

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

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(left to right) Anna Joseph, Professor Yvonne Carter, Matthew O'Connor, Sally Edwards

## FIRST LWMS GRADUATION AT WARWICK

► Monday 12 July was a landmark occasion for the Leicester Warwick Medical Schools, when our first cohort of students graduated at the University of Warwick, providing a perfect opportunity to recognise the students' achievements and celebrate our collaboration.

Our partnership in medical education brought the first 113 medical students to the University of Warwick in September 2000, to embark on a new, four-year graduate entry programme. There are now some 500 medical students based at Warwick and the intake is expected to grow to approximately 650 in coming years.

Professor Ian Lauder, Dean of the Leicester Warwick Medical Schools, said: "The graduation of

our first Warwick-based students is a proud day for us all. We wish them all future success in their careers, confident that these new doctors will have a great impact on the health, and healthcare, of countless patients."

Sir Nicholas Scheele, Warwick's Chancellor, officiated at the ceremony, which was attended by Professor Robert Burgess, Vice-Chancellor of Leicester, and Professor David VandeLinde, Vice-Chancellor of Warwick.

Mr Matthew O'Connor, from Whitnash in Warwickshire, was also there to present an "Outstanding Contribution to the Community" award, along with a prize of £100, to the two graduates who saved his life in April. (See the full story on page 6)

For the first time at a University of Warwick degree congregation, the Oath of Geneva was taken by the medical graduands, led by Tosan Okoro. This Oath, adopted by the World Medical Association at Geneva in 1948, is a declaration of the physician's dedication to the humanitarian goals of medicine. It is an updated version of the Hippocratic Oath, more suited to modern times.

What now lies ahead for the graduates is a further year's training, to enable them to register with the General Medical Council. They can then move into their specialist fields, which could range from joining the NHS as a surgeon, psychiatrist or GP to becoming a researcher, pathologist or army doctor. 📄



► Professor Stewart Petersen (centre), Head of the Department of Medical and Social Care Education, taking an active part in the turf turning ceremony for new students' accommodation at Northampton. 

## SPIRITUALITY AND MEDICINE: THE PATIENT AS A WHOLE PERSON

► There has been growing debate on the interface between spirituality and medicine, with an increasing output of literature indicating that spirituality can play a valuable part in the way doctors treat patients.

At the Warwick Medical School, Chaplain Mark Bratton responded to this with a module entitled "Spirituality and Medicine: the patient as a whole person".

The aim of the module was to enable students to:

- distinguish spirituality from religion
- describe the views on the body and death within at least one major world religion
- discern the relationship between spirituality and a holistic understanding of the human person
- discuss the relationship between spirituality and health
- be alert to the spirituality of the patient and its relevance to the doctor-patient relationship.

Mark Bratton explained: "The current concern is a view that the patient should be seen as a whole person and not just an object of scientific interest. Given that context, my colleagues, Dr Sue Chetwynd, Revd Jenny Dyer and I put a module together in response to those issues.

"We ran the first course at three weeks' notice and even so attracted seven students. They came from very different religious backgrounds (Christian, Muslim and Hindu) and were very attentive and engaging. As tutors, we learned an enormous amount from them, and the module prompted heated debates." 



# JAMES SELICKS SPECIAL PROJECTS

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# New Treatments for Eating Disorders

▶ A team based in the Department of Health Sciences (Division of Psychiatry) is conducting a major randomised controlled trial of psychological treatment for eating disorders, one of the largest ever trials of any psychological treatment.

Psychiatrist Dr Bob Palmer and his colleagues are comparing two new versions of cognitive behavioural therapy (CBT). The work, funded by a programme grant from the Wellcome Trust, is a joint project with the Department of Psychiatry at Oxford University, where the treatments have been developed by Professor Christopher Fairburn and Dr Zafra Cooper.

This two-centre study breaks new ground in a number of ways. Firstly, the treatments are novel and promise to be more effective than standard treatments.

Secondly, the recruitment of patients is aimed to be as wide and unselective as possible so as to avoid the criticism that research trials tend to select only "special" or "easy" patients. With few exceptions, if a patient referred to the Eating Disorders Service based at the Brandon Unit, Leicester General Hospital, is confirmed as having an eating disorder, comes from a defined catchment area which the team calls "Wellcomeshire" and consents to take part, then they are in the trial.

And thirdly, the trial is the first to include not only people with anorexia nervosa (AN) and bulimia nervosa (BN) but also the many patients who present with severe eating disorders that do not precisely fit either diagnosis. These people are often described as having "atypical" disorders but the term is questionable since together they are numerous and not at all unusual. Furthermore, their disorders may be just as severe and serious as those that do neatly fit the full criteria. However, such cases have almost always been excluded from previous treatment research.



People who suffer from either of the two main eating disorders – AN and BN – tend to worry to an unusual degree about weight, shape and eating. Ideas about weight and eating control seem to become tangled up with wider personal issues such as what they feel about themselves, what they think others think of them and so on. They usually try to control themselves and restrain their eating but the attempt at control itself gets out of control.

AN sufferers "succeed" but the control in eating restraint goes way too far and they find themselves at an abnormally low weight – sometimes dangerously so. People with BN "fail" in their efforts at restraint and break out into binge eating and may then desperately try to compensate for this by inducing vomiting or taking large quantities of laxatives. Those with "atypical" eating disorders usually share many of these features but have them in different combinations.

The clinical eating disorders as a group have one of the highest mortalities of any psychiatric category. They can be long lasting and life blighting. However, too often

they are thought of by the general public and sometimes even by health care professionals either as trivial and perhaps glamorous or as rare and extraordinary.

The Leicester team is keen to correct these misconceptions and to portray eating disorders as important, serious and ordinary – and treatable. Getting better and escaping from an eating disorder is a demanding and active business but if sufferers can apply resolve and determination, modern treatments can provide reliable ladders that they use to climb back to health and a life worth living.

The research at the Leicester General Hospital aims to answer important questions about just

how effective the newest treatments are and how they work. The project is more than half completed but it will be a couple more years before the results will be available.

Sadly, every year a number of students suffer from eating disorders. If you feel you have a problem yourself, or suspect a friend may have an eating disorder please contact Christina Oppenheimer, Student Support Officer, Leicester Medical School. tel: 252 2964, or University of Warwick Counselling Service, tel: 024 7652 3761 (23761 internally), <http://www.warwick.ac.uk/services/tutors/counselling>. Your enquiry will be treated in confidence. 

## Professor William (Bill) Cramond, OBE

We have learnt with regret of the death of Professor Bill Cramond, who died on 7 June 2004. Professor Cramond was the University of Leicester's first Dean of the Faculty of Medicine and Professor of Mental Health from 1972-1975. He left the University to become Principal and Vice-Chancellor of Stirling University from 1975-80. He had previously worked in Australia and returned there to become Director of Mental Health Services in New South Wales, from 1980-83. Following that he became Clinical Professor of Psychiatry at Sydney University, 1980-83, then Flinders University 1983-92. Professor Cramond continued to live in Australia until his death.



Medical student & tutor

## HEALTH SCIENCE GRADUATES REACH FIRST MILESTONE

By Professor Stewart Petersen, Head of Department of Medical and Social Care Education

► Last September Leicester Medical School began a new course designed specifically for health professional graduates, enabling them to qualify as doctors in four years rather than the usual five.

The first group of 64 students included many nurses from a variety of backgrounds, most very experienced practitioners, a large group of physiotherapists, and a variety of other professionals including speech and language therapists and psychologists.

The course is based on the standard five-year Leicester course, which is divided into two phases, each five semesters long. In the accelerated course for Health Science Graduates, the second, wholly clinical, phase is exactly the same, but the first phase is

shortened from five to three semesters, by removing some optional elements, and taking more modules in each semester. In most cases the modules are the same as those in the five-year course, and the students join the appropriate five-year group to learn alongside school leavers and others on that course. This brings great benefits to both groups.

In the first semester the Health Science Graduates study mostly basic cell biology, including modules in Biological Molecules, Metabolism, Genes & Inherited Disease and Tissues of the Body. They also, however, study Health and Disease in Populations, and take an innovative, community-based course, where they interview patients at home, and learn through case studies

about the broader context of Health & Social Care. They also enhance their clinical skills by working with simulated patients and volunteers.

Once into semester two, the clinical work continues with attachments to local hospitals, alongside modules in Mechanisms of Disease, the Cardiovascular, Musculoskeletal and Reproductive Systems, Membranes and Receptors, and Health & Disease in Society. Throughout the course the students take essentially the same assessments as the five-year students, so we can be sure of the comparability of standards between the curricula.

The density of the course and the varied backgrounds of entrants make it very demanding indeed, particularly

for people entering later in their careers, whose domestic responsibilities are often greater. The 2003 cohort have risen magnificently to this challenge. Despite limited backgrounds in chemistry and biology, with hard work and the support of staff they have coped excellently with demanding modules in cell biology, and often performed better than school leaver entrants. The overall success rate is very high, and many students have achieved excellent results.

The background and experience of those who have worked at the cutting edge of clinical service before coming to medical school is proving an invaluable resource to all, and it is an exciting challenge to staff to work with such demanding and hungry learners.

Inevitably, many lessons have been learned which we hope will make things better for the new group of students. There is a short pre-session course in basic biology and chemistry for those whose background is limited or not recent; to bring them up to speed. We have looked carefully at timetables to try and reduce congestion and create more time for reflection and private study, and we have reviewed support mechanisms to help students cope better.

In a few short months the first intake will move into full-time clinical education. This will take most back into the environment where they have worked for many years. The change of role from experienced practitioner to student will be an interesting experience for many, but we expect them to flourish and proceed smoothly towards graduation.

By 2007 the first new doctors will move into post-graduate training, and continue to break down the barriers between health professions, so that all will work more effectively in teams to improve the care of patients. ☺



## LEICESTERSHIRE, LEICESTER & RUTLAND HEADWAY



*Narinder Kaur grouting mosaics at Headway, one of the activities assisted by a student volunteer*

► In September 1990, Headway Leicester opened its activity day centre in two semi-detached houses near to the General Hospital for two and a half days each week. Barely equipped, it was run on a shoe string by one half-time member of staff with volunteers.

Since then, facilities and staff resources have improved beyond recognition and the organisation has become a charitable company. The centre is now open five days each week to 45 members attending one or two days and less dependant members calling in during the afternoons for continuing support. In addition, some 75 people are supported in their own communities by outreach staff.

Those who attend are aged from 18-65, and many were involved in a road traffic acci-

dent, while others have had a brain haemorrhage, tumour, illness or an assault. They have a range of cognitive impairments, including physical and sensory difficulties, emotional and behavioural problems, loss of confidence, a grieving for lost abilities, frequently diminished motivation and little hope for the future.

With time and space in a non-threatening environment they can adjust, re-learn old skills and acquire new ones. Carers and relatives also need advice and continuing support.

Headway volunteers do not need any special skills, except an open mind in assisting members to pursue their activities, the facility to be good communicators and good listeners, patience and adaptability and a liking for people. Enthusiasm and a sense of humour also help.

Marietta Sharp, who co-ordinates the volunteers at Headway House in Leicester points out: "Obviously, for potential or existing medical students, volunteering at Headway gives a valuable insight into the problems a person with a brain injury has, never mind the burden it puts on family relationships."

Any University of Leicester student can volunteer to help at Headway through the Students' Union association, by contacting the Student Volunteers. Email [contact@le.ac.uk](mailto:contact@le.ac.uk) or telephone 0116 223 1141 to speak to Student Volunteer Co-ordinator Liz Towner.

Contact is a student-led association that enables University of Leicester students to volunteer in the community.

Volunteering at Headway is one of many opportunities available through Contact Student

Volunteers, and it has proved to be excellent for those wishing to get experience in working with people with specific types of injuries and disabilities. It often attracts undergraduates studying psychology or other science and health related degrees, or students wishing to pursue a career in physiotherapy, speech and language pathology, or art and play therapy. Of course for many volunteers it is also a chance to get involved in something completely different from their studies and do something helpful that is hands-on and fun!

"We are always pleased to refer students to Headway because we can be confident that they are going to have a first-rate volunteer experience with excellent facilities, the opportunity to challenge themselves and plenty of support from the friendly staff and members", said Korin Grant, Community Liaison Manager, Educational Development and Support Centre at the University of Leicester.

Biological Sciences student Naomi Cochrane, who was a Headway volunteer last year added: "I felt very welcome at Headway and found it really easy to get to know people. When I started I was quite surprised by how relaxed the atmosphere was. I also learned a lot about the different types of problems people can experience after brain injuries. I think the experience was of huge benefit to me. It was very relevant, as I hope to go into Medicine, but the best part of the experience was the people I met. I really enjoyed volunteering there."

The impact Headway has on its members speaks for itself. Headway House is nearly always full and meets almost all the demands made on its services with limited resources. As a result of its work, several members now attend vocational and educational colleges, while others are being supported into voluntary positions and a few have returned to full-time paid employment. Two have obtained degrees since their head injury. ☺



# TRAINING PUT TO THE TEST



► Leaving the Warwick Hospital earlier in the year, two Warwick students found themselves in the midst of an emergency.

Hearing screams from the hospital car park, Sally Edwards and Anna Joseph rushed over to find a man collapsed on the ground next to his wife, who had put him in the recovery position but did not know what to do next.

Sally got there first: "I checked for a response, but he

was unresponsive. At this stage he was breathing, but very quickly became cyanotic. At this point Anna arrived."

Anna took up the story: "I ripped open his shirt while Sally cleared his airway. We continued CPR – Sally giving two breaths to every fifteen of my chest compressions. This went on for approximately 10-15 minutes. Then the ambulance arrived and the patient was given two shocks from the defibrillator. He stabilised

enough to be moved to the accident and emergency department."

Their patient, Matthew O'Connor, recovered. "It was a big relief to see him sitting up and talking less than 24 hours later, and even better to see him discharged within two weeks of the incident," said Sally. "It proved to us all that the training we get works, and that we can respond quickly and appropriately, even in the heat of the moment." ☺

## WARTIME SPITFIRE TESTS AND AORTIC ANEURYSM

► Researchers at the University of Warwick have found a way of using a test devised in the 1930s, and used to gauge the stress on the superchargers in wartime Spitfire fighter planes, to model the stress that surgical procedures would put on an aortic aneurysm. Photoelasticity is a technique that has been used for decades in industry. It looks at the patterns of coloured light reflected from the surface of an object to gain a detailed understanding of the stresses on that object. In its most modern incarnation, photoelectric stress analysis uses high tech light sources and computer analysis to get an even more precise understanding of the stresses involved. However, it is all very well mounting a piece of machinery on a test rig to perform these tests but how would one use it to understand the stress on a part of the human body when the human is still using it? Now researchers at the University of Warwick Manufacturing Group working with a surgeon at UCL have found a way to do just that.

## WARWICK MEDICAL SCHOOL RUGBY CLUB AND THE ROYAL SOCIETY OF MEDICINE (RSM) SEVENS TOURNAMENT

► Following weeks of gruelling training, including such torture as trips down the pub, your boys, our boys, THE boys were ready. The RSM Sevens Tournament has been well known for the high standard of play– Warwick Medics were going to make an impact.

Starting with a tough fixture against GKT IIs, Warwick exploited an all-new kicking game to destroy the young upstarts 14-7, surely the first of many wins. The second game saw us against the might of Imperial IIs, but we weren't scared, we were confident.

Unfortunately, we did not know that Imperial were faster, fitter and generally a bit better than us (lost 7-21). After much blood, sweat and tears the playing part of the day came to an end, but as all who were there will tell you, it was just the start of something more special. ☺

Andy Currie  
Warwick Medical School Rugby Club

## NEW RESEARCH HELPS EXPLAIN THE RISE IN HOSPITAL MRSA INFECTIONS

► New research by scientists at the University of Warwick may explain why methicillin-resistant staphylococcus aureus (MRSA) infections are so difficult to control in hospitals. MRSA is a major cause of invasive and sometimes deadly disease in hospitalised patients. Currently, attempts to prevent the spread of these infections include isolating infected patients and increasing staff hygiene measures such as handwashing. However, these attempts have met with limited success. A new mathematical model helps explain why infections represent a serious threat and why attempts to control MRSA, the so-called 'superbug', have failed or met with limited success. Scientists explored the conditions under which isolation policies can control MRSA transmission, both by preventing an endemic state and eradicating MRSA where it is already endemic.

The mathematical model shows how the rising drug resistant strains of MRSA may fail depending on the timing of intervention and the levels of resource provision. ☺



# ON BEING ONE OF THE FIRST

BY MATTHEW O'MEARA

► Being one of the first is both exciting and scary. September 2000 heralded the start of a medical career for 67 Warwick Biological Sciences graduates. The first week involved a "bonding session" in which we all stayed in one of the halls of residence, getting to know each other and the local community.

This set the theme for the next four years. We started with 18 months of lectures spread across three semesters followed by a more traditional two and a half years as 'apprentices' on the wards. Within three weeks of becoming medical students we were sat in the living room of a patient with schizophrenia.

These are the parts of people's lives we seldom see in our pre-registration year; However, the appreciation is there.

Our first year was hampered by teething troubles. The first semester, designed to soften us up as a group of 'hardcore science graduates', consisted mainly of social science modules, the repetitiveness of which, many of us found arduous. Notwithstanding, we survived and started on the path of clinical learning – a path which is lifelong.

More practical issues included the buildings. We were housed at first in the old Physics block which was not custom-built to take the technology required to beam lectures across from Leicester. Then, in September 2001, we moved up to a brand new Medical School which accommodated us for the remaining three years.

The second part of the course took us into hospitals on a daily basis. There we were able to follow the medical team on a 1:1 basis, with each pair of students attached to two consultant firms, rotating through many of the specialties which some of us will eventually pursue. This brought us into contact with a diverse mix of conditions from simple and common pneu-



Matthew O'Meara (middle, bottom row) with members of his year group

monia to the complex and rare, such as Osler-Weber-Rendu syndrome.

Medicine is more than just a degree subject – it's a vocation. Being a 'medic' identifies you with a relatively small group of the community who talk their own language and are allowed into the most private parts of people's lives. It commands a unique respect, social standing and trust and is a privilege and an honour that we'll do well not to forget.

From humble beginnings we have seen how the Medical School has grown and flourished within the University and the local healthcare community as a whole. We look forward with enthusiasm to the next few years and watch proudly as it develops into a leading institution of healthcare education through the Midlands, the UK and even the world. 🌐



LWMS News is looking for student contacts at Leicester and Warwick. Anyone interested should contact the Deputy Editor, Jane Pearson, email [jane.pearson@ntlworld.com](mailto:jane.pearson@ntlworld.com), tel 0116 210 0070.



# STAFF DISTINCTIONS

– OUR CONGRATULATIONS TO THE FOLLOWING PEOPLE:

**University of Leicester:**

**Professor Steve Nahorski** (Cell Physiology and Pharmacology) has been awarded the 2004 J R Vane Medal by the British Pharmaceutical Society. This prize was established in 2001 and is awarded annually for outstanding work in one of five areas as designated by Council each year: The designated area for the 2004 award is molecular, cellular and signalling pharmacology.

**Professor Peter Williams** (Genetics) has been invited to serve as a member of the Food Standards Agency's Advisory Committee for the Microbiological Safety of Food (ACMSF).

**University of Warwick:**

**Professor Scott Weich** has been accepted to join the MRC Neurosciences and Mental Health Board from April 2005.

**Professor Yvonne Carter** is now a member of the Joint Medical Advisory Committee (JMAC) of HEFCE.

## STAFF V STUDENTS GOLF MATCH

▶ The annual Medical School Staff V Student golf match was fought at The Leicestershire Golf Club, Evington, on Sunday 16 May. Staff and students from both Warwick and Leicester Medical Schools took up their clubs in two twelve-member teams and displayed a wide range of golfing abilities, with handicaps ranging from 6 to 28. The weather was near perfect for low scoring but the long fairways and punishing rough took their toll on some of the staff, and the students just managed to scrape home by four points to two. Tension over, lunch in the clubhouse was followed by the presentation of the silver trophy to the students' team captain, Andrew Schache (final-year student at Warwick) by the Dean of the Medical School.

# RUN RAISES RECORD SUM FOR CANCER RESEARCH

▶ The breath-taking sum of £32,220 was recently handed over to the Hope Foundation for Cancer Research who are funding 3 PhD studentships at the University of Leicester. The money was raised by 350 runners including the Dean and several members of IWMS in last year's Kibworth half-marathon.



*Pictured with Professor Ian Lauder, Dean (third from left) are (l to r) race organisers Blair Grubb, Neil Kilpatrick and Naz Choudhury. The Dean's running number turned out to be 118, proving he definitely has your number!*



*The inspiration for raising money for the Hope Foundation came from race committee member, Kibworth GP, Richard Warner, who sadly died of cancer shortly before last year's half marathon. The trophy is now named in his memory. Approximately 500 people took part in the event, which also included a one-third marathon and a two-mile fun run for children and parents. Pictured here are Professor Will Steward, Head of the Department of Cancer Studies and Molecular Medicine, Jo and James Warner, Lady Ann Brooks and members of the race committee and Hope Foundation trustees.*

For details of the 2005 Kibworth half marathon contact Neil Kilpatrick, c/o Jane Pearson, contact details at the foot of this page.

**LWMS News:**

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

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