and informatics. The first stream is currently focusing on initiatives to reduce waits in accident and emergency departments, evaluation of walk-in centres and hospital reconfigurations. Links with Warwick Business School and Warwick Manufacturing Group have been particularly helpful in learning lessons from service and manufacturing industries that can be applied to the NHS. Other projects relate to new ways of working, including the use of social workers and of emergency care practitioners (paramedics and nurses with extra skills). This work has also led to the formation of the only MSc in emergency care in this country.

Our present clinical effective-



EMERGENCY CARE AT WARWICK

ness work, led by Professor Sallie Lamb, is focused around the treatment of soft tissue injuries, with two major randomised control trials of the treatment of severe ankle sprains and whiplash injuries. A close link is being formed with Birmingham Heartlands Hospital, where we are involved in an international study of the treatment of head injuries, as well as other clinical trials. Tim Coats has recently been appointed Professor of Emergency Medicine at Leicester. He has research interests in coagulation in trauma, pre-hospital care and helicopter retrieval systems, which will compliment the research interests at Warwick.

Warwick is the national co-ordination centre of the UK ambulance clinical guidelines project, which produces the guidelines used by every paramedic in the UK. These, as well as other guidelines and ideas for modernising

the NHS, are also available on the National Electronic Library for Health's emergency care specialist library, managed for the NHS information authority by WECR (it is available at www.nelh.nhs.uk/emergency). This project enables NHS staff to have instant access to information previously only available in a library or spread across the world wide web.

The group is already recognised in the international arena. It has advised several overseas governments on the provision of emergency healthcare and is currently inputting into two WHO projects. A new project establishing internationally accepted outcome measures for use in research on waits and overcrowding in emergency departments is underway. Warwick is well represented with several presentations at the next international conference of emergency

medicine in Australia.

Because of the limited number of centres undertaking this type of work, we are always keen to hear from any academics or students with an interest in this area, and they are welcome to attend any of our monthly seminars (details on our web page). If you would like to receive our newsletter then please contact us via our website.

So next time you go to an emergency department and do not have to wait too long, or get different treatment for your ankle sprain, that may be the result of the work of Warwick Emergency Care and Rehabilitation.

*Matthew Cooke
Co-Director of WECR
Reader in Emergency
Medicine, WMS.*

There is more information about WECR at www.emergencycare.org.uk

APPOINTMENT OF WARWICK PROFESSOR

► Professor Ed Peile joined the Warwick Medical School as Professor of Medical Education in January, coming from the University of Oxford where he was part-time Associate Director of Undergraduate Studies, with particular responsibilities for early clinical experience of Graduate-Entry Students and for Faculty Development. He was also part-time Associate Advisor in the Post-graduate Deanery at Oxford. His recent clinical background was in primary care, and he was Hon. Senior Clinical Lecturer in the Department of Primary Care at Oxford. Previously he has worked

in Paediatrics and in Renal Medicine, and now holds honorary appointments in Paediatrics at the University Hospital of Coventry and Warwick and in Community Child Health with Coventry PCT.

Professor Peile's research interests are in relating medical education processes to quality outcomes, and in researching effective interprofessional education. He is Medical Education Adviser to the Royal College of Paediatrics and Child Health, and has been extensively involved in revising the College's postgraduate assessments. ☎



Modernising Medical Careers and its Impact for Future Graduates



"The two-year competency-based programme with more robust teaching methods will lead to a better trained medical workforce."

► New developments are afoot, which Mr. D. P. S. Sandhu, Deputy Postgraduate Dean, feels will contribute more effectively to young doctors' personal development, and offer them more career choices.

He explained: "A great advance would be to give as many young doctors as possible experience of General Practice and laboratory-based specialties such as Microbiology and Chemical Pathology as well as Intensive Care. This two-year competency-based programme with more robust teaching methods, will lead to a better trained medical workforce."

Modernising Medical Careers

has other advantages:-

- a. a two-year Foundation Programme for newly qualified graduates
- b. seamless training leading to a Certificate of Completion of Training (CCT) in order to deliver future consultants in a much shorter period.
- c. Fellowship Programmes for consultants with a CCT who wish to super-specialise and obtain a CCST (Certification of Completion of Specialist Training).
- d. opportunities for non-consultant career grades and overseas doctors to enter into specialist and general practice training programmes.

Foundation Programmes

Foundation Programmes (FP) consist of one pre-registration year (FY1) and one post-registration year (FY2). These will allow the pluri-potential graduate to develop by exposure to a variety of specialties, as well as in General Practice, and enhance the quality of education in these early postgraduate years. Given that there is always a conflict between service and training, during this experiential learning there therefore needs to be a robust generic curriculum which offers the skills and opportunities for new graduates to develop.

The generic curriculum during these two formative years needs to address three important areas:

- a. Clinical Skills, e.g.
 - Identify acutely ill patients
 - Diagnostic and resuscitation skills
 - Good prescribing practice
 - Management of referrals
- b. Generic Skills, e.g.
 - Team working
 - Communication skills
 - Breaking bad news
 - Clinical governance
 - Evidence-based medicine
 - Audit
 - Work diversity
- c. Opportunities to experience other areas of medicine
 - General Practice
 - Laboratory specialties, for example Chem Path & Microbiology
 - Mental Health
 - Anaesthetics/ITU
 - Obstetrics & Gynaecology
 - Child Health

All new medical graduates will enrol into FP in 2005, and will, therefore, enter FY2 in 2006. We envisage that these two FY programmes will be offered in a form of matching scheme, without interview.

To implement this innovative change, the LNR Deanery is conducting two prototypes commencing in August 2004.

Prototype 1 – Foundation Year 1 & 2 (FY1 and FY2)

This is a two-year programme involving 29 doctors who would have graduated from the Leicester Warwick Medical Schools in the summer of 2004. FY 1 will be as per the current PRHO matching scheme, while FY 2 will be three sessions of four months offering a variety of specialties as outlined in table 1.

Prototype 2 – Foundation Year 2 (FY2)

This is a one-year programme which will be offered to LNR PRHOs who wish to gain experience of FY2 posts. Commencing in August 2004, it is into these posts that graduates from prototype 1 will rotate in 2005. Information about entering this programme has been circulated to all PRHOs in the current matching scheme who qualified in the summer of 2003.

For further information please contact:-

Dr. D. Gallen, Postgraduate Dean, or Mr. D. P. S. Sandhu, Deputy Postgraduate Dean
Email:

Mary.Hoyes@lnrdeanery.nbs.uk

FOUNDATION YEAR 2 PROTOTYPE		
Trust	Specialty	No. of posts committed
University Hospitals of Leicester	Paediatrics	2
	A&E	4
	Anaesthetics/ITU	1
	Microbiology	1
	Chemical Pathology	1
	Obstetrics & Gynaecology	1
	Academic Medicine	2
Kettering General Hospital	Medicine (Emergency Medical Unit – 2)	4
	Gastroenterology – 1	
	Cardiology – 1)	2
	Accident & Emergency	1
	Paediatrics	1
Northampton General Hospital	Anaesthetics/ITU	1
	Orthopaedics	1
General Practice	General Practice	8
TOTAL		29 Posts



Klinicni Centre, the main hospital in Ljubljana

► The IFMSA (International Federation of Medical Students' Associations) includes 68 countries around the world and last year over 6000 exchanges of medical students occurred between them.

The aim of the exchanges is to promote international understanding and co-operation among medical students. All medical students in the U.K. are a part of

This means that for which medical school you visit in another country, someone literally swaps places with you; lives in your house and takes your place on a clinical attachment with your clinical partner.

What is important to emphasise here is that this is not an excuse for a second elective. This is a unique opportunity for both

Surgery, knowing that I wouldn't have either of these subjects before finals.

Slovenia is a small country and its medical system is actually based on a British model of health care with a free for all policy. The capital Ljubljana has the only medical school and the largest hospital, so they see some very rare cases and procedures that I

IFMSA INTERNATIONAL EXCHANGES PROJECT THROUGH MEDSIN LEICESTER

this international organisation through MedSIN (Medical Students International Network) and this year three Leicester students: Elizabeth Jenkins, Becky Smith and myself, participated in this international exchange programme, spending a month studying medicine in another country.

Two years ago Becky and I established the project in Leicester after attending the annual MedSIN conference in Cambridge. We went to a workshop on how to set up the international exchanges in our medical school and left determined to bring the project to Leicester. Within 6 months we had started the project with full backing of the medical school and participated in 3 exchanges that summer and another 3 this year.

The exchanges are bilateral.

outgoing and incoming students to spend time as part of a medical school in another country, live alongside medical students from the host country, experience their medical education and learn about the health care system – there's no slacking off, you're expected to participate as much as the host students!

To find out more: www.ifmsa.org and click on exchanges or email us on leo_leicester@hotmail.com

Here are a few examples of the experiences of some of this year's exchange students...

Leicester to Ljubljana, Slovenia

When I got my place through to Slovenia, I admit, I knew little about the country, never mind its health care provision, but I opted to study Neurology and Neuro-

doubt I would have come across in Leicester.

Initially I thought that the language barriers would prove difficult with my virtual lack of Slovene. Admittedly few of the patients spoke English thereby limiting the amount of history taking, but the staff were extremely friendly and spoke excellent English, happily undertaking all their ward rounds, case conferences and patient reviews in English. Some even acted as interpreters enabling me to take full histories.

The Slovenian students themselves are also mainly educated in English and I was surprised to find that all of my Slovenian housemates' medical text books were the same as mine – Kumar and Clark, Guyton and even the Crash Courses.

Continued on next page

CLINICAL CONSULTATION RESEARCH & DEVELOPMENT UNIT INAUGURAL SYMPOSIUM

► The Chief Medical Office, Sir Liam Donaldson, formally marked the establishment of the Clinical Consultation Research & Development Unit during its opening symposium in January. The Unit aims to build upon the historic strengths in consultation in Leicestershire and to strengthen collaborations between groups currently working in the University of Leicester Medical School, University Hospitals of Leicester NHS Trust and the Leicestershire, Northamptonshire & Rutland Postgraduate Deanery, and to establish Leicestershire as a centre of international excellence in research and development in consultation. The symposium highlighted the importance of the consultation and consultation skills in healthcare, the challenge of enhancing the consultation skills of all healthcare workers and helped to build relationships and networks which would enable high quality research and development in the future. Website www.le.ac.uk/press/press/05

GENIUS STUDENTS MOVE INTO UNCHARTERED WATERS

► Gifted students moved into uncharted waters as they researched the history of medicine and how perceptions of water have changed through the ages, as part of an outreach event in February, organised by the National Academy of Gifted and Talented Youth (NAGTY), based at the University of Warwick. By focusing on the detective work of 19th-century doctors, particularly Dr John Snow, students examined how a link was established between water supply and the spread of cholera, as well as the reforms that finally made the water supply safe. Website www.newsandevents.warwick.ac.uk



NHSU Partners

▶ The Universities of Warwick and Leicester are both to be involved in NSHU, the new "corporate university" for the NHS. Warwick is to be principal national academic partner in a consortium that also includes the University of Leicester and Coventry University. The role of this national collaboration is to help shape and support the academic programmes and processes of NHSU and aid the progression towards its goal of achieving full university title. For more details see websites: www.newsandevents.warwick.ac.uk and www.le.ac.uk/press/

CALL FOR VOLUNTEERS TO HELP COMBAT 'BIRD FLU'

▶ As Asia is grappling with an outbreak of 'bird flu' that has jumped to man, Karl Nicholson, Professor of Infectious Diseases at the University of Leicester and the Leicester Royal Infirmary, is seeking local volunteers to help test vaccines against this disease. The work in Leicester is sponsored by the Department of Health, and is being carried out with the Health Protection Agency, the National Institute for Biological Standards and Control, and international vaccine manufacturers. Professor Nicholson commented: "We have no vaccines against the new H5 variant of bird flu yet, and won't have one for several more months at least. We need volunteers to test a vaccine against H9 bird flu, which like H5 has jumped from birds into man in the Far East. We did a small trial with H9 vaccines at the Leicester Royal Infirmary and the results were published in *The Lancet* before Christmas, but we need another 600 volunteers to test more vaccine formulations to see which is the best." People wishing to find out more about this study with a view to taking part can contact Professor Nicholson through Sheila Hewitt at the University of Leicester Department of Infection, Immunity, and Inflammation, tel 0116 252 2951

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Of course this was also a 'cultural' exchange. I lived with a Slovenian student called Ana and there were 15 other medical students from around the world also participating on exchanges in Ljubljana. This provided an extremely active social programme within our international community. There were many weekend trips to other areas of Slovenia; white water rafting and hiking in the Julian Alps, to the city of Piran on Slovenia's coastline, to the famous Skocjan

Caves and even to Venice.

All in all I had a wonderful time and hope to return to Slovenia soon. I was made to feel a part of their medical school and felt as though I left with a good understanding of their medical system, how they are educated and a grasp of their culture, as well making some really good friends.

Ruth Pearson:

Poprad, Slovakia, to Leicester - Monika Kopusakova

Monika was from a small city in Slovakia and was really excited

about coming to study in England. This was the first time that anyone from Slovakia had participated in a student exchange here and she felt very lucky to have got the place. She was a bilateral exchange with Lizzy Jenkins who was studying Surgery in Burton. So Monika and Lizzy swapped places, with Monika living in Lizzy's rooms in Burton during the week and Leicester at weekends.

The clinical experience in the medical schools in Slovakia is much less hands on and Monika was thrilled to not only watch surgery but to scrub up and assist as well, spending more time than her clinical partner in the hospital. The students involved in the exchanges project also provided an active social programme for Monika, taking her to Nottingham, Rutland Water, Northampton and even the Loaded Dog! Some of us may be surprised that a foreign student could have so much fun in Leicester, but Monika really enjoyed herself and is currently applying through the exchange programme again to return here next year.



Monika's Farewell meal after her month in Leicester

EAR PRINT IDENTIFICATION - NEW BREAKTHROUGH

▶ Experts at the University of Leicester working with a Northampton company have made a breakthrough in developing a computerised system for ear image and ear print identification, for use by police agencies, immigration and intelligence services.

The University Forensic Pathology Unit, in conjunction with K9 Forensic Services Limited, Northampton, England, have developed what they believe to be the first computerised system for ear image and ear print identification. This system works on whole or partial ear images and whole or partial ear prints. The state of its present development was presented by members of the University's Forensic Pathology Unit, Professor Guy Rutty and Dr Ben Swift, at a meeting of the American Academy of Forensic Sciences in Dallas.

Fighting MRSA Bacteria in Hospitals by Flooding Hospitals with Viruses

▶ Researchers at the University of Warwick are proposing to combat the problem of the so-called super bug MRSA Bacteria contamination in hospitals by filling hospitals with viruses. The virus they have in mind, however, is a "bacteriophage" that specifically targets and kills bacteria. Warwick researchers have developed techniques to identify Lysogenic Phages, and they can then mutate them into a new form capable of infecting and killing the appropriate bacterium. Website www.newsandevents.warwick.ac.uk



Joe Dawson ©



► Rostock is a very pretty coastal town with its tranquil monastery gardens, elaborate clock tower and uneven cobbled streets winding down to the windy harbour. It nestles in the North-East of Germany on the Baltic Sea, in a region that was formerly part of the DDR, whose influence

centre of Rostock and is the oldest in Northern Europe, dating back to 1419.

My placement was based at the nearby hospital, in the Department of Paediatrics or “Kinder Klinik”. It was an impressively grand building with marble staircases and mahogany banisters

headache at the end of the day.

I was placed with Professor Kienast in Paediatric Cardiology and Professor Walden in General Paediatrics, both of whom were very enthusiastic, patient and English speaking. By the end of my four weeks I was finally able to hear diastolic murmurs, could

in Denmark. I was lucky enough to get out on the water with the university sailing club and take part in the annual “Hanse Sail” festival, where hundreds of traditional, wooden boats descend on Rostock for racing and cruises. The whole experience was thoroughly recommendable and through it I have seen interesting medicine, improved my German and made some great international friends.

Rebecca Smith

EXCHANGE TO ROSTOCK, GERMANY AUGUST 2003

remains strongly present.

I had never previously visited this area and assumed it would be much like the cities I had been to in the past in the former Western Germany. Therefore the abundance of middle-aged and elderly Germans whose second language was Russian and not English came as quite a shock. Not quite as big a shock as my first visit to the beach where I discovered that in the former DDR it had been quite normal to go nude on the beach, and this pastime did not seem to have changed!

The University of Rostock is a splendid, beautiful building in the

and it felt as if suits of armour would fill the corridors more appropriately than doctors and students in white scrubs.

The layout of wards was very different from that of the bustling, busy bays back at the Leicester Royal Infirmary. There were only two patients to a room, with their own TV and balcony overlooking the gardens. The ward corridor was brightly painted with rainbows, and the communal playroom was fantastic. I thought I had stumbled into the private hospital by mistake. What struck me most was how quiet the ward was and the lack of a thumping

understand how to interpret echocardiograms and had assisted in the English translation of the department’s most recent publication.

On the social side, I was one of about 15 European exchange students at the hottest time of year in a coastal town. Needless to say there were many trips to the beach - beach bar-B-Qs, beach parties...in fact, just about everything centred around the beach.

The German medical students were incredibly hospitable and keen to show us their beautiful country. Weekend trips included Hamburg and even Copenhagen

CALL FOR SUGGESTIONS

The ACUTE (Acute Care Undergraduate TEaching) initiative is aiming to develop recommendations for an undergraduate curriculum in the care of the acutely ill and arrested patient. The project has the formal support of the Resuscitation Council (UK) and Intercollegiate Board for Training in Intensive Care Medicine.

Project members are seeking contributions from doctors and nurses about competencies that they would like to see represented in the curriculum. Suggestions (such as knowledge, attitudes or skills) should be submitted to the study website at <http://www.resus.org.uk/acute/welcome.htm>.

Your individual contributions to this project are crucial to its success. Completing the survey form will take approximately 2-3 minutes, and your time would be greatly appreciated.

Gavin Perkins, Julian Bion
On behalf of the ACUTE Initiative Steering Group



Standing (from L), Sohail Khan, Torny Poolman, Russell O'Brien, Paulene Quinn, Sonja Jennings. Seated (from L), Prof. Leong Ng, Dr. Iain Squire, Dr. Joan Davies.

New Breakthrough in Understanding of Blood Vessel Inflammation

► Medical scientists at the University of Leicester have announced a breakthrough in their understanding of blood vessel inflammation - a serious condition that underlies health problems like organ failure in sepsis, the ability to recover from burns, and transplant rejection. The team in the Department of Cardiovascular Sciences at the University of Leicester announced the new development in the December issue of the medical journal *Blood*. Funded by the Wellcome Trust and led by Dr Nick Brindle, senior lecturer, the team was responsible for discovering a new protein three years ago - but have only now been able to establish the new mechanism by which blood vessel inflammation is controlled. Dr Brindle said: "The protein is called ABIN-2 and it appears to suppress expression of inflammatory genes in vascular cells and block inflammation in blood vessels." Website www.le.ac.uk/press/press/

Best of Both Worlds

► An agreement with a well-known international diagnostics company has led to the largest up-front payment the University of Leicester has ever received for a licence deal. As a demonstration of the mutual advantages a commercial collaboration can bring to academic research, Professor Leong Ng's work in the area of diagnosis and prognosis in heart disease and the Department of Cardiovascular Sciences will benefit in two ways:

- The University's Research and Business Development Office has licensed to the company three patents based on Professor Ng's ideas, in return for payment of £90,000 plus future payments as products are developed and marketed.
- In addition, the company is funding a £150,000 research programme in Professor Ng's laboratory to further his academic research in the same field.

Highlights of the IFSMA student exchanges



Ljubljana Castle with Ruth, Theresa (German Exchange Student) and Clara (Spanish Exchange Student)



Ljubljana City Centre: Dragon Bridge and the Cathedral

Benefits and Harms of HRT

► Women free of menopausal symptoms should not use HRT, but those with symptoms on average benefit from HRT, according to a recent study in the *BMJ*. Researchers at the University of Leicester carried out a clinical decision analysis on the benefits and harms of HRT, based on the best currently available evidence. The study population was white women in the United Kingdom, aged 50, with or without menopausal symptoms, who had used combined HRT for five years. In women free of menopausal symptoms, their analysis showed a net harm associated with HRT use, which increased with increasing risk of breast cancer. However, it showed HRT to be on average beneficial in women with menopausal symptoms, with benefit decreasing with increasing risk of breast cancer. These results agree with the recommendations of the UK Medicines and Healthcare Products Regulatory Agency, say the authors. However, overall benefits depend highly on the severity of symptoms and the associated effect on quality of life. As such, they suggest that a clinical decision analysis tailored to an individual woman is more appropriate in clinical practice than a population based approach. Website www.le.ac.uk/press/press/

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