

BSMS Newsletter

The medical world at your fingertips

“Today I wrote up my case study notes whilst travelling in the back of the car – I think people will find (the handhelds) really useful!”

Mohammed Choudhury, second year student, BSMS

BSMS is the first UK medical school to pioneer the use of handheld computers or personal digital assistants (PDA) as an integral component of its ground-breaking undergraduate education programme.

By combining handheld technology with appropriate electronic reference materials BSMS believes that PDAs can provide students with a convenient and instantly-accessible source of the most important medical resources. Handhelds also have the potential to improve administrative communication with students when they undertake placements in hospitals and clinics off-campus and increase student interaction and participation in lectures.

A volunteer group of 20 first and second year students have each been lent a Palm E2 handheld computer, preloaded with *Dr Companion** software which includes anatomy study aids, the BNF (British National Formulary, an essential drug reference), medical calculators and databanks of reference values, evidence-based medicine databases, medical dictionaries and e-books. The project is being led and evaluated by a project team including Mark Packer (ICT Project Manager), Tom Roper (Information Resources Development Coordinator), Dr Inam Haq (Senior Lecturer Rheumatology and Medical Education) and Karen Walker-Bone (Senior Lecturer Rheumatology).

Many current awareness services are available to medical school students; for instance, the British Medical Journal offers a free service that lets handheld device users download the weekly table of contents, together with abstracts and full text editor's choice articles, editorials, news, clinical reviews, letters, etc. In a later phase of the project, direct internet access will enable students to benefit from a whole host of additional free online services.

The opportunities are boundless! Once established BSMS intends to develop the project further and integrate PDAs into the learning environment. PDAs will eventually be used in the lecture theatre for real-time tests and quizzes, and off-campus for submitting course evaluations and responding to questionnaires. It is planned that the PDA will also interface with library services, helping students to identify and locate publications, make reservations and extend loans.

BSMS medical students, like qualified practitioners, are on the move a great deal of the time, not only between lectures and seminars, but also between laboratories and clinics, or on ward-based attachments at local hospitals, at GPs' surgeries, and on a series of clinical placements in hospitals throughout the south-east of England. By 2007, BSMS will have over 400 students off-campus, temporarily based in a large number of external locations, each completing as many as 40 different clinical rotations over a three-year period. Maintaining good information exchange with this constantly-shifting population on a person-by-person basis is a



A typical screen from a handheld (or PDA) featuring Dr Companion software. Students will be able to search databases such as Clinical Evidence as well as take notes

major challenge, in which the PDA will play a valuable part.

It's no wonder that the medical profession has already embraced handheld computers with open arms. Prof Jonathan Cohen added, "BSMS attaches great importance to the role played by information technology in modern medicine. We believe that, if truly integrated into the core of our education programme, PDAs will significantly enhance the learning experience of students."



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Routine administrative communication between students and faculty members will be conducted more efficiently and, perhaps more importantly, students will acquire a deep familiarity with a tool they are likely to use throughout their professional lives.”

Several current students have recently been pilot-testing the new PDAs and

were overwhelmingly positive about the project. Reshad Malik, second year student in the trial group said, “The most useful thing I have used so far is Dr Companion. I am really impressed with what I have seen of this and there is still plenty to explore. I used the Concise Oxford handbooks to read up on topics before a lecture and I found it made the lecture itself much more accessible. I have also added a few of

my portfolio write-ups so that I can add notes to them as and when I have time without having to look for the nearest computer.”

* Dr Companion software was produced by Medhand Software, Medhand International AB who have been collaborating with the project team at BSMS in bringing the project

The body and medicine

Marshall Pearce, first year student

Dr Satinder Kumar, Senior Lecturer Primary Care

How is the human body represented in medicine and Western culture at large? That was the broad remit given to us, a group of first year medical students (Marshall Pearce, Kelly Thomson, Anna Cave, Katie Glennon and Celine Inglis) by our academic tutor, Dr Kumar, as part of an extra-curricular project to develop critical thinking. To date, our most powerful objective experience of the body in medicine has been shaped by anatomy dissection classes. In order to develop a broader understanding of the body in medicine and in culture, we turned to the arts for help.

Our field trip began in the Museum of Anatomy and Pathology at the Royal College of Surgeons. For anyone unfamiliar with this, the museum is in a large room packed with specimens, some bizarre, some mundane, gathered over the last 200 years. The specimens are presented as scientific representations of the body as an organism, and this is how we initially understood and responded to them. On closer inspection, however, some ‘specimens’ retained individual features such as facial character and hair style. An example that sticks in my mind was a ventral section of a man’s head, dissected to expose the brain, nerves, blood vessels and bone. The flip side, however, revealed a normal face – a man with a moustache and hair on his



Kelly, Marshall, Anna and Dr Kumar

head. I found this quite shocking and wondered what provoked this response in me. I think it was due to the fact that hair colour and style are ways in which we recognise one another and a way in which we express ourselves. Think of any description you’ve read; hair colour and style usually feature prominently.

There were other thought-provoking exhibits, among them preserved human brains. The fact that the brain could be preserved separately struck me as odd: everything this person ever thought, dreamt, desired and felt had occurred in the blob of grey matter suspended in a jar. The essence of a person (for the non-religious) was captured in a disembodied exhibit. All of this led me to ask, what does anatomy reveal and what does it conceal? It seems to me that dissection is something we do to

people, not just to bodies. When you see a man’s head dissected you realise there was a level of existence within him that he could not himself observe – and in this sense, something intimately his own was invisible to and unknown to him. Can we ever know our bodies? Does death turn us from subject to object? We came to the anatomy museum to analyse specimens but we found they had a way of analysing us back. They did so through the unsettling questions they raised; questions about the meaning, relationship and ownership of bodies, living and dead, subjective and objective, individual and generic.

Questions about ownership and control of bodies and minds continued to challenge us when we watched ‘Whose Life is it Anyway?’. The story centred on a young woman, Claire Harrison, an artist, left paralysed from

the neck down following a car accident. She was fighting for her right to die against the mission of her doctors, and ultimately the law, to preserve her life. The idea of what defines the self is complex, but in order to be a fully functioning member of society, a degree of autonomy is necessary. In the play Claire has little autonomy and has lost even that power of life and death which the able-bodied possess over themselves. Nonetheless, she retains a high degree of self-determination and dignity. She is also clever and uses her body to force her doctor to acknowledge her as something more than an object. The play made us reflect not just on current themes in medicine, such as the rights of the disabled and the legality of euthanasia, but also resonated with our recent reading of the 17th-century philosopher Descartes. Claire's mental alertness and physical paralysis spoke of the Cartesian duality of mind and body. Claire's wish to take her own life in the absence of any physical capacity to achieve this plays with Descartes' maxim that 'I think,

therefore I am'. In Claire's case, she thought that she should no longer be.

The heroine of 'Wit', a film starring Emma Thompson as an English-literature professor dying of ovarian cancer, suffers from a related, but perhaps reverse, dilemma. She, too, is struck down physically in the middle of life and lives to witness, with intellect intact, the deterioration of her body. However, her predicament is one of an impending death that even the aggressive chemotherapy she agrees to trial cannot forestall. With poignant soliloquies to camera in which she tells her life story and weaves in the metaphysical poetry of John Donne (itself an exploration of the boundary and meaning of life and death), Professor Bearing offers up her body to the trial as if her life's work found a fitting end as data for medical research. Her ability to detach from her own body is not complete however: when suffering overtakes her she is forced to opt for a DNR code (do not resuscitate) to end her pain, even though the doctors would prefer to keep her alive and so continue to

observe and record her responses to the chemotherapy. Ironically, it is in approaching death that Professor Bearing experiences her body intensely, and as her own. This is coupled with a discourse of the humanising effect of illness and suffering, as she recalls regretfully, scenes of her own harshness towards students, and finds peacefulness in the bedside visit of her now aged, former tutor who reads to her, not from Donne now, but from a children's story.

The museum, the play and the film link our medical studies of the body to how we experience bodies, living and dead. They connect our knowledge of biological systems (that objectify the body) to personal dilemmas and tragedies (in which the body is a site of subjective experience). In concluding, it is probably better to allow the relationships between bodies, objectified, medically appropriated, personally owned, subjectively experienced, living, suffering and dying to remain open-ended and a subject for on-going reflection and thought.

Blood diary

**Sophie Harrison,
second year student**

The first time I took blood from someone it came as a surprise to both of us. All medical students learn to take blood – but like other skills featuring sharp instruments, phlebotomy usually waits until the third year. But a supplementary class I picked at the very beginning of the course turned out to include a surprise practical lesson in blood-taking. Our class was thrilled. Putting needles into people's veins definitely fell into the category of what was invariably described round medical school as 'real medicine'. As in, "I've had enough of learning about communication skills now" – the phrase 'communication skills' is often accessorised, regrettably, with the expression "blah blah blah – when do we get to do some real medicine?"

Our early experiment in so-called real medicine took place at the Royal Sussex County Hospital the following Wednesday. We met in the haematology library, a small room on the sixth floor of a tower block. The room contained a long conference table, neatly laid with lecture notes and brightly-coloured tourniquets. Two phlebotomy nurses and a lecturer were waiting to teach us. One of the nurses, who was wearing a spotless old-fashioned white uniform with buttons down the front, gave us a talk on Health and Safety. Used needles were to be put in the sharps bin, she said: "but don't ram your needle in on top of an overflowing stack, like junior doctors do. And don't walk about with unsheathed needles, or – worse – syringes full of blood, like junior doctors do", said the nurse, again waving her demonstration syringe around like a dangerous junior doctor.

The second phlebotomist showed us how to take blood, using her colleague as a model. "First, you need to clear your area..." explained the trainer, moving desks and chairs out of the

way like someone about to demonstrate a wrestling move. She showed us how to put on the tourniquet and tighten it before getting the patient to clench their fist. She held up one finger of her gloved hand. "Choose a finger to be your feeling finger, and stick with it, because it's that one that's going to develop the sensitivity."

We went off to the hospital's new blood department to try taking blood for ourselves. It was a small room furnished with three big leatherette chairs for people having blood transfusions to sit in. Toy vampire bats hung from the curtain rail. We decided not to bother – in our impatience and usual misplaced conviction that we already knew what we were doing – with the dummy 'arm', a pinkish beanbag taped to the arm of a chair. Always pink: in the world of medical models, patients always seem to be Caucasian, with band-aid coloured skin.

Instead, I sat in the beanbag's chair so that another student could take my blood. I felt the needle go in, that hard

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pinch that makes you tighten up in anticipation of worse, then the pleasant feeling of relaxation as you realise that it isn't going to get worse. There was some needle wagging and a discussion about collection tubes. Time began to stretch. My upper arm was solid with cramp but I was so happy to be, as doctors say, 'well in myself' that I didn't mind. Then suddenly I wasn't well in myself any more. There was cold sweat on the back of my neck, and pins and needles in my lips. "Oh boy. I'm sorry – I think you have to take it out now – I think I'm going to faint". I didn't, but I still had to retire into one of the big chairs. A nurse gave me a cup of antiseptic-tasting water but there was nothing for my shame.

After five shaming minutes, I got to stick my friend back. She sat nicely in the chair, her arm turned up towards me. I pulled the trolley round next to her so that the cardboard dish and the collecting tubes and the tape and the cotton wool were easy to reach. I put on gloves and fastened the tourniquet round her bare arm and felt with my 'learning finger' for her vein. It was a perfect warm hillock, almost bouncing out of her arm: not the blue vein I could see, but located just above it.

I opened the needle packet. The needle is bigger than you expect: I had imagined it to be little more than a wisp of stiffened thread, but – like a wasp sting – it was more solid, more chunky than I'd been pretending to myself, and, also like a sting, you could actually see the

hole in the end, a distinct black gap in its slanting face.

I lined myself up with my friend's textbook vein and brought the needle down towards her. My hand started shaking like a cartoon depiction of fear. I pushed the wobbling needle at her skin. It gave way easier than cloth, parting like a tissue – Oh, it's easy – but keeping hold of the needle was hard, with my hand dancing on my guinea pig's arm. "That's okay, you're doing brilliantly, that's fine" she said. I looked to see if she was gritting her teeth. She looked at me back with her mouth closed in a determined smile so I couldn't see if she was gritting her teeth or not.

I picked up the glass collecting tube and tried to push it onto the needle without moving the needle about. But there was nothing to brace against, the bracing end being buried in the patient's arm. The phlebotomist put her hand over mine. "You really need to push," she explained, and pushed. I couldn't take my eyes off the needle sticking out of my friend's arm. It looked very wrong, in the way that a person lying under a car with only their feet visible looks wrong. And each struggle with the bottle pushed the needle further in, it seemed eager to escape, it wanted to go in. I had a momentary vision of it breaking free from its plastic collar and shooting off out of reach, deep into the recesses of my friend's circulatory system, fetching up in her heart, or no, it would be her lungs, would it?

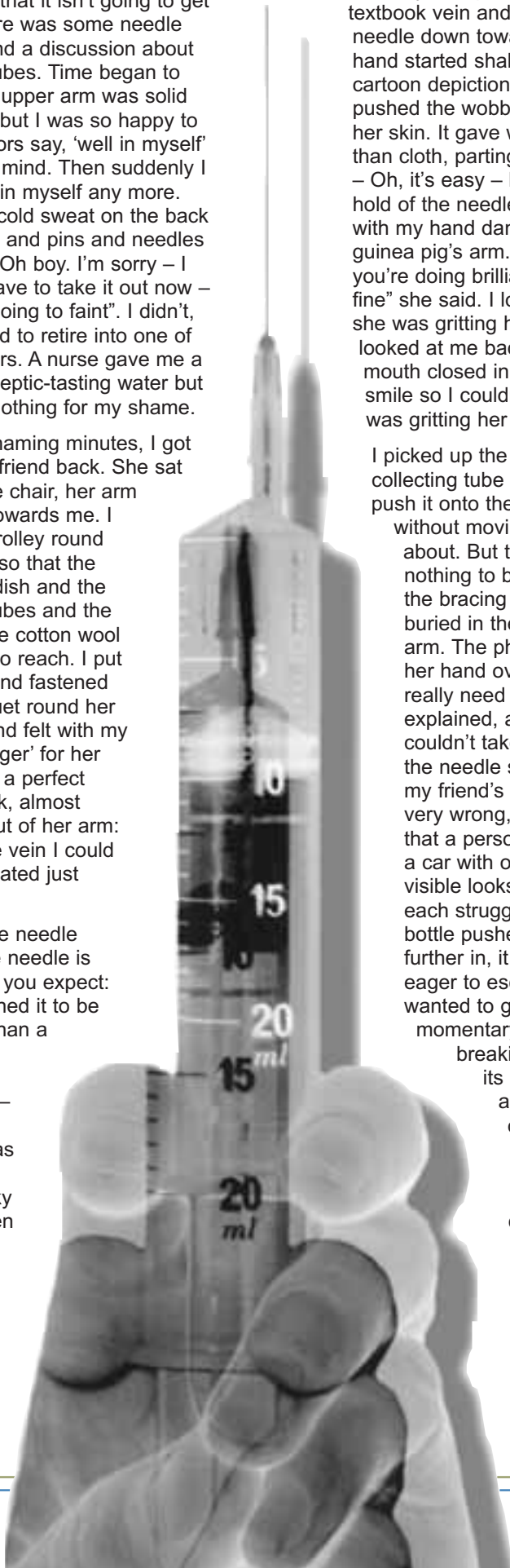
Crikey, her lungs, what would it do in your lungs? Or – what if I've gone right through and out the other side of her vein? Or like the Far Side cartoon, with the mosquito swelling up like a balloon while the other mosquito screams at it: Pull out! Pull out! You've hit an artery! "Oh no, I'm so sorry, I must be killing you, sorry, sorry" I gabbled, "- that's alright, you're doing fine, really brilliantly," said my friend, "... although you could maybe just move along a tiny bit with the bottle there."

A thousand years later there was at last a sucking click – "that's it! Now pull the needle back gently, just a little" said the phlebotomist, while I fought the instinct to snatch it straight back out - and the glass tube started to fill, magically, under its own steam, dark blood easing its way in.

A longer version of this article appears in the current issue of the London Review of Books, www.lrb.com

Congratulations to...

- Professor Rajkumar,**
 The Charles Hunnisett Foundation Chair in Elderly Care and Stroke Medicine, for his recent appointment as Associate Editor of *Age and Ageing*, the official journal of the British Geriatrics Society. *Age and Ageing* is an international journal publishing original articles and commissioned reviews on geriatric medicine and gerontology. Its range includes research on ageing and clinical, epidemiological and psychological aspects of later life.
 Professor Rajkumar was invited as visiting professor to the Dept of Geriatrics in the University of Verona where apart from planning a joint research project he also gave a seminar on arterial stiffness as cardiovascular risk factor.
- Dr Melanie Newport,**
 Senior Lecturer Infection and International Health, has been elected a Fellow of the Royal College of Physicians.



Arterial stiffness seminar

Associate Professor James D. Cameron of La Trobe University and Departments of Vascular Medicine and Cardiology, Monash Medical Centre, Victoria, Australia dropped in at the school on 26 April on his way to presenting at an international conference organised by the Cardiovascular section of the British Geriatrics Society in London.

Professor Rajkumar had collaborated previously with Professor Cameron in Australia and together they developed new techniques for measuring arterial stiffness in the brain. Consequently, this visit has helped to ensure that these techniques are now available at the new clinical research laboratories of the Royal Sussex County Hospital.

We hope to enhance links with Monash University in Melbourne with a view to facilitating student visits in the future, either to further their research careers or to provide a venue for their clinical electives.



Professor Cameron and Professor Rajkumar

Professor Cameron ended the day with an informal public lecture where he presented his latest research findings on arterial stiffness as a new cardiovascular risk factor. The seminar was attended by a number of clinicians from local hospitals as well as BSMS faculty.

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Welcome to:

Professor Michael Levin **RM Phillips Chair in** **Experimental Medicine**



Professor Michael Levin took up the post of RM Phillips Chair in Experimental Medicine and Director of Research for BSMS in early May. Professor Levin comes to us from Imperial College, London where he was Professor of Paediatrics and Consultant in Intensive Care and Infectious Diseases at St. Mary's Hospital.

He received his medical training in South Africa at the University of Witwatersrand, Johannesburg and underwent paediatric training in the UK, working in London and Oxford.

Between 1978 and 1985 he worked at The Hospital for Sick Children, Great Ormond Street in paediatric nephrology and intensive care and completed his PhD.

He was then awarded a Wellcome Lectureship in Infectious Diseases, working at the MRC Infectious Diseases unit in The Gambia, and the University of Colorado before taking up the post as Consultant in Infectious Diseases at Great Ormond Street, which he held until being appointed to the Chair of Paediatrics at Imperial College in 1990.

His research is focused on infectious diseases and critical illness in childhood. His research group has worked in the pathophysiology, immunology, genetics and treatment of meningococcal diseases. More recently he has worked on tuberculosis, malaria and dengue in collaboration with colleagues in South Africa, Kenya and Vietnam.

Professor Levin said, "I hope to contribute to the development of

clinical research at BSMS, which links advances in the basic sciences to the study of the causes, treatment and prevention of diseases in our patients. The new medical school provides an exciting opportunity to contribute to clinical research and it has already attracted some outstanding clinical scientists. My initial aim will be to establish a research programme in the fields of paediatric infectious diseases and international child health and to support the development of the research programme of the other new appointees within BSMS."

Dr Inam Haq **Senior Lecturer in** **Rheumatology and Medical** **Education**



Dr Haq joins the school fresh from the North Thames Specialist Registrar Training Programme in Rheumatology. He studied and did his SHO training at Guy's Hospital.

Inam joined BSMS in March 2005 as a senior lecturer in medical education and rheumatology with a primary focus on developing the Year 5 curriculum as well as looking at assessment strategies. He noted the energy surrounding BSMS and listed this as a key attraction, "...the challenges of the new school and opportunity to work with other people passionate to develop a centre of excellence in medical training." He added that the city of Brighton also played a key part, "...the great balance between the city and countryside was something I could not resist!"

Currently finishing his MD thesis looking at Primary Care education in rheumatology, Inam's limited free time is spent cooking (does a mean Thai Mussaman curry!), cycling, reading, going to the cinema and looking after two Lakeland Terriers, Chevy and Jessica.

Paul Richardson **Research Administrator**



During his third year at Nottingham Trent University, whilst studying for a degree in English and French, Paul taught English as a foreign language. This experience put him off teaching for life! However, happily for us, it did trigger an interest in the associated issues relevant to education and training.

Paul joined us in March 2005 as Research Administrator, providing administrative support for the research activities of the School and our partner NHS Trusts. Having previously worked as a Science Programme Officer at the Wellcome Trust, processing applications for funding and working closely with funding committees to assess and award grants, Paul is well-qualified for the post. He also worked with GPs in the North West Thames Deanery to support education and training in Primary Care.

His initial tasks will include: the development of research databases and collation of research documentation; supporting research governance; servicing research meetings; administrative support for CIRU (Clinical Investigation Research Unit); and providing assistance with grant applications and Ethics Committee applications.

He enjoys reading, swimming, cinema, pubs and restaurants and was extremely happy to be working for the school as he will be based just around the corner from where he lives and the role reinforces his interest in research.

Victoria Paine
School Office Assistant



Vicky's broad experience of university life has helped her to fit into the school office seamlessly. Before her appointment to BSMS in April she worked at the University of Sussex library for three years in Subject Support. And before that, she was a student at the University doing English and Philosophy. She is currently coming to an end of an MA in the History of Art. Obviously, all this experience has helped her to hit the ground running when it comes to answering student enquiries, "...you could say that I'm quite at home on campus! My new role is in the school office and I'm really enjoying working with Clare and Wilf on a wide variety of tasks, from collating SSC choices and OSCE examiners to ordering the all-important stationery."

In her spare time Vicky takes endless creative writing classes and looks after her baby rabbit, Margot.

Emily Humphreys
Divisional Assistant Emerton Building



In her role as PA to Professor Rajkumar and Professor Mike Peters, Emily is based at the Royal Sussex County site and will soon be immersed in organising the imminent move into new offices in the Emerton building.

She recently studied for a Masters in Cultural and Critical Theory (continental philosophy) at SHACS (University of Brighton), before which she was a full-time parent to two boys (Phineas, 9 and Ferdinand, 6).

For Emily, one of the key attractions of the post was the fact that she gets to become a member of both university libraries - allowing her to hide away while her boyfriend does the housework - which, she is quick to point out, he is better at anyway.

She publishes the Hollingdean News, a monthly community newsletter and lists a number of other interests, "I love climbing mountains, though I have only climbed three so far, and one of them looked just like a big hill. I am trying to learn Capoeira (a kind of martial art from Brazil) which is really hard but fantastic, and also love dancing, live music, philosophy and vegan cookery."

Carrie Llewellyn
Research Fellow

Carrie joined us in May and will be running a study in collaboration with BSUH NHS Trust looking at 'Home testing for sexually transmitted infections in asymptomatic men who have sex with men'.



A chartered psychologist, Carrie worked at the Institute of Psychiatry, King's College London for three years where she started her PhD in Health Psychology, looking specifically at head and neck cancers. Before this she was a Fellow in the Department of Oral Medicine & Pathology at KCL. She is looking forward to working at BSMS saying, "The role provides an excellent opportunity to tie in public health research with a health psychology perspective."

Carrie had been commuting to London from Brighton every day, so being based here (and with her PhD almost finished) she is keen to start a new lease of life. "I haven't had time for hobbies lately - I've been too busy working! I can be a bit of a workaholic too and I would usually get home at around 10pm so there wasn't much energy left for anything else. I think I

will need to get used to having a little more free time and hope to savour really simple things like walking by the sea over the summer."

She has managed to fit in a few other interests though; having obtained her Advanced Diving certificate she enjoys travelling to exotic locations and, when at home, dabbles with DIY.

BSMS hosts ecumenical service of thanksgiving

BSMS anatomists and students represented London and South East Medical Schools this year in giving thanks to those who donated their bodies for use in medical education.

The Ecumenical Service of Thanksgiving is a memorial that takes place every year at Southwark cathedral.

Although primarily a time for the families of the deceased to remember their loved



ones, the service also provides an opportunity for anatomists and medical school students to show their respect and gratitude.

Professor Watt, Chair of Human Anatomy, was keen to express her thanks, saying, "All the Medical Schools are so very grateful to those who donate their bodies thereby allowing the medical students in training to learn clinically significant and functional anatomy. Working in the anatomy suite not only teaches students the anatomical knowledge that will underpin their future medical careers but also teaches them respect for the donors they are working with."

In London and the South East all donations are centralised through the London Anatomy Office. Further information in relation to donations can be received from the Donations Officer, Louise Evans (tel 0208-846-1216) who will sympathetically answer all queries related to donations.

Events

Professor Kevin Davies' Lecture

Over 100 guests tiptoed around building work at Westlaine House in April to hear Prof Davies' inaugural lecture. Professor Davies detailed his latest research on lupus (SLE) focussing specifically on defects in the clearance of antigen-antibody ('immune') complexes.

If you missed the lecture and want more information on lupus, visit: www.lupus.org



Professor Ken Miles' Lecture

Prof Miles' enlightening lecture showed how developments in imaging techniques allow doctors to identify and categorise tumours in more detail than ever before possible.

He illustrated how size is no longer the only parameter to look at when determining and treating cancer and showed how CT scans and PET scans can be used together to consider the texture and biology of tumours.



Professor Alasdair Smith, VC University of Sussex, Professor Jon Cohen, Dean BSMS, Professor Ken Miles, Professor Sir David Watson, VC University of Brighton

Next inaugural lecture will take place at BSMS Teaching Building, University of Sussex on 16 November 2005, featuring a presentation by Professor Helen Smith, Chair of Primary Care. See our website nearer the time.

Date for your diary...

Sir Crispin Tickell to present Annual Discourse

2 November 2005

Leading campaigner on environmental issues and ex-United Nations representative, Sir Crispin Tickell, has agreed to speak at our next annual discourse, jointly organised with South Downs Healthcare NHS Trust and the University of Sussex. More details will be available soon - visit www.bsms.ac.uk

SIREN Research Day

BSMS Division of Primary Care and Public Health hosted The Surrey and Sussex Integrated Primary Care Research Network (SIREN). Over sixty people attended our annual research day on Thursday 9 June 2005, held in the tranquil setting of Denbies Wine Estate in Dorking.

Our guest speaker was the evidence-based medicine researcher and writer,

Dr Trish Greenhalgh. Her theme was the integration of quality improvement, service delivery and education in 'the impact zone'. The remainder of the day was filled with workshops, poster sessions and oral presentations on topics as diverse as the relationships cancer patients have with their health care professionals, home-testing kits for sexually-transmitted infections and attitudes towards the health benefits of 'probiotics' such as Yakult.

Participants particularly valued the interactive nature of the meeting and the opportunity to comment on projects early in their development. Planning has already started for next year's event.

