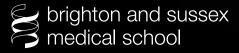
# BSMS Autumn/Winter 2019 Selection and Sussex Medical School magazine

## **Burnout!**

Why is it so prevalent in the healthcare sector?

#### In this issue

- Vulnerable patients unable to access GPs
- Exercise and HIV
- Caring for the carers





from the Dean.

Professor Malcolm Reed

Looking back at my introduction for the Spring/ Summer edition of BSMS Pulse I was unwise enough to speculate about the potential outcomes of Brexit. I should have realised that this would be a long-term and ongoing saga and that clarity is still a long way off. Our commitment to colleagues and students directly affected remains as strong as ever and will continue into the future.



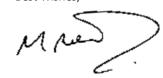
In summer we celebrated graduation with our class of 2019, who have now moved on to exciting careers within the NHS. Then in September, we admitted the first of our expanded cohort of students, with over 200 joining us this Autumn. I am delighted to welcome these students and determined to ensure that they benefit from the same fantastic learning experience that we have come to expect from BSMS. Despite the uncertainty nationwide, there are many signs of improvement in our area, particularly the emerging new hospital buildings on the Royal Sussex County site. This is set to open in 2021 with the following phase opening in 2025. The new building will provide a vastly improved environment for patient care and student education and training. This is long overdue in Brighton and I am certain that the benefits will be felt for decades to come.

BSMS continues to thrive in all areas including research, where our achievements are currently the focus of review as we prepare to submit for the forthcoming Research Excellence Framework in 2020. Several examples of our innovative and exciting research are included in this edition of BSMS Pulse, for instance

Professor Sumita Verma's research into liver care for vulnerable communities (page 10), and our work with Sussex Beacon to improve the lives of people living with HIV through an innovative exercise programme (page 14). Also, one of our medical students delves into a topic that affects all too many healthcare staff – burnout (page 16) – looking at the history of this prevalent phenomenon, and suggesting ways forward in tackling it.

We hope you enjoy this issue of BSMS Pulse magazine, and please do let us know if you have any feedback or suggestions for future features by emailing news@bsms.ac.uk

Best wishes,





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## Paperwork preventing patient care

GP surgeries are denying care to vulnerable patients who do not have the right documentation.

Three-quarters of general practices surveyed in London asked to see ID and housing documentation before they would register patients, according to a recent survey of websites. Such a requirement disproportionately affects marginalised populations such as the homeless, travellers and recent arrivals in the UK, who may have trouble providing such documentation.

Access to primary care is central to providing good NHS services. The NHS Standard Operating Principles in England state that inability to provide identification or proof of address is not reasonable grounds to refuse registration with a GP.

However, in a survey of 100 practices,

often not the case. They found that

documentation would be involved

in the registration process, as well as

conflating administrative tasks with

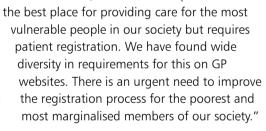
websites frequently stated that

researchers at BSMS discovered this was

which costs the NHS more money," says Dr Elizabeth Ford, Senior Lecturer in Primary Care Research at BSMS. "It also entrenches inequalities in society, where people who are the most vulnerable and least well off will continue to have the worst health outcomes. Not only that, but it breaches NHS Standard Operating Principles and, possibly, the Equalities Act 2010."

In 12% of practices, however, the researchers found GP websites which clearly included a plan for those who could not provide documentation to get registered and to receive treatment.

Dr Max Cooper, Senior Lecturer in Primary Care and Public Health at BSMS, adds: "General practice is



The researchers suggest that one solution would be for all GP practices'
webpages to display an approved statement about rights to access, taken from NHS guidelines, and trialled for language and acceptability with

members of the public.



## **DETERMIND** to improve dementia care

A new £4.7 million national study is aiming to find out what it is that enables one family to live well with dementia and another with ostensibly the same illness and challenges to have very poor experiences.

BSMS is leading a national research programme to address critical, fundamental and as yet unanswered questions about inequalities, outcomes and costs following diagnosis with dementia.

DETERMIND (DETERMinants of quality of life, care with Dementia and their carers) will follow 900 newly diagnosed people affected by dementia over the next three years. The study will deliberately oversample white, working class populations in Newcastle, Black and Asian ethnic minority groups in London, and the lesbian, gay, bisexual, transgender and queer (LGBTQ+) community in Sussex.



"By studying the experiences of different groups, we hope to redress the inequities that currently exist in dementia care," says Dr Ben Hicks, Research Fellow at the Centre for Dementia Studies, who is leading BSMS's role in the study. "Mapping a person's journey with dementia and exploring where any inequalities arise will help us to identify how these might be overcome in planning care and support to maximise quality of life for all."

More than 800,000 people are affected by dementia in the UK at a cost of £23 billion annually, and negative impacts on those with dementia and their families are profound. There exist major inequalities in care for dementia – key factors include local service provision, ethnicity, whether your care is self-funded or paid for by local authorities, and whether you are diagnosed earlier or later in the illness.

The multi-agency project is being funded by the Economic and Social Research Council (ESRC) and the National Institute for Health Research (NIHR).

Sussex Partnership NHS Foundation Trust is inviting people who have been diagnosed with dementia within the past six months, carers and families to join the study. Find out more at: determind.org.uk or contact Ben directly at b.hicks@bsms.ac.uk



## Caring for the carers

An estimated 700,000 family carers support people with dementia in the UK, providing £11.6 billion annually in unpaid dementia care. Without these unpaid carers the UK care system would collapse.

But as anyone who is caring for a loved one with dementia knows, caring can take a huge toll, mentally, emotionally, socially and physically. Balancing their own needs alongside their caring role can be extremely challenging and can have a negative impact on a carer's quality of life.

Now a new questionnaire is available to measure the quality of life of carers supporting people with dementia. C-DEMQOL can be used by researchers and healthcare professionals to measure the quality of life of carers, and assess the effectiveness of interventions and support provided to them.

"All too often the carer of a person with dementia can be forgotten," says Dr Stephanie Daley, Clinical Research Fellow at BSMS and study coordinator. "But if they are not coping well, both the carer and the patient will suffer. So it's vital we understand the impact of

caring for a person with dementia on family carers. Assessing carers' quality of life can inform researchers and health and social care workers about the broad impact of the caring role and the effectiveness of support interventions."

Researchers at the Centre for Dementia Studies at BSMS led the study in order to develop the new measure in collaboration with teams from the University of Kent, University College London, King's College London, the University of Southampton and the London School of Economics.

Funded by the Alzheimer's Society, the research involved the Lived Experience Advisory Panel of carers of people with dementia throughout the process, with more than 440 carers sharing their views on the design and development of C-DEMQOL.



the changes happening and the changes in your relationship – but no sooner do you think you've got on top of it than everything changes again and it feels like you have to start over.

"Being involved in developing the measure was about trying to capture that sense of uncertainty, and contributing to a better understanding of the caring role.

I hope the measure will lead to better support for carers, and a greater emphasis on just how significant that role is."

The final measure can be researcher-led or selfadministered and comprises 30 individual questions assessing five factors that influence quality of life: carer wellbeing, feeling supported, carer-patient relationship, meeting personal needs and confidence in the future.

You can access the measure at: bsms.ac.uk/cdemqol

## Disappointing sex lives for postmenopausal women

Less than a quarter of postmenopausal UK women are sexually active and a mere 3% are happy with their sex life, according to a new study.

Despite 65% of women having partners, findings showed that only around a third of these women were sexually active. Just 3% referred to positive sexual experiences, yet only 6% had sought help for their sexual problems.

The main reason for a lack of sexual activity was not having a partner: around 1,000 women were widows. Health issues in later life were another factor – 27% identified a partner's medical condition and 13.5% a partner's sexual dysfunction as having an impact. Meanwhile 18% identified their own physical health and 12.5% identified menopause-related symptoms as affecting their sex life.

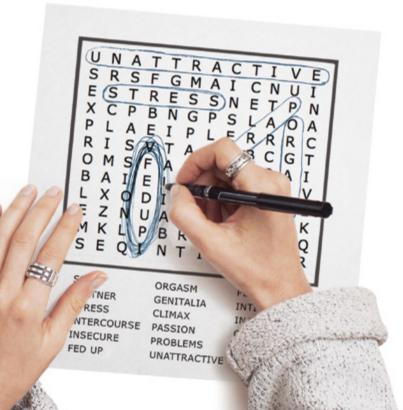
Researchers at Sussex Health Outcomes, Research & Education in Cancer (SHORE-C), based at BSMS, analysed free text comments made in a sexual activity questionnaire by more than 4,000 women taking part in the UK Collaborative Trial of Ovarian Cancer Screening (UKCTOCS). They identified four major themes: partner availability, physical and sexual health, mental wellbeing and interpersonal relationships.

"Women spend a large part of their life postmenopausal, and a healthy sex life should be part of that, as we know that it contributes to overall wellbeing and happiness," says Dr Helena Harder, lead author of the paper and Research Fellow at BSMS.

"Women may feel embarrassed about seeking help around sexual issues, and healthcare professionals may also be uncomfortable bringing this up this. But our results have identified a definite need for further training for healthcare professionals so they are better able to support postmenopausal women in overcoming barriers to a happy, healthy sex life."

Professor Dame Lesley Fallowfield, study lead and Professor of Psycho Oncology at BSMS, adds: "It is important to recognise the need for partners to seek help too, as demonstrated by our research. They can also feel ashamed to seek professional help and admit to having sexual difficulties, but this is imperative if couples want to achieve a happy and healthy sex life."

The study was published in the journal Menopause.



## Gap in teaching and learning of prescribing

A national survey published by BSMS has found that the majority of UK medical students believe that their medical course does not prepare them sufficiently for practical prescribing of medications.

Prescribing of medicines is one of the most common patient-facing healthcare interventions today. As a complex, high-risk process, which comes at a huge expense (more than £17 billion - more than 14% of the NHS budget per year), prescribing has serious implications for patients' safety and the UK health economy. With an ageing population, who live with multiple health conditions, the use of medicines continues to increase, bringing with it a greater risk of overprescribing and prescribing errors.

There are 50 million prescribing errors a year in England alone and 52% of them have the potential to cause significant harm to patients. Prescribing errors complicate the use of medicines and are a particular problem for foundation doctors, who are less experienced but responsible for the vast majority of prescribing in hospitals.

More than 1,000 students in years 3-5 from 25 medical schools took part in the survey, which found a range of methods are utilised in teaching and learning of practical prescribing. However, the methods perceived by students to be most effective such as pre-prescribing (a controlled process that allows students to write actual prescriptions on in-patient medicine charts) and simulation are not widely available or are only reserved for the final year of study, when they undertake the national Prescribing Safety Assessment.

"Our survey found that medical students are largely feeling inadequately prepared for prescribing on graduation," says Dr Mike Okorie. Senior Lecturer in Medicine and Medical Education at BSMS and lead author of the study.

"This highlights the teaching and learning of practical prescribing as an area of utmost importance in medical education. We are now analysing data from a panel of experts to agree on appropriate content for a dedicated curriculum in practical prescribing in medical schools. Such a curriculum would better prepare medical students for prescribing on graduation and might reduce the risk of prescribing errors."

The results of the survey were published in the *British* Journal of Clinical Pharmacology and the European Journal of Clinical Pharmacology.



#### Research

#### A conversation with ...



### rofessor Sumita Verma

#### Tell us about your role at BSMS

I am Professor of Hepatology at BSMS and have an Honorary Consultant contract at Brighton and Sussex University Hospitals NHS Trust.

My job is a 50/50 split between clinical and academic commitments. At BSMS I'm involved in research, teaching and supporting activities such as examining, interviewing and chairing exam boards.

#### What are your particular research interests?

Liver deaths in England have increased by more than 250% since 1971 and now constitute the fourth most common cause of years of life lost.

In 2016, after the development of highly safe and effective antiviral drugs, the World Health Organization mandated that hepatitis C (HCV) be eliminated by 2030. However, the disease disproportionately affects vulnerable adults (such as people who inject drugs and homeless people), and nationally up to 50% of individuals remain undiagnosed.

My research is largely focused around working among these hard-to-reach communities to provide early diagnosis, care and treatment.

#### What are you working on at the moment?

I'm working on developing novel community models of care for vulnerable adults, to strengthen the link between community care and earlier diagnosis of liver disease, both HCV and alcohol related.

We have an ongoing study (ITTREAT) based at a drug and alcohol service, where we are providing a comprehensive liver service. A second study based at homeless hostels (VALID study) has just finished. We are about to commence a third study at homeless hostels in East and West Sussex (END C study), and have an ongoing study looking at liver disease in people living with HIV (HEAL study).

We work collaboratively in these centres with psychiatrists, drug and alcohol workers, social care and primary care physicians. We use a novel finger prick test and an oral swab to check for blood borne viruses, and a painless scan to check for liver scarring. Our data shows high prevalence of HCV and alcohol excess among people who inject drugs and the homeless.

We are evaluating these innovative multidisciplinary and integrated community models of care by collecting clinical, patient-reported, health economic and qualitative outcomes. I'm pleased to say our HCV cure rates are comparable to secondary care with significant improvement in quality of life – and are being achieved at modest costs.

Another focus of my research is improving symptoms in advanced liver disease, and I have just finished the REDUCe study, working with patients who have incurable cirrhosis and ascites.

The most common symptom of advanced liver disease is painful fluid build-up in the abdomen (ascites), and we are researching the use of long-term abdominal drains at home to see if they can reduce the need for repeated drainage in hospital. We are currently analysing the data from this study.

#### What got you interested in this area of research?

My research has mostly been driven by patients. Most people with liver disease are vulnerable and disenfranchised with poor access to healthcare and research. Despite high liver disease burden, they often do not engage with health services. Our research hopes to address this inequity.

#### How do you think this research could help in terms of benefits to patients?

Our research has led to direct patient benefit. Engagement with health services and early diagnosis of liver disease have resulted in timely targeted

treatment with improvement in quality of life (both generic and liver specific) for patients. It has allowed these vulnerable adults to once again become functioning members of society.

Qualitative outcomes suggest that community models of care can overcome barriers both at a personal and provider level. The REDUCe study has provided early evidence that patients with advanced liver disease can be managed successfully in the community and spend their remaining life at home, avoiding the trauma of repeated hospitalisation for fluid drainage.

#### What do you enjoy most about your job?

I enjoy the mix of both clinical and
academic activities –
there is a lot of
variety in my job.

Where do you hope to take your research in the future?

Given the success of our community progammes within the local area, I would like to conduct a wider study, looking to improve the health of vulnerable communities across the UK.

## Are we immune to biased websites?

Online information about "boosting your immunity" is based on commercially biased sources, according to research led by BSMS.

Researchers carried out a search for 'boost immunity' and then analysed the results for the top 200 websites. They found that a third of these were commercial websites selling or promoting the use of supplements, herbs or probiotics, while another third consisted of news and media outlets.

Minerals, vitamins, oils and Echinacea were among the top recommendations for supplements to take, while vaccines, the most proven and effective method of boosting immunity, were only mentioned by 12% of the websites analysed (and in 5% of the commercial websites). This means that vaccines ranked at a lowly 27th on the list out of all the ways you can boost your immunity, according to online sources.

Nearly 80% of the websites analysed did advise people to eat a healthy diet including fruit, which was reassuring, but 36% suggested various supplements.

"We all need to eat a balanced diet to stay healthy, but taking supplements isn't a proven way of boosting our immunity," says Professor Pietro Ghezzi, Chair of Experimental Medicine at BSMS and lead author of the study. "If we don't eat enough vitamin C, for example, we can get scurvy, but why do so many people believe that taking additional vitamin C or antioxidants is good for their immune system? This study shows how much of the information that exists online is not based on scientific evidence, such as that which is obtained with clinical trials.

"While the study does not explain why healthy people believe that they should take vitamins or antioxidants to boost their immunity and prevent infection, it shows that much of the information common knowledge is built upon is based on commercially biased sources. More importantly, it is astonishing how most of this information does not mention vaccines."

The study has been published in *Frontiers in Medicine*.





A new study led by researchers at BSMS finds that delayed, rather than early, cord clamping may reduce the risk of death before discharge for babies born preterm.

Researchers set out to determine if delayed cord clamping or umbilical cord milking improves the health outcomes for babies born before 37 weeks' gestation. These interventions were compared with early cord clamping.

Babies born before 37 weeks, or preterm, have poorer health outcomes than babies born at term, particularly if they are born before 32 weeks. They can experience problems with the functioning of many of their major organs including their lungs, gut and hearts, and have a greater risk of dying or having long-term problems such as cerebral palsy. After birth, the babies may need blood transfusions and drugs to strengthen their heart contractions (inotropes) and to raise their blood pressure. It is important to try to find ways of improving the health of these tiny babies.

"Early clamping of the umbilical cord has been standard practice over many years," says Heike Rabe, Professor of Perinatal Medicine and Honorary Consultant Neonatologist at BSMS. "It allows the baby to be transferred quickly to care from a specialist team of doctors either at the side of the room or in another room. Yet, delayed clamping for half to three or more

minutes allows continuing blood flow between the mother and her baby, and this may help the baby to adjust to breathing air. Squeezing blood along the umbilical cord towards the baby (milking the cord) can boost the baby's blood volume, and this may improve the baby's health.

"Our study found that delayed, rather than early, cord clamping may reduce the risk of death before discharge for babies born preterm. As there have only been a few studies that follow babies for health outcomes in early childhood to date and there is insufficient evidence for reliable conclusions on providing immediate care for the baby beside the mother with the cord intact, immediate neonatal care with the cord intact requires further study."

Researchers collected and analysed 40 published studies, which provided data on 4,884 babies and their mothers. These studies had been undertaken across the world, but mostly in high-income countries and the births were in hospitals which practiced early clamping.

The study is published by the Cochrane Review Library.





"Brighton and Sussex has a large population of people living with HIV, which is the oldest cohort of people with the condition in the UK and one of the oldest in Europe," says Dr Jaime Vera, who received funding from Gilead to set up Positive Living. "Therefore, it's really important that they have access to exercise and facilities that can improve the outcomes of many issues associated with HIV, such as isolation, ageing and comorbidities.

"Exercise and active living can really help to improve our physical and emotional health but not everyone has access to exercise facilities, or can find facilities that are tailored to their needs or requirements, and that's a problem area that the Positive Living Programme is trying to address."

Hattie Yannaghas adds: "The programme has been really successful, with people showing a real keenness to attend the sessions every week, which has been great to see. People have told us they don't feel comfortable going to the gym but they do feel comfortable here. One of the participants, who is visually impaired, found that he never received any support or help at his local gym, which meant he wasn't able to exercise at all. Another has osteoporosis, and couldn't find a gym that could support his physical needs, with the exception of short-term physiotherapy, so this seems to be a crucial service."

Sarah Silbertson, a physiotherapist at Sussex Community NHS Foundation Trust, who leads the classes, says: "My role is to assess the participants and do mental and physical assessments so we can get a baseline starting point, before we set



"We then review things after 12 weeks to see if people have improved physically. A few of the participants have also done things outside in their own time to improve their fitness further, which has been fantastic to see. Everyone has improved so it's clearly working! There has been a lovely atmosphere in the classes too – it's supportive and not competitive."

The other main strength of the programme is that it builds friendships and a community. Dr Vera adds: "The classes are small, which means you get to know other people who can support you. They offer a space where participants feel safe and don't feel stigmatised, which is often not the case elsewhere."

This is also echoed by the participants. Pete\* has been attending the classes for nine weeks. He says: "I get to meet people and it's a sociable thing for me. It is just a friendly room with friendly people. I've been a member at gyms before but I never enjoyed it as it's been too competitive. It's not like that here – we're helping each other, not competing against each other."

Tim\*, who has been coming for six weeks, adds: "I have been a diabetic for 10 years and my condition flared up again recently. This programme was recommended to me and it has been great. What I really like is the class size – I've joined gyms before and felt lost, but here you can talk with the instructors and really benefit from their expertise."

The team have now received additional funding to run classes twice a week. Not only is this beneficial for people wanting to take part, it also helps to strengthen Dr Vera's research, which is continuing alongside the programme. "All of the data we collect at the beginning and at the end of the programme, coupled with the feedback we get from the participants, will act as evidence to roll it out on a wider scale," he says.

The Positive Living Programme is open to anyone living with HIV living in Sussex. To find out more, go to **sussexbeacon.org.uk/services-we-provide/positive-living-programme** or call 01273 694222.

<sup>\*</sup>Names have been changed.

## The burnout bug



Burnout is a common condition in the health service, with estimates among healthcare staff ranging from 20% to as high as 50%. Fourth-year BSMS student Elliott Sharp studied the phenomenon during his intercalated MSc in Healthcare Leadership and Commissioning last year. Here he shares

what he learned about burnout, why it's so pervasive and difficult to prevent, and suggests a way forward for tackling it.

#### Where did the term 'burnout' come from?

In 1974, an American clinical psychologist Herbert Freudenberger, who worked at free health clinics for the poor, noticed that volunteer healthcare workers followed a predictable pattern over the course of a year where they became emotionally tired and would lose motivation in their work. Freudenberger coined the term 'burnout' for this newly identified phenomenon.

#### What is burnout?

The World Health Organization (WHO) defines burnout in the International Classification of Diseases as an 'occupational phenomenon' **not** a medical condition. Burnout arises when chronic workplace stress is not successfully managed and has three core dimensions: feeling exhausted; increased mental distance or feelings of cynicism towards one's job; and decreased professional efficacy.

However, burnout has also been described as the entire process of emotional decline and not just the outcome of the process. By recognising it as such, it may be possible to identify those affected earlier and prevent their burnout getting worse. This is particularly important because burnout has an intrinsic positive feedback loop where the symptoms can amplify the underlying cause.

#### What causes burnout?

Current evidence suggests that demographic factors such as gender, ethnicity, age or even occupational seniority cannot help predict whether someone develops burnout.

In my opinion, the causes of burnout are best illustrated by a case study of a psychiatric nurse by Schwartz and Will in 1953. Every day, the nurse cared for challenging psychiatric patients and typically did a fantastic job maintaining emotionally challenging but constructive relationships with patients. Work was deeply important to her because her sense of purpose in life came from helping these patients. However, in time her constructive relationship with some patients broke down and she was unable to help them. Feeling guilty that she 'failed' these patients, she cognitively withdrew from her work to reduce the burden of her guilt. As a result, she became less caring towards other patients, and these relationships also started to break down. Her managers then began to support her less because she was less effective at her job. This created a vicious cycle where the symptoms – her cognitive withdrawal – would amplify the cause – her feeling unable to help.

This case illustrates two underlying causes of burnout. Firstly, the nurse had unrealistic expectations for her job which she failed to adjust. She expected all her patient relationships to be constructive without understanding this would not always be possible no matter what she did.

Secondly, she did not have appropriate support around her to get out of the cycle of decline, as she had neglected other activities in her life that would have helped her cope when her job failed to deliver the sense of purpose she hoped for. Also, her managers became less supportive when she initially became worse at caring for patients, the exact opposite of what would have helped her.

### to be increasing?

An increase in burnout could be explained by two societal trends we have seen: an increasing focus on gaining personal fulfilment at work combined with a greater focus on the individual, making workers more alienated from their communities.

Also 'emotional contagion' theory suggests that it is possible for the emotions of someone in a group to spread to the others like an infection, so if one person in a workplace experiences burnout, others may rationalise it as an appropriate response to work stresses.

#### What can help reduce burnout?

Unfortunately, there is no silver bullet to fix burnout. A 2016 systematic review in The Lancet suggested that a variety of individually focused interventions, such as mindfulness, small group discussion and stress management can help specific groups of people in the short term. However, which specific groups these interventions help most and the optimal combination of interventions remain unclear, as does the efficacy of these over the medium and long term. Organisational-level interventions can also help but suffer from similar limitations.

I believe that future research should target the cause of burnout rather than the symptoms, with a focus on helping people develop realistic job expectations and encouraging them to pursue meaningful activities and relationships outside of the workplace.

#### What can you do if you think you have burnout?

Take a break from work if possible – research suggests the longer the better. The only 100% effective solution for an occupational phenomenon is to separate yourself from the occupation.

If this isn't possible, reach out to others and resist the urge to become more withdrawn. Speak to your friends, family or significant other and build a supportive framework around you. Make sure your expectations are realistic for your job, however painful it may be to change them in the short term.

#### News

#### Research news

Professor Dame Lesley Fallowfield, Professor of Psycho Oncology at Sussex Health Outcomes Research and Education in Cancer (SHORE-C), has been awarded the prestigious Umberto Veronisi Foundation award in recognition of her leading role in advancing science and care of breast cancer patients.

BSMS students Ben Subhani and Demi Amos-Oluwole won the Best Paper award at the European Conference for Cognitive Ergonomics in Belfast in September, for their individual research projects on how elements of mind wandering affect psychological processes.

A new study by Dr Andrea Pepper, Senior

Lecturer in Cancer Research, and colleagues, has found that targeting the interaction between cells could be a more therapeutic option for fighting Follicular lymphoma (FL), a largely incurable cancer. FL results in the accumulation of malignant B Lymphocytes, which are essential for fighting infections. Historical therapies have been directed at the tumour cells themselves, but it has become increasingly apparent that the malignant cells are 'hijacking' the normal cells within the lymph

nodes and interacting with them to promote their own proliferation and survival. The study was published in Haematologica.

A study led by Dr Marco Bozzali, Senior Lecturer (Honorary Consultant) in Neurology at BSMS, has featured as a high impact paper in multidisciplinary science journal Nature. Marco and colleagues extracted disorder connectome fingerprints for multiple brain disorders and combined them into a 'cross-disorder disconnectivity involvement map', describing the level of cross-disorder involvement of each white matter pathway of the human brain network.

#### School and student news

#### BSMS in top 20 small university list

BSMS came 11th in the Times Higher Education (THE) list for world's best small universities in 2019. BSMS is the only institution from the UK to feature in the top 20. To be eligible for the ranking, universities must appear in THE's World University Rankings 2019, teach more than four subjects and have fewer than 5,000 students. With fewer than 1,000 students. BSMS is one of the smallest institutions to feature in the list.

Left to right: Lydia Carline, Professor Claire Smith, Catherine Hennessy and Bruno Smith

#### **Human Tissue Authority** Licence awarded

The Anatomy Laboratory at BSMS has been awarded a Human Tissue Authority Licence for public display, meaning that the Anatomy team are now able to permit the public display of consented human tissue. This will give wider groups of people, such as artists and teachers, access to the facilities for education, training and health promotion.

#### Dean elected to Medical **Schools Council**

Professor Malcolm Reed. Dean of BSMS, has been elected as co-Chair of the Medical Schools Council, along with Prof John Atherton, Pro Vice Chancellor and Dean of the Faculty of Medicine and Health Sciences at the University of Nottingham. This is the first time that the organisation has been jointly led, providing an opportunity for the co-Chairs to bring their experience in different areas to the council's activities.

#### Opening up conversations about dying and death

Staff from Sussex Health Outcomes Research and Education in Cancer (SHORE-C) at BSMS took part in a new campaign, the Departure Lounge, inside Lewisham shopping centre, London, in May, with the aim of making death a more acceptable topic of conversation. An interactive exhibition space, the Departure Lounge was designed for people to explore personal stories, discover practical advice and consider some of the big questions we all have about death and dying.



#### **Events**

#### **Upcoming events**

#### **Public lecture: Cutting out youth violence**

A leading trauma surgeon who saves lives through surgery, community work and an innovative programme helping victims of knife and gun crime is giving this year's BSMS welcome lecture. Mr Martin Griffiths has spent the past 15 years working in the community in east London to reduce violence, visiting schools and educating young people about the stark realities of knife and gun crime. He set up the UK's first integrated ward-based violence reduction service at Barts Health NHS Trust, which has had spectacular success in reducing retaliation and violent re-offending among vulnerable young people.

Thursday 21 November 2019, 6:30-7.30pm Chowen Lecture Theatre, Medical Teaching Building, University of Sussex Free. Book tickets at bit.ly/BSMSwelcome2019



#### **Inaugural lecture**

Professor Valerie Jenkins will present her inaugural lecture 'How psycho-oncology research helps patients with cancer' on 13 November, The



lecture takes place in the Chowen Lecture Theatre, Medical Teaching Building, and starts at 6:30pm.

Free. Book tickets at bsms.ac.uk/events

#### Event round-up

#### **Exhibition focuses on neglected tropical disease**

A powerful photo exhibition highlighted the neglected tropical disease podoconiosis at the 11th European Congress on Tropical Medicine and International Health and the 10th NTDs NGO Network (NNN) conference in September.

The photos, taken in Ethiopia by photojournalist Dr Alex Kumar, were also published in The Lancet that month, showing the impact of the condition on the poor highland communities affected, and the steps taken to treat and prevent it.



#### **Discussing diversity** in doctors

How do we ensure that our future doctors reflect the community they serve? That's one of the many questions discussed at the BSMS admissions conference held in September. Staff, students, guests and patient educators attended this thought-provoking day, which also looked at disability, and how we can support disabled students in their medical training.



#### Conference celebrates equality in medicine

BSMS and Brighton and Sussex University Hospitals NHS Trust (BSUHT) organised and hosted the first Career Progression and Equality in Medicine Conference in October. A range of important and empowering topics were discussed including leadership, career development and the pay gap, unconscious bias and bullying in healthcare and how to 'have an impact' and gain recognition.



Left to right: Scarlett McNally, Sabina Dizdarevic. Anouk van der Avoirt, Dame Jane Dacre, Anna Crown. Jenny Holmes and Malcolm Reed



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