

## Close to Alzheimer's breakthrough

Dr Naji Tabet's work on clinical trials



### In this issue

- Why we should get children involved in health research
- The appeals of general practice
- How sound is health information on the internet?



from the Dean,  
**Professor Malcolm Reed**

I would like to congratulate all our colleagues at BSMS and the NHS hospitals and general practices we work so closely with on the remarkable achievement of BSMS being ranked joint first among medical schools in the National Student Survey (NSS). This annual survey, which is completed by our final year students, has consistently demonstrated the excellent learning experience BSMS provides, and over the years results have continued to improve in areas such as assessment and feedback (see page 18).

This summer we sadly said farewell to Dr Inam Haq, who has been a major factor in the increasing success of our undergraduate course, and we wish him well in his new role of Associate Dean (Learning and Teaching) at Sydney Medical School. I am delighted to announce that Dr Juliet Wright has taken on the role of Director of Undergraduate Teaching and Learning here at BSMS. Given Dr Wright's extensive experience and reputation in the school, I am confident that we will maintain and build on our high-quality education and student experience.

We will soon be finalising and implementing our exciting new research strategy for the coming decade. In an increasingly competitive world of funding and publication, and with growing scrutiny of factors such as the impact of our research beyond academia, it is essential that we identify our areas of strength for strategic development. By supporting our staff in research activity to ensure their own professional development, we are also able to provide our students with a research-rich learning environment.

This Autumn issue of Pulse takes a look at Dr Naji Tabet's role in international clinical trials that may lead to the first disease-modifying treatment for Alzheimer's (p 4). This could mean a major breakthrough in the way in which we treat the disease in the future. Meanwhile, Professor Bobbie Farsides explains why she believes it's vital that we involve children to a greater degree in planning the medical research that may affect them (p 10).

Professor Pietro Ghezzi investigates just how reliable it is to 'google' medical advice and information (p 12), while fifth-year student Mansi Shah explains why she's drawn to general practice as a career path (p14).

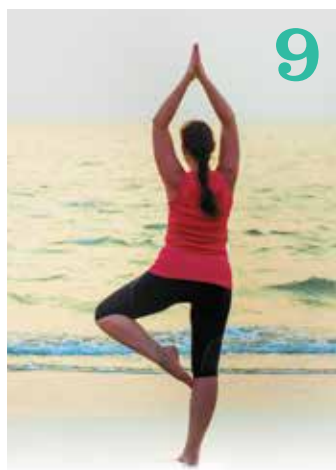
These are just a few of the stories covered in this issue, giving a brief overview of the work going on at the School. We hope you enjoy them, and please do let get in touch with any comments or suggestions for future stories.

Best wishes,

Congratulations to the class of 2015,  
who graduated from BSMS in July







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**Pulse** is the magazine of Brighton and Sussex Medical School.  
Contact Julie Wilton at [j.wilton@bsms.ac.uk](mailto:j.wilton@bsms.ac.uk) if you have any news stories, comments, or would like to amend your mailing details.

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# On the verge of an Alzheimer's breakthrough

**A new drug may revolutionise the way in which Alzheimer's disease is treated. Following five years of clinical trials, Solanezumab has been shown to slow the decline of the brain among patients with early or mild Alzheimer's, meaning it's the first disease-modifying treatment for the disease.**

Dr Naji Tabet, Senior Lecturer in Old Age Psychiatry at BSMS, has been principal investigator of the Sussex clinical trial for the drug. The Sussex Partnership Cognitive Treatment Research Unit in Crowborough is one of just a few units around the UK that have participated in the international trials of Solanezumab, which have involved more than 1000 patients in total.

Dr Tabet has been involved with the trials from day one, working with 12 local patients, and welcomes the promising news from drug manufacturer Eli Lilly.

"Until now, researchers working in Alzheimer's have been very frustrated – we just haven't had an effective treatment for the disease. All we've had is a symptomatic treatment that only helps some of the patients some of the time, and even then for only around six months to two years, when the drug loses its effect," says Dr Tabet.

"What's really promising is that Solanezumab appears to work at a deeper level than these current treatments, which just alleviate symptoms. This drug would provide the first immunotherapy, meaning it changes the actual underlying pathology of the disease.

"If the final trial is successful, Solanezumab will offer a new avenue of treatment, giving hope to millions of patients by increasing their quality of life and hopefully extending their lives by years."

Although trials began five years ago, they were almost abandoned as being unsuccessful. However, when researchers further reviewed results, they noticed that although the drug had little or no effect on those with moderate Alzheimer's, it appeared to have a much

greater effect on those with an early or mild form of the disease. These results were also borne out by Dr Tabet's study.

Now the Sussex team is involved in the final round of testing, which focuses on people with mild Alzheimer's, and results should be known late next year. If results replicate those already found, it's highly likely the drug will go on to be licensed.

### How Solanezumab works

The drug targets amyloid, a protein that is known to build up in the brain in people with Alzheimer's, forming structures known as plaques. These plaques reduce the effectiveness of healthy neurons (nerve cells that carry messages to and from the brain), gradually destroying them.

Solanezumab helps dissolve these harmful amyloid plaques, reducing the speed of the decline of the brain among patients with early/mild Alzheimers. Initial tests suggest it may be able to reduce the decline in brain cognitive function by up to a third.



Dr Naji Tabet with patient Roy Fuller, who started on Solanezumab in 2010. Wife Barbara says: "We're quite sure it's slowed the progress of Alzheimer's."



### **Trial in action**

"At first we thought Val was just showing the normal attributes of old age, things like forgetting her keys. It was the children who really noticed a difference, as they visited us once or twice a month," says 77-year-old Chris Ruoss.

In 2009, Chris's wife Val, now 75, was diagnosed with mild Alzheimer's. A year later she was offered a place on Dr Tabet's clinical trial for Solanezumab.

The couple had no qualms about taking part. "We received a lot of reassuring information about what the trial involved, so were keen to participate," says Chris.

For the first 18 months, Val was on a blind trial, and the couple still don't know if she was on

the actual drug or a placebo. After that, she was offered Solanezumab, which she has been taking since.

"Of course it's hard to know for sure, but we definitely believe it's working," says Chris. "Alzheimer's tends to progress at a very steady decline, and while this has happened to a certain extent for Val, it's not nearly as much as you'd expect in the six years since she was diagnosed."

The couple keep active, and Val walks Winnie the dog for around five miles a day.

"I'm one of the lucky ones," she says. "Chris has been amazing. And I was just in the right place at the right time."





A conversation with ...

# Dr Tim Chevassut

### **Tell us about your role**

I have a joint appointment as a senior lecturer and researcher at BSMS and consultant haematologist at Brighton and Sussex University Hospitals Trust. It's a great job as it allows me to do the things I'm passionate about – teaching students, treating patients and doing research into blood cancers.

### **What are your particular research interests?**

I'm interested in all aspects of blood cancers but acute myeloid leukaemia (AML) is the one closest to my heart. AML can be a devastating disease, affecting old and young alike. However, despite enormous advances in our understanding of the condition, the treatments we offer patients and survival rates, particularly in the over-60s, haven't really changed much in the past 40 years.

### **What research are you doing at BSMS?**

We do translational research here – meaning we learn from patients and from the blood samples they kindly donate to our research projects in order to better understand the disease. In this way, we aim to develop new tests and even treatments that we

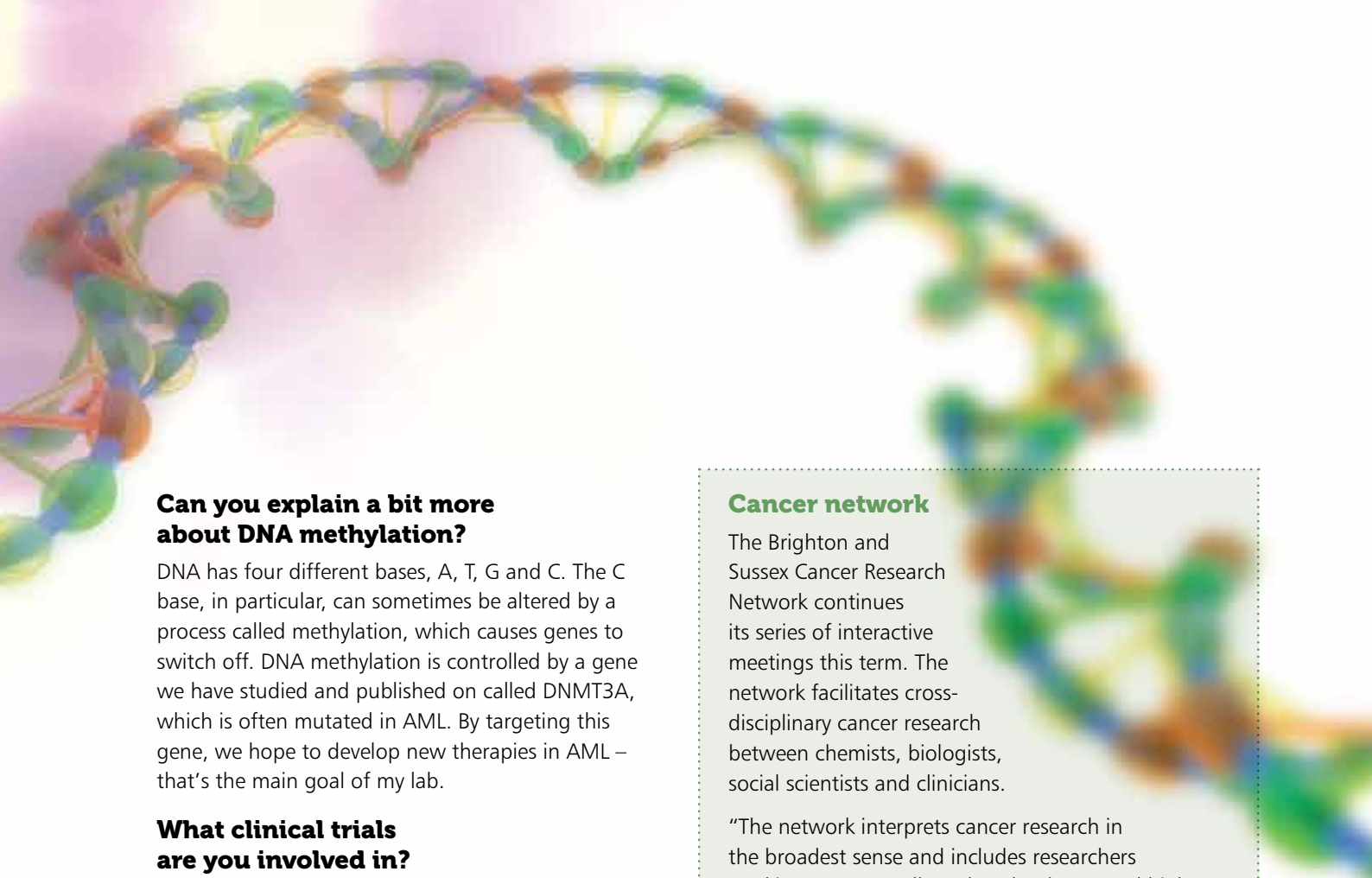
hope will go back into the clinic to improve patient management. So it's a 360 degree process.

### **What are you working on now in the lab?**

My recent research has focused on an exciting new drug called JQ1, which was developed collaboratively between Oxford and Harvard. We have been working closely with the co-discoverer at Oxford to determine how JQ1 works.

The drug looks to be very promising in treating AML and is already entering clinical trials – one of which we hope to open here in Brighton. I believe this type of “epigenetic” therapy could really improve the prospects for patients with AML over the coming decade.

The other focus of my lab is stem cells. In AML the stem cells turn bad, and the cancer is fuelled by what we call leukemic stem cells. Stem cell therapy has long been an important type of treatment in AML and many of our patients go on to receive a stem cell transplant. Our hope is that by targeting the leukaemic stem cells, for instance by using drugs like JQ1, we can cure more patients without having to put them through a transplant. Central to this goal is something called DNA methylation, which is often abnormal in AML.



### **Can you explain a bit more about DNA methylation?**

DNA has four different bases, A, T, G and C. The C base, in particular, can sometimes be altered by a process called methylation, which causes genes to switch off. DNA methylation is controlled by a gene we have studied and published on called DNMT3A, which is often mutated in AML. By targeting this gene, we hope to develop new therapies in AML – that's the main goal of my lab.

### **What clinical trials are you involved in?**

Recently, I've initiated a number of clinical trials based at the Clinical Investigation and Research Unit in Brighton that aim to discover new therapies for AML. One of these, called QUAZAR, aims to see whether a drug known as Azacytidine can stop AML relapsing after chemotherapy treatment. Azacytidine works by inhibiting DNA methylation and, if successful, would be a major improvement in the outlook for many patients diagnosed with AML.

### **What are the other trials?**

We have two other studies that are both phase 1 trials, meaning it's the first time they have been used to treat AML patients. These are very exciting studies, both of which use monoclonal antibodies to target and kill the leukaemic cells.

In one study, KHK2823, the antibody kills the cells directly by binding to a protein on the cell surface. The other study, MEDI4736, is entirely innovative as the antibody works by boosting the patient's immune system to kill the leukaemia cells using the body's own defences. The study is based in the US with Brighton selected as the only UK centre. It's a novel treatment that has already shown remarkable promise in some other types of cancer but this is the first time it has been used to treat patients with leukaemia.

### **Cancer network**

The Brighton and Sussex Cancer Research Network continues its series of interactive meetings this term. The network facilitates cross-disciplinary cancer research between chemists, biologists, social scientists and clinicians.

"The network interprets cancer research in the broadest sense and includes researchers working on stem cells and/or developmental biology using human cells and/or any model organism," says Dr Sarah Newbury, Reader in Cell Biology at BSMS, who leads the group, along with Dr Melanie Flint (University of Brighton) and Professor Mark Bagley (University of Sussex).

### **Upcoming events:**

#### **October**

**"Identification of novel druggable targets and elucidation of their role in cancer signalling networks"**

**Thursday 29 October 4pm - 6pm**  
**Dr George Giamas, University of Sussex**

#### **November**

**"Plasticity and recruitment of tumour associated macrophages in murine metastatic melanoma"**

**Thursday 26 November 4pm - 6pm**  
**Dr Annamaria Gal, University of Brighton**

Talks will last 50 minutes followed by a discussion and networking.

Refreshments will be provided.

For further information and to book your place, please contact [s.newbury@bsms.ac.uk](mailto:s.newbury@bsms.ac.uk) or [m.flint@brighton.ac.uk](mailto:m.flint@brighton.ac.uk)

# Delaying cutting the cord affects development

**Waiting just a few minutes to cut the umbilical cord at birth could make a difference to child development, according to a new study.**

Motor and social skills were observed in boys whose umbilical cords had been cut later. Results showed that boys whose umbilical cords were cut three minutes after their birth tended to have slightly better fine motor and social skills at the age of four than those whose cords were cut immediately.

"There is growing evidence from a number of studies that all infants, those born at full-term and those born early, benefit from the extra blood received from the placenta by delaying cord cutting at birth," says Dr Heike Rabe, neonatologist and senior lecturer at BSMS, who wrote the editorial to the study published in the journal *JAMA Pediatrics*. "This study shows that among boys this can have a long-term effect on development."

By delaying the clamping of the cord, and allowing more blood to reach the baby from the placenta, a child's blood volume can be increased by up to a third. Iron storage is also increased, helping brain development.

"The extra blood at birth helps the baby to cope better with the transition from life in the womb, where everything is provided for them by the placenta and the mother, to the outside world," Dr Rabe says. "Their lungs get more blood so that the exchange of oxygen into the blood can take place smoothly."

The study took place in Sweden among 263 full-term babies. Half of the group had their cords clamped immediately, and the other half had them clamped after three minutes.

The children were then followed up at the age of four, and were tested in IQ, motor skills, social skills, problem-solving, communication and behaviour. Boys whose cords had been clamped after a delay showed modestly higher scores in social skills and fine motor skills. The girls, however, did not show any improvement in these areas.

"We don't know exactly why, but speculate that girls receive extra protection through higher oestrogen levels while in the womb," Dr Rabe says.

Previous studies have shown the benefits of delayed clamping to newborn babies, particularly those born preterm, but this is the first study to follow up full-term newborn babies past infancy.

Dr Rabe has conducted previous studies on the effect of delayed clamping on pre-term infants. As lead author of the Cochrane Review, her research has been used by the World Health Organization in developing recommendations for cord clamping in pre-term infants.





# Yogic breathing helps health

Controlled slow breathing, similar to that used in yoga practice, can have a positive impact on both physical and psychological wellbeing, according to a new study.

Researchers at BSMS' Clinical Imaging Sciences Centre used state-of-the-art imaging techniques to monitor volunteers' brains and bodies as they breathed under a variety of conditions.

The neural, cardiovascular and respiratory activity of volunteers was measured as they responded to different levels of oxygen concentration, using both spontaneous and controlled rates of breathing.

The researchers found that a low oxygen supply causes parts of the brain associated with emotion and stress to activate. However, when the volunteers controlled their

breathing it had a positive impact, stimulating areas of the brain involved in control and reward.

The optimal rate of controlled slow breathing appears to be around six breaths per minute, a rate similar to that used in yoga practice.

These findings could in the future help people suffering from physical and psychological disorders, such as high blood pressure or anxiety.

"By learning about the mechanisms through which body, brain and mind interact, we can develop approaches to manage both medical and psychological disorders," says Professor Hugo Critchley, who led the study.



## Red wine risk

Two glasses of red wine can relax the arteries and lower blood pressure in the short term, according to a new study by Professor Chakravarthi Rajkumar, Chair in Elderly Care and Stroke Medicine at BSMS. The following day, however, blood pressure increases and arteries become stiffer, which could increase the risk of stroke or heart attack.

Professor Rajkumar's team investigated the effects of drinking red wine on 21 healthy, young adults over a 24-hour period, monitoring blood pressure and the accompanying changes to the stiffness of the arteries.

There was a decrease in participants' blood pressure after drinking red wine, followed by a slight increase the following morning, with similar findings in arterial stiffness.

"Alcohol consumption is very common in our society, so it's useful for GPs and specialists to know the effect of alcohol on patients' blood pressure," says Professor Rajkumar. "As arterial stiffness has proved to be a very high risk factor for stroke and heart attack, this would be particularly important when giving advice about alcohol consumption to patients with hypertension.

"Although the initial drop in blood pressure could be beneficial, the increase the following day could be significant, increasing the risk of a stroke or heart attack. As these results were found among young, healthy patients drinking the recommended amount, the effects may well be exaggerated in an older population with high blood pressure, or with heavier drinking."

The findings have been published in the *Journal of Hypertension*.

# Through the eyes of babes

**Young people's views and opinions should influence health research, according to a group led by Bobbie Farsides, Professor of Clinical and Biomedical Ethics at BSMS.**

The report by the Nuffield Council on Bioethics suggests that unless ethical concerns about asking children to take part in research are addressed, our understanding of childhood disorders and ability to provide the best possible care will remain limited.

"It will always be easier to say 'no' to research with children on the grounds that it's too difficult, but we should challenge the idea that it's acceptable to continue to offer healthcare to children



without seeking to improve the evidence base for many of the treatments provided,” says Professor Farsides, Chair of the Council’s Working Party.

The report is the result of a two-year inquiry, which heard from over 500 professionals, parents, children and young people in Brighton, the UK and internationally.

“Because of a lack of research specifically with children, evidence on childhood diseases and treatments remains limited,” says Professor Farsides. “As a result, many medicines prescribed to children haven’t been developed specifically for this group, and doctors need to use their expertise to adapt adult doses.

“Of course, being invited to take part in research when a child is sick can be difficult for a family,” she says, “but children told us time and time again that it was

important they should be asked to take part in research, particularly as it may help other children in future.”

### **Ensuring children’s voices are heard**

All medical research projects require approval from a research ethics committee (REC), which assesses their value, risks and benefits. Because members can feel anxious about approving research with children, the Council suggests that RECs consult experts in child health and require researchers to have listened to children and parents when developing their studies.

The Council is now working with bodies such as the Royal College of Paediatrics and the European Medical Agency to find the best ways to implement the report’s recommendations.

## **Ruby’s story**

Ruby Blackwell (left and below) believes children can play an important role in medical research.

“I really don’t mind taking part in research if it could help other children,” the eight year old says.

Ruby, from Peacehaven, has had severe asthma since she was four months old, and really struggled on the usual medication prescribed to children. In and out of hospital during winters, illness took a toll on her growth and she missed a lot of school.

“It was a big worry when Ruby was younger and we hadn’t found the right combination of medication,” says mum Trudi Blackwell. “She started off on normal inhalers, changing to stronger ones, then oral medication. Nothing worked very well for her.”

Ruby has taken part in medical research being conducted by Professor Somnath Mukhopadhyay, Chair in Paediatrics at BSMS and Consultant in Paediatrics at Brighton and Sussex University Hospitals Trust.

She has been part of a trial to see if a particular gene change carried by around 15% of children means that they are unresponsive to the most commonly prescribed inhaler for children.

### **Giving something back**

“Ruby’s been under Prof’s care since she was a baby. I know that if we’re ever struggling I can contact him and the respiratory team – we’d be lost without them,” says Trudi.

“If we can take part in research to help improve life for families like ours, we’re happy to give something back.”

The current combination of medication is working well, and Ruby hasn’t had an overnight hospital admission for 12 months.

“The views of children have helped shape our research,” says Professor Mukhopadhyay. “Previously, we measured the success of asthma treatment by an improvement in lung function. But children have taught us that for them it’s more important to play football, get to school or sleep well at night, than to have good lung function.

“As a result, our trial of personalised medicine is one of the first randomised controlled trials in children’s asthma focusing on quality of life, rather than lung function, as the primary outcome for comparison. The views of children like Ruby and their carers can guide us towards research that makes a real positive impact on children’s lives.”





# Can we trust Dr Google?

**People are increasingly turning to the internet and asking search engines for a diagnosis or the cure for a disease. But how can we know whether the information we find is evidence based and reliable?**

Chair in Experimental Medicine at BSMS, Professor Pietro Ghezzi, and graduate Dr Mubashar Yaquub have investigated whether it is possible to measure the quality of health information websites.

"The internet is now a vast library where you can find information from newspapers, TV, public health authorities, patient advocacy groups, charities and more. But the real challenge is to measure the quality of information available and to know which websites you can trust," says Dr Ghezzi.

The team identified various "dimensions" of information quality. These include measures of transparency, such as whether authorship details are provided, so the reader can find out if information was written by a professional or an amateur, and when it was written.

The study is novel in its use of objective criteria, such as whether the website points the reader towards a specific type of treatment, in order to measure how scientifically sound the information is.

Using a statistical method called hierarchical cluster analysis, the researchers were able to identify a number of different types of websites providing very different kinds of information, some reliable and some less so.

"We hope to find a way to automatically detect health topics for which there is an alarming number of websites that might misinform people, so health authorities and charities will know when they are needed to educate the public," says Professor Ghezzi.

"We should also help people become more information literate, so when they look at a website, they will find it natural to ask the basic questions 'Who wrote this? Do they really know better than me? Are they trying to convince me to buy something?'"

The study was published in *Frontiers Digital Health*.  
<http://journal.frontiersin.org/article/10.3389/fpubh.2015.00204>



# Centre explores podo in Central America

Researchers are investigating how big a public health problem the neglected tropical disease (NTD) podoconiosis is in Central America.

The Wellcome Trust Brighton and Sussex Centre for Global Health Research, based at BSMS, is developing a network in the region to study the impact of the debilitating disease in Costa Rica and Guatemala. It will also support endemic country control through partnerships with two research institutes in those countries.

Podoconiosis (also known as podo) is a preventable and treatable endemic non-filarial elephantiasis, which causes painful swelling in the legs and feet, and can lead to severe immobility. The disease is caused by many years of barefoot contact with irritants in soil found in specific highland tropical areas.

While members of the Centre have been involved in work on podo in Ethiopia since 2006, this is the first time work will focus on the Americas.

"For such an easily preventable and treatable condition, podo takes a terrible toll on some of the poorest people in tropical areas around the world," says Gail Davey, Professor of Global Health Epidemiology at BSMS, who is leading the project. "It's exciting that we are now able to investigate just how big an impact the disease has on people in Central America, and will be able to adapt what we've learned about managing podo in Africa to this region."



## Toolkit "cultivates compassion"



A new online toolkit aims to help sustain morale and compassion among health and social care practitioners.

"The toolkit provides resources to support practitioners in developing ways to make patients, families and colleagues feel cared for and respected," says BSMS project lead, Dr Julia Montgomery.

It was developed through an 18-month collaborative project 'Cultivating Compassionate Care' between BSMS and the Universities of Surrey and Brighton, and was funded by Health Education Kent, Surrey and Sussex.

Fourth-year BSMS student Katie Whan observed a range of acts of kindness while on rotation at Royal Sussex County Hospital, noting those among staff, towards

patients and even between patients. "It was inspiring to see the levels of compassion shown in the hospital setting," she says. "I even found myself taking on some of the acts that we'd witnessed, like making a cup of tea for a tired nurse. It gave me a range of ideas on how to make someone's day that wee bit brighter."

"All medical students are compassionate, otherwise they wouldn't want to care for ill people. But being made more aware of the many ways they could show this would help them in their development as doctors."

The toolkit has been used by staff in the local region.

You can find it at **[cultivatingcompassionatecare.wordpress.com](http://cultivatingcompassionatecare.wordpress.com)**



# Why I'm choosing General Practice

The national shortage of GPs has been big news recently, with a quadrupling in the number of unfilled posts over the past three years. The media frequently paints general practice as the unappealing, less glamorous option available to young doctors, but for many medical students it offers an exciting and varied career. Year-five student **Mansi Shah** (above) explains why she's looking forward to specialising in general practice.

**“50% of your year group will become GPs” is a phrase I heard several times during my first week at medical school.**

I remember sitting in the audience and thinking that I would definitely belong to the other half instead. Today, becoming a GP is something I look forward to immensely. Over the years, through attachments at different practices, I have slowly realised that general practice is where I will be able to give my 100% as a doctor. So why do I now belong to the 50% that will become GPs?

As unfortunate and ignorant as this may sound, before starting my placements in general practice, I belonged to the same crowd of people who thought that GPs merely treat colds and coughs and prescribe antibiotics or paracetamol. My first ever GP visit in first year was a true eye opener – through these visits, I was truly able to appreciate the variety of patients seen by a GP in the span of a few hours.

A hospital consultant is restricted to certain diagnoses in their chosen specialty; general practice requires one to have an extensive breadth of knowledge about

‘everything’. It is precisely this uncertainty of what’s coming next through the door that makes life as a GP seem much more exciting! Furthermore, the specialty requires one to be up-to-date on changes in treatments or protocols for all sub specialties – this is certainly very challenging but a fantastic way to satiate my hunger for constant learning throughout my career.

## **I find it a privilege to know an entire family unit**

Another attractive aspect of general practice is the continuity of care and the longitudinal relationship built with any given patient. Being an inquisitive person, I find it very appealing to know what is going on in my patient’s life and to be in the loop of discussions regarding hospital appointments or admissions. The idea of not knowing what happens to a patient after they are discharged from the hospital fills me with unease and is a reason why being a hospital doctor does not attract me.

Moreover, I find it a privilege to know an entire family unit and be able to comprehend the needs of not only the patient but their whole family in certain situations. This allows me to provide a more holistic approach towards the care given and treat patients on an individual basis, while keeping an entire community well and thus live up to the title of a ‘family doctor’.



A career in general practice provides immense flexibility. Several GPs are now training in an area of a special interest – hence known as GPSIs. In future, I want to get involved in medical education or health promotion/education in my local community – the possibilities are endless and I know that becoming a GP will not restrict me from pursuing my ambitions further.

So, a career that is not monotonous, is challenging yet extremely rewarding and satisfying while allowing one to maintain a balanced life surely seems like a fantastic choice!

Published on GP online



## Leadership and commissioning studies highlighted

A new digest of Masters dissertations exploring change in leadership and commissioning of health and social care has been published by the Division of Medical Education (DME) at BSMS.

The publication summarises 18 postgraduate dissertations from the Leadership and Commissioning Programme, and is co-authored by Course Leader Breda Flaherty (left) and Senior Lecturer Caroline Hopper (right), who coordinates the dissertations.



"Today the NHS is busier, more complex and faces an even greater pressure on resources than ever before – which means there is an increasing need for the kinds of research and critical analysis that we are doing in the Masters programme," says Professor Gordon Ferns, Head of the DME. "Our research is making a tangible difference, helping to shape healthcare policy and ultimately improving care to patients."

Course Leader Breda Flaherty adds: "The studies are diverse, covering the breadth of health and social care in the UK, but what links them all is our postgraduates' commitment to continuous improvement within this sector from their positions as clinicians and managers."

Dr Charlotte Hopkins (centre), Associate Medical Director in Quality

and Safety at Barts Health NHS Trust, recently completed the MSc. "As a registrar, I wanted to learn more about medical management and leadership, to help me towards a consultant post and my future career," she says. Dr Hopkins studied part time over several years, which fitted in with a busy job, and completed a dissertation on critical success factors for delivering quality improvements in a small clinic level. "The programme really helped me to develop my learning and apply this learning to my workplace. I'd highly recommend it to anyone working in health management."

To find out more about the MSc, please contact

**[b.flaherty2@brighton.ac.uk](mailto:b.flaherty2@brighton.ac.uk)**

or download the digest at

**[bit.ly/1iuq2bZ](http://bit.ly/1iuq2bZ)**

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## Queen recognises student's leadership

BSMS postgraduate student and Royal Navy Captain, Julie Thain-Smith has been awarded the Queen's Commendation for Valuable Service in the latest Operational Honours.

Captain Thain-Smith, who is studying for an MSc in Leadership and Management in Healthcare, was deployed as the International Security and Assistance Force Chief Medical Advisor in Kabul for 11 months last year.

She led a large multi-national team in mentoring Afghan medical staff and was the lead medical planner in theatre. Responsible for the delivery of Coalition Force medical care across Afghanistan, she also managed planning for the medical component in the follow-on Resolute Support mission.

"Leading an international team of medical, nursing, medical support officers and logisticians to deliver the required NATO mission outputs was definitely a challenge," says Captain Thain-Smith. "I drew from my existing leadership and management competences honed during my career and brought all the academic theory I'd immersed myself in so far from my academic pathway at BSMS to life."





## Celebrating honorary titles

BSMS honorary title holders joined staff for an informal meeting and dinner in June.

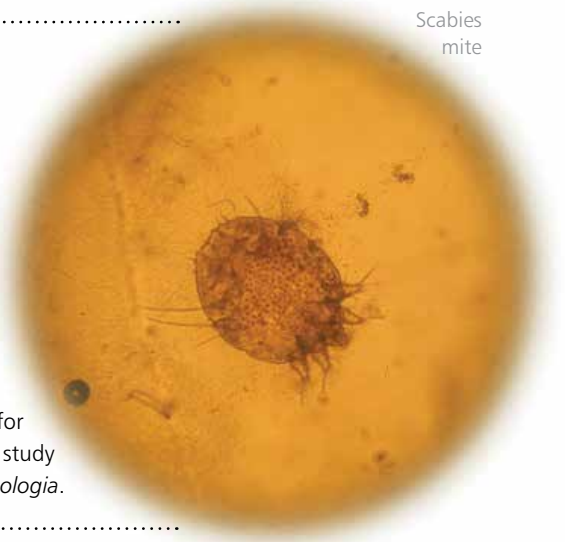
"This annual event is an opportunity for us to thank all our honorary title holders for the hard work they have done for the School over the years," says Professor Kevin Davies, Head of the Division of Medicine at BSMS.

Presentations from academic staff ranged from the future of BSMS and medical education, to the latest dementia research and the devastating neglected tropical disease podoconiosis.

## Researcher news

- Professor Nigel Leigh is co-lead and chief investigator in a major European project to test the molecule Interleukin 2 in treating motor neurone disease.
- Professor Gail Davey has been awarded the St John's Medal at the Royal College of Physicians by the St John's Dermatological Society.
- Professor Jackie Cassell is co-author on a case study published on the ethical and legal challenges in setting up a study on scabies in residential homes.
- Professor Hugo Critchley has been elected as a fellow of the Royal Society of Biology.
- Professor Critchley's team has authored an upcoming editorial on interoception for *JAMA Psychiatry*, and published their study on the first functional neuroimaging study of people who experience abnormal skin sensations of infestation in *Neuropsychologia*.

Scabies mite



Seb Shaw joined other student volunteers at the national Society for Endocrinology's stall at the Big Bang Fair South East, teaching children about the roles of hormones in their bodies.

## School and student news

- Undergraduates Beth McCausland and Sara Abou Sherif, and PhD student Sophie Robinson have been published in journals including *Endocrinology*, *Global Cardiology* and *Biomolecules*.
- PhD student Kebede Deribe was instrumental in getting podoconiosis included in the Global Burden of Disease Study 2015.
- Second-year students Haniah Habash-Bailey and Miranda Manassei took on summer research projects on anxiety disorder and interoceptive processing.
- PhD student Natalie Edelman received a commendation for her entry in the Access to Understanding science writing competition.
- Fourth-year student Amie Patel, supervised by Dr Katy Fidler, won Best Oral Presentation Award at the British HIV Association conference.
- Fourth-year student Camilla Stokholm presented at the International Congress of Clinical Anatomy in Rouen, France, on BSMS students' approaches to learning anatomy.
- Intercalating Masters in Medical Education (iMSc) students Ciara Luscombe and Nick Tollemache were elected to the committee of the Junior Association for the Study of Medical Education and Seb Shaw to the National Students Committee of the Association for Simulation Practice in Healthcare.
- BSMS hosted the Medical School Application Success 'Get into Medicine' conference in July.



# News

## Anatomist and TV presenter awarded honorary degree

Professor Alice Roberts, clinical anatomist, author and broadcaster, became an honorary Doctor of Medicine at this year's graduation. She was presented with her degree when she joined BSMS graduands at the ceremony on 15 July.

A qualified medical doctor, Roberts is Professor of Public Engagement in Science at the University of Birmingham. Her academic work includes teaching anatomy and evolutionary anthropology, and she has appeared on numerous television programmes as an expert presenter.



## School comes top

Students have put BSMS in first place among UK universities for overall satisfaction in the National Student Survey (NSS), with a score of 98%. The School also came joint first for medical schools, along with the University of Oxford and Keele University.

The quality of teaching was rated extremely highly, with 97% of students agreeing that staff were good at explaining things, 96% that staff made the subject interesting and 98% that staff showed enthusiasm for what they were teaching.

Dr Juliet Wright, Director of Undergraduate Teaching and Learning, says: "I am delighted with our outstanding results this year. The particularly high scores for our teaching reflect the enthusiasm and commitment of our staff to deliver consistently top-quality medical education here at BSMS."



"We've always responded positively to the feedback received from our students since our first cohort graduated in 2008, so it's encouraging to see this reflected in our subsequent performance."

Students felt strongly that the course had helped them develop personally, with 100% believing that their communication skills had improved, and 96% that the course had helped them to present themselves with confidence.

## Debating 'the big-C'

BSMS' annual debate in the Brighton Festival tackled the challenging topic of cancer.

The debate saw a panel of experts discuss the disease from a range of perspectives, including the medical, the ethical, the research based and the human.

Panel members included Professor Malcolm Reed, cancer surgeon and Dean of BSMS; Bobbie Farsides, Professor of Clinical and Biomedical Ethics; and Lesley Fallowfield, Professor of Psychosocial Oncology. They were joined by Professor Peter Johnson from Cancer Research UK,

and Marion Coutts, award-winning author of *The Iceberg*, along with Chair Nicholas Timmins of the Institute for Government and the King's Fund.

Among the topics covered were treatment, the emotional response following diagnosis, the importance of transparent communication with patients and destigmatisation of the word 'cancer', prompting an engaging discussion with the audience, many of whom had personal experience of the disease. *The Argus* gave the debate a four-star review, praising the 'startlingly brave' discussion.

"This year's event built on the success of our 2014 debate, creating substantial public interest and a lively discussion. I look forward to the debate becoming a highlight of our public engagement programme in future years," says Professor Reed.





Tim Andrews in person and portrait

## Ethics events stimulate

Ethics in Performance events, led by Professor Bobbie Farsides, continue to attract audiences from academia, NHS professionals and members of the public to BSMS.

In June, artist Tim Andrews and PhD researcher Jane Peek discussed Tim's experience of undergoing deep brain stimulation (DBS) as treatment for Parkinson's Disease.

July saw a free screening of award-winning Egyptian documentary *Zelal – Shadows*. Focusing on the lives of patients living within the walls of closed mental asylums in Cairo, the film was followed by a Q&A with director Marianne Khoury.

## Award for commitment to women

BSMS has been awarded the Athena SWAN Bronze Award in recognition of the School's commitment to promote and advance the careers of women in research and academia.

The award follows the success of a number of ongoing activities at BSMS, including staff surveys, workshops, training opportunities and the development of an ethos statement for staff and students.

"Receiving the Bronze Award confirms that the School is a place where the contribution and role of women is recognised, valued and supported," says Dean, Professor Malcolm Reed. "We are now working hard towards the Silver Award – something I feel strongly that we can and should achieve."

## Events

### October

#### Children of the evolution: Germline manipulation and our future world

Our 2015 **Annual Discourse** discusses the ethics of genetically modifying human embryos.

Professor John Harris, one of Britain's foremost experts on bioethics, will talk about recent scientific advances in genetic modification techniques which have prompted heated public debates on the moral ethics of changing the DNA makeup of human embryos.

Is altering our genetic make up morally wrong, or would it be wrong not to employ science to reduce human suffering when we have the power to do so? The talk will be followed by a public Q&A, which is sure to bring up some challenging questions.

**Wednesday 21 October, 6.30pm**  
**Brighton and Sussex**  
**Medical School**



Book your free place:  
[sussex.ac.uk/bookaleecture](http://sussex.ac.uk/bookaleecture)

### October

#### A daughter's story: memory, identity and loss

The film 'watch' uses family Super 8 film, poetry, story-telling, photography and found footage to reveal the centrality of memory to Jewish identity and the impact of Alzheimer's on poet Leah Thorn's relationship with her father. The film was recently shown by the UK Jewish Film Festival.

'watch' will be followed by a conversation between Leah and Martin Shovel, a local cartoonist and writer, about the autobiographical creative exploration of identity and the use of art as activism.

**Thursday 29 October, 6.30pm**  
**Brighton and Sussex**  
**Medical School**

Book your free place:  
[goo.gl/IS4owx](http://goo.gl/IS4owx)

### November

#### Breast cancer treatment – whose choice?

In his **inaugural lecture**, Professor Malcolm Reed will discuss the huge interplay of factors affecting the choice of treatment for breast cancer. Even within a single healthcare system such as the NHS, there are significant disparities in treatment, driven by both patients and healthcare teams.

**Wednesday 25 November, 6.30pm**  
**Brighton and Sussex**  
**Medical School**

Book your free place:  
[bit.ly/ProfMReed](http://bit.ly/ProfMReed)

# Pulse

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