

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

▶ While the new LWMS accommodation at Warwick is up and running, Leicester is looking forward to a major new development on the Leicester General Hospital site.

Plans are still in the early stages, but the aim is to provide a new base for the Medical School with the exception of anatomy and dissection which will remain on the University campus.

The new development takes account not just of the recent changes in medical education that came about with the forming of LWMS, but of further expansion in student numbers in Leicester.

Over the next three years

FIRST-CLASS DEVELOPMENT PLANNED FOR LEICESTER

– New Medical School Building –

(2003-2006) medical students in Leicester will continue to be taught in the Maurice Shock Building, where more space will become available with the completion of the new Biomedical Sciences Research Building (“Hodgkin 2”).

Once built, in addition to administration, seminar rooms and IT provision, the new

building at the Leicester General Hospital will include a lecture theatre with the capacity for 350 people. This will be the biggest lecture theatre on the Leicester campus.

The project will form part of the Leicester NHS Pathway Project, a reconfiguration of clinical services of all three Leicester Hospitals, involving substantial

new building particularly at Glenfield General Hospital and Leicester General Hospital.

Professor Ian Lauder, Dean of the Leicester Warwick Medical School, said: “This is fantastic for Leicester because a lot of academic departments will find themselves in a brand new building. Not only will it help us to continue to attract good quality students and staff, but its facilities will be second to none.”

SUPERB FACILITIES AT WARWICK

▶ At Warwick staff and students are already enjoying the new Medical School, the hub of medical education for more than 200 students. Now in its second year, its facilities include 12 seminar rooms, a large computer room with 96 flat screen PCs with DVD players, three mock consulting rooms, a well equipped resources room and a large airy student common room with balconies overlooking the Gibbet Hill site.

The 200-seat lecture theatre contains leading-edge audio-

visual technology, enabling Warwick students to experience and participate in lectures transmitted live from Leicester and vice versa. Students particularly enjoy the mock consulting rooms where actors simulate the symptoms of a variety of medical conditions. All consulting room are equipped with video cameras so that students and their colleagues can replay their sessions and learn from their mistakes.

Lara McCarthy, LWMS Administrator at Warwick said:



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University of
Leicester

THE UNIVERSITY OF
WARWICK



SUPERB FACILITIES AT WARWICK

(Continued from page 1)

"The removal men arrived, loaded up two large vans and then disappeared, fortunately reappearing at the new medical school. Fred and George, the resident skeletons, caused something of a commotion on arrival at the new building as they were helped out of my car...

"What we have is a superb space to work in that offers the students facilities unrivalled on the Warwick campus.

"Many thanks to Wendy our cleaner, who does an excellent job along with her team in keeping our environment a good one to work in."

HEALTH @ WARWICK Institute of Health

► Like a large golf umbrella of many different colours, the Institute of Health brings together researchers within the Faculty of Social Studies in the departments of Law, Politics, Sociology, Health & Social Studies, the Business School, Economics, Education, Continuing Education and Philosophy.

Within these departments it works with research centres such as Health Services Studies and the Centre for Research in Health, Medicine & Society. There are additional links with Centres in other Faculties, including Medicine Science & Technology, Maths into Medicine and the Wellcome Centre for the History of Medicine. The Institute aims to pull together the plethora of activities in health research which are currently frag-

mented and scattered throughout the University of Warwick.

The Institute has a number of research development groups with convenors on topics such as Genetics & Society, Equity & International Health, Medical Education, Health Inequalities, Ageing and User Involvement and Ethics of Risk. There are also NHS/Academic collaborative research groups in Diabetes, Ageing and Mental Health.

Continuing Professional Development

CPD activity in Health, Medicine & Social Care is again offered by providers based in different departments and centres. The Institute of Health supports and markets all these programmes, develops new programmes and runs conferences. There are

courses provided by the Postgraduate School of Medical Education, the Centre for Primary Health Care Studies, the Department of Biological Sciences and the Department of Philosophy, to name a few.

For further details, see the Web page: www.healthatwarwick.warwick.ac.uk.

The Institute of Health would welcome anyone within the Leicester Warwick Medical School who would like to be involved with our continually developing programme. Our meetings have a reputation for being intellectually lively and well catered.

*Gillian Hundt, Director,
Professor of Social Sciences
in Health*

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GRADUATE ENTRY AT WARWICK – RUNAWAY SUCCESS

► The numbers of applicants to our graduate entry has risen over our first three years, so much so that it is a major job to process the applications through to interview and offer.

In fact we are interviewing about 400 candidates this year. A healthy proportion of these are really outstanding, not just intellectually, but also in their mature commitment to medicine. We have already made offers – some already accepted.

Should we be surprised at the popularity of our four-year course in Medicine? Indeed no. There have always been good numbers of graduate applications to the traditional five-year medical courses, holding steady at 1500-1800 each year. As these graduates recognise the advantages of the four-year course I expect they will move en bloc to apply to it.

Ours is not the only medical school now offering four-year courses for graduates but we are the major player. Our biological sciences graduate



intake (based at Warwick) is increasing and a new course, aimed at graduates in the health sciences, will start up at Leicester.

Competition for good applicants is obviously going to get stiffer. But we have some very real advantages: an excellent, innovative curriculum thanks to the hard work done at Leicester; a very high reputation across the board in teaching and research; and truly excellent facilities at the new Medical School building here at Warwick.

*Alan Morris,
Admissions Tutor*

VIRTUAL LEARNING GOES REAL

► The LWMS has developed a virtual learning environment to enhance the learning of its MBChB students.

It gives staff and students worldwide access to a rich variety of resources, including videos of clinical procedures, on-line self testing with immediate marking and feed back, Web conferencing, lecture presentations, illustrations and colour images that are otherwise prohibitively expensive to distribute.

The next stage is to implement a commercial system to enable a more integrated approach.

For further information or a



password please contact the project manager, Dr Hazel Derbyshire, telephone 0116 252 3039, email hsd3@le.ac.uk. See also the website, viewable at www.lwms.ac.uk/lrp/project.htm.

NEW FACE

► The University of Warwick welcomed a new member of staff to the Student Recruitment Office recently. Nicola Price is the new Postgraduate and LWMS

Clerical Assistant. Her responsibilities include dealing with bookings for Warwick-based Open Days and Warwick LWMS prospectus requests.



► One of the UK's leading experts in kidney disease, based at the University of Leicester, has been appointed as Professor of Renal Pathology, a post which may be unique throughout the world and will further enhance research in that field.

When Professor Peter Furness accepted the Chair in Renal Pathology at Leicester he knew it was the first in the UK, but he has since received a note of congratulation from Head of Pathology at Harvard who believes the new development at Leicester to be the first of its kind in the world.

Professor Furness said: "There have been professors of pathology with an interest in kidney disease before, of course, but this post is novel because it was set up specifically and exclusively to further research into kidney disease. It has been established to support and expand Leicester's position as a centre of excellence in the study of kidney disease.

"For some time, if anyone wanted advice on renal pathology at a national level they usually came to me, and this Chair is an acknowledgement and support of the expertise we have at Leicester."

A science graduate of Fitzwilliam College, University of Cambridge, Peter Furness then gained his medical degree at Wolfson College, University of Oxford and subsequently received a PhD from the University of Nottingham. He has been a Senior Lecturer in Pathology at Leicester since 1990.

He has achieved an international reputation for his work in diagnostic renal pathology, especially kidney transplant pathology. Following his success in establishing the UK National Renal Pathology External Quality Assessment Scheme he designed and ran a study testing the recently developed Banff Classification of transplant pathology. This involved the recruitment of transplant pathologists from every UK renal transplant centre except one, and remains the only study of its kind. He then extended this

study, running an EU-funded project with leading renal transplant pathologists throughout Europe. This study tested the quality and reproducibility of renal transplant biopsy assessment, highlighting unexpectedly severe limitations in methods which are universally used to support kidney transplant patients.

His ongoing efforts to resolve these problems include the development of a neural network-based system for the diagnosis of acute kidney transplant rejection which when tested produced a correct diagnosis more often than most pathologists.

In the laboratory Professor Furness was principal investigator on two MRC grants in the field of molecular pathology, and has also carried out research into gene expression in human renal biopsies and in inflammatory bowel disease.

In his NHS work at the Leicester General Hospital he has one of the heaviest renal biopsy caseloads in the country. Last year alone he was responsible for the evaluation of more than 600

kidney biopsies, of which 250 were from transplants.

Professor Furness commented: "Most of my work is related to the evaluation of kidney transplants and preventing their failure. I report biopsies in the NHS for individual patients, but my university research is intended to help all patients with kidney disease. One direction we are hoping to move into is using stem cells to treat kidney diseases and prevent the loss of grafts." He went on to emphasise that they were proposing to test adult stem cells as an alternative to embryonic stem cells, as the production of embryonic cells is difficult and is currently producing considerable controversy. ☎



Unique Chair for Leading Expert in Renal Pathology

Computing

► Not just known for his laboratory and clinical work, Professor Furness has written software for participant management and performance analysis in histopathology external quality assessment (EQA) schemes, which is now commercially available, and being used by several other EQA schemes across the UK.

He has also developed some programming skills in the area of computerised image analysis and provides informal support for colleagues using digital image technology in teaching, research and increasingly in

routine diagnostic work.

Professor Furness maintains websites for the British Division of the International Academy of Pathology (<http://www.bdiap.org>) and for the UK National Renal Pathology External Quality Assessment Scheme (<http://www.le.ac.uk/pa/pnfl/eqa>), and has obtained funding from the Department of Health for an initiative called the 'virtual double headed microscope', which aims to equip NHS pathologists throughout the UK with equipment for basic video-conferencing.



LWMS News is the new home for Curriculum News, which over ten editions has alerted clinical teachers in all eleven hospitals to changes in the curriculum.

Student Numbers

▶ Since that tenth and final independent issue our attention has shifted slightly from alterations to the course itself to identifying an appropriate number of clinical placements, as a result of the increased numbers of graduate students entering via the University of Warwick.

Sixty-seven students started in September 2000 who will embark on their full-time clinical attachments in March 2002. Another 128 students started in September 2001 and the clinical course for these students is identical to those entering via Leicester.

Those entering via the Warwick route are all graduates in Biological Sciences. However in 2003 the University of Leicester will start admitting graduates in Health Sciences onto a four-year programme. For students on both these four-year courses Phase 2 will be identical to that in the five-year course.

Most of the new clinical placements needed have now been identified from an increase in consultant partnerships in most of the current provider hospitals. Some problems remain in Psychiatry and to a lesser degree in Surgery. In 2003 however there may be a significant shortfall in the numbers of available teachers without an increase in overall consultant numbers.

To help, it is anticipated that Northampton Hospital will soon be taking significant numbers of students.

More Effective Use of Time

▶ There has been one significant change in the curriculum that takes effect for the current fourth-



year students.

The final examination has been put back to the middle of May, the 'free choice' part of Additional Clinical Practice (ACP) and been brought forward and combined with a 'review' period that previously followed Intermediate Clinical Exam (ICE). In the past, neither of these periods was always used effectively by students, but by putting them together it has been possible to create a whole new Block.

The elective period for all students is now immediately after ICE, which means that fourth-year students are out of Leicester at a time of maximum pressure from first and final-year students.

The elective change starts in 2002 and the final examination change in 2003. The 'house officer shadow' period is unaltered.

This new Block has been called a Clinical Special Study Module and will be used more innovatively than simply as another general attachment. Half of the

period will allow students a free choice from a range of clinical attachments. The other half will address a range of issues that senior students and recent graduates felt needed further exposure. These include anatomy revision, ethics, interpretation of investigations and clinical skills and review of some aspects of social and behavioural medicine.

Excellent Results

▶ The extended programme for the Introductory Clinical Course has just finished. This now runs during university terms for a whole year. Initial examination results suggest that many students have achieved a gratifyingly high standard and should be well placed for their clinical attachments in Phase 2

Staff Development

▶ Most of the impetus in staff development has been invested in examiner training and approximately 120 staff have now bene-

fited from the familiarisation course.

Assessing Graduate Competence

▶ There has been a request from postgraduate deans and the GMC to define more precisely the skills that new graduates possess.

This is more difficult than it sounds. Because something is taught there is no guarantee that it has been learned let alone remembered. Examination systems only test a sample of competencies and general assumptions are then made on other, untested, competencies. Few examination systems have 'killer' questions which all must pass.

The only way that we can guarantee a particular competence has been achieved is to examine all students on that competence in a rigorous manner. This is what we plan to do next year. All students will be assessed in three areas: prescription writing, intravenous access and CPR. Students will not be allowed to graduate unless and until they can demonstrate competence. Other competencies will continue to be assessed less formally in ACP.

LWMS – What Form Will It Take?

▶ Debate continues on the best model for the collaboration between the two universities. More clarity in this should be available later in the year. ☺



► Kettering General Hospital is an average-sized hospital in an average-sized town in a pretty average English county. But according to the medical students who do one of their eight-week placements here it is above average in many ways.

Fourth-year students Ruth Gibson, Mike Wheble, Kamesh Patel and Rebecca Hopkins were all in their second week at the Trust when I met them, though Ruth and Mike had both done eight-week placements here from last September, so they had plenty of experience of how the Trust works.

“One of the things that surprised me,” said Rebecca, “was that we get a lot of access to patients and to the consultants. When you’re a student you’re trying to learn things from your text books and then you have to try and find out what these things are like in reality. That means talking to patients who have got the problems and finding out for yourself, first hand, what to expect.

“At Kettering we’ve been able, and been encouraged, to do that, which has been great.”

Ruth added, “We obviously do ward rounds and clinics and probably see about 50 patients a week. It’s very good for developing your diagnosis skills. The doctors are very friendly and approachable and I think that makes a big difference.”

Kamesh agreed. “The consultants and more senior doctors are very good and give us plenty of their time. In some other places they can be a bit “stand-offish”, but at Kettering they seem to be very pleased to help and overall things are very friendly.”

Although the students feel that Kettering General is a good place to train, they had their own suggestions for improvements. Ruth would like to do a basic life support course early on, as offered by some hospitals, with the additional opportunity to do more advanced life support.



Co-operation and Informality at Kettering



“Kettering covers most specialities and learning opportunities are all around us if you’re willing to make the effort”

Rebecca suggested, “We’ve been allowed to help the other junior doctors in many ways and can follow them around, but it would be good if this was done on a slightly more formal basis. It would be nice to have some sessions as a sort of designated assistant.”

On the whole, though, student life in Kettering is good inside and outside the hospital wards.

Although only a relatively small market town (population approximately 60,000), it does have enough facilities to keep students happy, with a large multiplex cinema and a reasonably good range of pubs, restaurants, shops and sports facilities. One of its big advantages is easy road and rail links with the rest of the country.

The hospital, too, provides a

variety of experiences. “Kettering covers most specialities and learning opportunities are all around us if you’re willing to make the effort,” Ruth said. “Consultants that don’t have students attached are willing to let other students join them and the atmosphere with most staff is informal and relaxed.”

This co-operative atmosphere also persists off the wards, as Mike pointed out. “The library is pretty well stocked and the staff are very friendly and willing to help you find the things you need. If they can’t get you something immediately they’ll order it for you.” ☺

David Tomney, Media and Communications Manager



The Medical Students' International Network



▶ MedSIN is an independent student organisation that raises awareness on humanitarian and global health issues locally and internationally. We believe involvement in MedSIN is an ideal preparation for leading an active life as doctors with a global vision and an understanding of the health issues that face all humanity.

We actively support international health collaborations through exchanges, involvement in the medical curriculum and participation in community health projects.

Leicester MedSIN, began with a project to send medical text books to students in Gondar, Ethiopia. Now it encompasses MARROW, the student-run branch of the bone marrow register; Sexpression, a new project to help teach sex education in schools; Student Action for Refugees; and the HOMED project. We are also hoping to set up European medical school exchanges this year. ☺

*Katy Snooks, President,
Leicester MedSIN*

To find out more, e-mail Katy at medsin-president@lusuma.com.



MedSIN students at Leicester's Anchor Drop-In Centre

Homeless, Not Hopeless

▶ Homelessness has existed since the invention of homes, and even in the UK homelessness is still a significant problem.

In Leicester there are thought to be around 20 'rough sleepers' and 1000 people in temporary accommodation. The homeless have a higher incidence of many illnesses, and also experience difficulties in accessing health care.

In December 2001, MedSIN organised the first National HOMED Conference, which was attended by 200 medical students from across the country. The new national committee that emerged hopes to increase awareness on health issues for the homeless.

Here in Leicester, we are currently running a scheme in which two students help at the Anchor Drop-in Centre every Thursday evening. Volunteers spend time helping in the kitchen and chatting with the centre's clients, and those that have taken part found it to be a really positive experience.

We are now starting to expand our project in several ways. Dr Hewett, a GP who works for



The homeless have a higher incidence of many illnesses, and also experience difficulties in accessing health care.

Leicester's Primary Healthcare Service for Homeless People, runs clinics at several sites in the city. He will welcome students who wish to sit in on one of his clinics.

Secondly, we are hoping to assist the expansion of the

National Street Football League, where teams are looking for the support of the local population to get them competing at a national level. Students are invited to join this unique opportunity by helping to run matches or

Leicester Nightshelter on New Walk (below) and the Y Advice and Support Centre (bottom) – two of the places that house Dr Hewett's clinics



mentor a team member. ☺
Ben Prudon

For more information, please look at the MedSIN notice board in the MSB. Or E-mail Ben bp21@le.ac.uk or Sarah sh115@le.ac.uk



Behind the Scenes

The Staff-Student Committee is a vital means of communication between the Faculty and the students it serves. But what happens behind closed doors? Here's our summary of recent topics of discussion...

Students Evicted from LRI Common Room(s)... twice!

► Complaints came thick and fast last year, when the Robert Kilpatrick Building common room turned into an Oxidative Stress Laboratory. A temporary common room was found, but defeat was snatched from the jaws of victory when it became the base for an investigation into professional misconduct. Dr Howard is now searching the bowels of the hospital for another replacement.

In the meantime, we'll have to content ourselves with selling "The Big Issue" in Le Roys.

Two heads good, three heads bad?

► A few concerns have been raised about "triplet" teaching firms, involving three consultants. Some have suggested that this creates timetabling problems, others value the breadth of experience it affords, and others believe that "the issues are too

complex and finely balanced to make an instant judgement". What do you think? Comments to jac24@le.ac.uk, please.

Anyone got a tent?

► Warwick students will soon be travelling eastwards for clinical attachments in Leicester hospitals. But rumour has it no-one has worked out where they're going to live. To avoid a humanitarian crisis, perhaps the Red Cross could spare a couple of tents. *Don't send off that email to the Red Cross just yet. As it happens the rumours are wrong and something considerably more comfortable than tents is lined*

up for the intrepid eastward travellers. Ed.

Hitch-hiking to Hospital

► **Question:** What's the difference between a medical student and other trainee health professionals? **Answer:** Subsidised travel to clinical placements. We are the only ones who have to foot the bill ourselves.

Regrettably, this is a national issue and the Department of Health is reluctant to give way. You might like to write to Alan Milburn at the Department of Health, to question the discrepancy (and ask who pays his travelling expenses). ☹

Queries, comments and litigation to Jess Cross (jac24@le.ac.uk) or Chris Williams (cdw4@le.ac.uk).

► You've probably met my nemesis, although you might not guess it. She's a long-term in-mate on the medical ward and has a combination of clinical signs that have caused an almost sexual pleasure in everyone who's seen her.

So, you approach her, eager to whoosh in-time with the murmur or tinkle-along with the bowel sounds. And you hope you won't have to waste too much time taking the history.

Apologies, at this stage, to those who say that 90% of diagnoses are made on the strength of the history. In mitigation, I would point out that:

- 95% of iatrogenic strangulations are carried out during the history
- 100% of murmurs are heard on examination.

And I want to be able to hear the damned murmur (and escape without a criminal record)!

Then, imagine the scene. I'm half way through the examination. Things are looking good. I signal to my clinical partner to go and put the kettle on. Then, she

starts what I affectionately call "the conversation of doom".

Old lady: "So, where do you want to work when you qualify?"

Me: "I'm not sure yet."

Old lady: "Will you stay in this country?"

Me: "Probably."

Old lady: "Oh, I hope so. You should pay your debt to the NHS you know."

Steam comes out of my ears. My muscles of facial expression tingle. I try to exhale against a closed glottis. I turn red in annoyance. *I want* the conversa-

tion to continue: *Me:* "What debt? We pay £1000 a year for this, you know"

But instead, I cop out, ask her sit up and breathe out, while I listen for that damned murmur.

I visited a friend (recently graduated) in his London office (air conditioned). He had just flown back from New York (club class). His secretary made me a



I'll Pay My Debt to the NHS

cup of coffee (percolated). We then went for lunch (three course) in the office restaurant (subsidised).

In the course of his work, my friend is never abused (physically or verbally). He never has to sleep in-house (in close proximity to asbestos), and he won't be woken up at 3am (because someone's venflon has tissue).

Oh, yes... and he's paid more than I will be.

But this is more than just student rhetoric. It affects everyone, from consultant to PRHO. We are (or will be) high flying graduates. Why should we accept sub-standard terms of employment, when what we want is to relieve pain and suffering? ☹

By Chris Williams, 5th Year



Editorial (April 2002)

Yet another newsletter! There is no argument that communication in all its forms is central to our cause. There are over a thousand medical students spread across many sites, academic staff pursuing a multitude of research interests and teachers hard pressed by clinical commitments. But communication alone will not fix all our problems. More than pieces of paper we need a restored sense of community. My aim for this newsletter is that it will provide infor-

mation and a fresh view of the learning, teaching and research environment of which we are all part. We have many achievements worth celebrating. But this newsletter needs to belong to all of us within the LWMS network and reflect your opinions. We are keen to receive letters on any topic relevant to LWMS and new ideas for articles. We want the newsletter to be true to life, fun to read and make a positive contribution to the community in which we work.

Dr. David Heney (Editor)

Events Diary

University of Leicester 80th Anniversary Lectures

Among the three speakers in this anniversary year are a University of Leicester Medical School Foundation Professor (Professor Peter Bell) and one of the Foundation Students (Professor Nilesh Samani).

*Monday 20 May, 5.30 pm,
Lecture Theatre 1, Maurice
Shock Building*

The Frank May Clinical Sciences Lecture – “The Fight Against Heart Disease – successes and future challenges”, by Professor Sir Charles George, FRCP, Medical Director of the British Heart Foundation.

*Thursday 13 June, 5.30 pm,
Lecture Theatre 1, Ken
Edwards Building*

“Surgery then and now”, by Professor Peter Bell, Head of Department of Surgery

*Tuesday 2 July, 5.30 pm,
Lecture Theatre 1, Ken
Edwards Building*

“150 reasons why you may have a heart attack...!”, by Professor Nilesh Samani, Head of Division of Cardiology

VICTORY FOR THE DEAN’S DOZEN!

▶ The students’ golf team is thirsting for revenge in next year’s eagerly-awaited match, after being soundly beaten by the Dean’s team at the Leicestershire Golf Club in November 2001.

History was made as the Inaugural Match was fought between staff and students from both Leicester and Warwick campuses. The event has been adapted from an original idea by Professor Sir Robert Kilpatrick (now Lord Kilpatrick) during his Deanship of the Leicester Medical School. In its present

form it offers an opportunity for greater contact between staff and students in LWMS.

Student captain Jane Stribley said: “It was such an enjoyable day. A lot of students came over from Warwick and it was good to meet them, and to have an opportunity to meet staff on an informal basis and have chance to chat. We had very good hospitality from the Leicestershire Golf Club.

“I hope this new format for the golf match will continue. With the Warwick students as well now, it has extended the number of students who have the



opportunity to play, and it worked very well.”

Peace was declared over an excellent lunch, and Jane Stribley presented the cup to Robin Fraser, captain of the Dean’s Dozen. ☺

NEWS IN BRIEF

Virtual Resource for Emergency Care Staff

▶ The National Electronic Library for Health (Nel.H) has recently gone on-line. Described as a “one-stop information shop for emergency care staff”, Nel.H is managed by the Emergency Medicine Research Group at the University of Warwick. The website offers access to reference material, archives, clinical guidelines and interactive sites where you can resuscitate a virtual trauma or

heart attack victim. The new resource is available from www.nelh.nhs.uk/nelh-ec.

Information Service for Busy Health Workers

▶ The University of Leicester Clinical Sciences Library recently launched a new information service for all primary, community and mental health NHS staff in Leicestershire. The outreach library service will mean that busy staff will not necessarily have to visit the Clinical Sciences

Library on the Leicester Royal Infirmary site to have access to library and information services. The service will support clinical practice and clinical governance, lifelong learning, research and audit. Services include a phone, fax or email enquiry service, training in finding and appraising clinical evidence, current awareness and document delivery. See the website for further details: www.le.ac.uk/li/clinical/outreach/menu.htm ☺

LWMS News:

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