

UNIVERSITY of LIMERICK  
OLLSCOIL LUIMNIGH

# Graduate Entry Medical School Newsletter

Volume 3, Issue 1 – January 2010

## East African Medicine – A Student's Perspective

### UPCOMING EVENTS:

#### 20<sup>th</sup> January 2010

Public Lecture Speaker  
Dr. Robert Gallo. For a  
ticket please contact  
public.lecture@ul.ie

#### 20<sup>th</sup> January 2010

The 3<sup>rd</sup> Annual Research  
Forum. For further details  
please contact  
Elizabeth.guihen@ul.ie

#### 11<sup>th</sup> March 2010

Open Evening

#### 20<sup>th</sup> March 2010

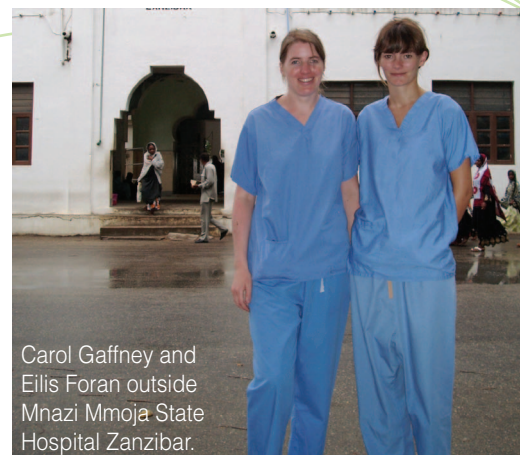
Medical Ball. For further  
details please contact  
ulmedball2010@gmail.com

**H**akuna Matata, No Worries. That's how life is on Zanzibar. If the pace gets much slower it may just stop altogether. Stonetown is an extraordinary melting pot, where East, West and African meet.

Zanzibar as a paradise island is more of an invention for tourists than a reality. The reality is that it's third world, that the people are some of the poorest in Africa and that Mnazi Mmoja, the poorly funded state-run hospital, is a disaster zone where the same nightmare plays out day after day. We – Laura, Aisling, Megan, Carol, Clianna and I – have come here for four weeks to rotate around the hospital and observe how it works. The idea is to see how people manage in very straitened circumstances, and how things are done from first principles.

In the weeks that follow, we rotate from department to department. Clianna moves to HIV counselling. Laura goes to surgery, and Megan, Carol and Aisling go to maternity, HIV and general medical. We all have the opportunity to sit in on the different clinics that are run weekly. Two that stay with me are the sickle cell clinic and the paediatric cardiac clinic. The opportunity to meet with patients suffering from conditions that would be well managed or swiftly repaired here is an excellent learning experience, but deeply saddening.

So what did we learn on Zanzibar? The opportunity for clinical exposure was great, but in the absence of diagnostics and proper treatment, what we saw was hospital staff failing to deliver even basic treatment



Carol Gaffney and  
Ellis Foran outside  
Mnazi Mmoja State  
Hospital Zanzibar.

to patients. From a human perspective, though, the experience was incredibly rewarding. We saw what happens when patients are not prioritised, and from this learned the importance of placing the patients' needs at the centre of everything we do. Perhaps that should be obvious to us by now, but the measure of the importance of empathy can maybe only be taken when it's lost. Nowhere is this more true than Mnazi Moja, and it's something that will stay with us forever.

**Ellis Foran**  
2<sup>nd</sup> Year Student



**1<sup>st</sup> Year Class Of 2009**

**Back Row - L to R** Rob Steed, Margaret O'Hare, Muireann Murray, Anna O'Donovan, Eileen McMahon, Ryan Say, Paul McGreal, Erin O'Sullivan, Michael Polan, Jonathan Johnson, Niall Cronin, John O'Connor, Ultan McCaffrey, Kevin Doody, Luke Mantle, Leon Walsh, John Michael Stevens, Tom Nolis, Narendran Selvakumar, Marilyn Finnan, Georges Samara, Geneive Chick, Nigel Hughes, Jeane Viljeon, Dave Hannon, Joanna Wong, Brian Long, Christine Tompkinson, Shane Moore, Wendy MaccKerricher, Cathal O'Cionnaithe, Sarah Cahill, Pat Owens, Ruth Boylan, Jill Coll, Jack Lee, Tyler Hynes, Nathan Heinrichs, Dominic Gilmore, Aneet Grewel, Brian Forrestal, Finola Ryan, Alan Corbett

**Middle Row - L to R** Teasy Sweeney, Carolyn Power, Amy Fogarty, Carolyn Lemieux, Kristina Watt, Kat Whittemore, Noreen Moloney, Jade Goliath, Katie Schoeman, Anna Neary, Amanda Fernandes, Jenny Quigley, Kathryn McGuane, Mary Randles, Jane McGauhran, Naomi Bergin, Vipul Garyga, Darakshan Ansari, Leona Moore,

**Front Row - L to R** James Easte, Julie Collins, Karen Chu, Elaine Kennedy, Niamh Gordon, Jenny Cox, Danielle Gibbs, Aimee Cooper, Aturan Shanmugalingham, Kristine Kim, Kareem Zaki, Hussein Salemohammad, Kyle Lee, James Higgs

## Foundation Chair of Paediatrics

**T**his is a very exciting time for everyone who is affiliated with the University of Limerick and the Mid-Western Regional Hospital Limerick, and for everyone who comes from or lives in this city. The addition of a medical school to the UL campus is a wonderful achievement for this progressive, innovative university and the benefits to the campus and to the city of this addition will be fully realised in the coming years. Five months ago, the first cohort of medical students at UL began their clinical training in the hospitals and general practices of the Mid-West Region. With them, these graduate medical students bring energy, enthusiasm, questions and invaluable contributions. They will challenge everyone who works in GEMS or the hospitals and general practice clinics to question, to think and, ultimately to aim for and attain higher standards of clinical care. The pursuit of clinical excellence is an underlying tenet in the Irish health service. And the graduate medical students at UL will help us all to realize the goal of improved health for everyone in the Mid-West Region. This is the ultimate aim of medical education: to educate the next generation of doctors, who will play their role in shaping the health of future generations of people.

Since taking up my post as Professor of Paediatrics one month ago, I have been delighted with the enormous support shown to GEMS and to the graduate medical students by the local health teams. While studying paediatrics, our students spend time in the Mid-Western Regional Hospital, Dooradoyle, St Munchin's Maternity Hospital and St Gabriel's Centre in Dooradoyle. In time, they will also leave Limerick to study paediatrics in Clonmel, Kilkenny and Ballinasloe, to name a few centres. In each location, they contribute to the team and are welcomed by the team.

Contribution and welcome are either side of the same exchange of ideas and knowledge, and both are critical to the learning experiences of the graduate medical students.

Most of the graduate medical students' time in paediatrics is spent at The Children's Ark in Dooradoyle. This facility is immensely appealing to children and students and staff, and in its child-friendly surroundings with cartoon murals and child-height desks, the students receive their first signals that paediatrics really is a different specialty – where all healthcare staff cater to the children's emotional and developmental needs, as well as physical and medical needs. This global care of the child, in a developmentally appropriate manner, is the hallmark of paediatrics. Clinical research is another integral aspect of medical education and furthering the reaches of medical knowledge. Clinical research in paediatrics is particularly challenging. However, in time, I hope that all the centres involved in paediatric clinical education of students will also become involved in paediatric clinical research.

Ultimately, the purpose of medical research is to improve health for this generation and for future generations, and at UL GEMS and The Children's Ark, we seek to contribute to this pursuit of knowledge and better health.

Prior to beginning my post as Professor of Paediatrics, I spent several years working at The Hospital for Sick Children, Toronto, Canada. There, I witnessed the incredibly enriching exchange of information and experiences between cultures and countries. Partly because of my connections with Canada, and partly because of the cultural connections that I hope will develop, I am delighted that several Canadian students have chosen to come to UL to study medicine. Their contribution, and the interaction between the students from Ireland



and Canada and other countries, is invaluable. Similarly, the graduate medical students have enriched backgrounds, and bring with them a wealth of experience and knowledge that highlights their maturity and their choice to study medicine as post-graduate students.

I am delighted to have been offered the chance to return to Limerick, to work as a paediatrician in Limerick, and as Foundation Chair of Paediatrics in UL GEMS. It is an amazing opportunity to join a new medical school, and to work with the dedicated and innovative team that has already made GEMS a success. I believe truly that the problem-based approach to medical learning during the first 2 years of training will hallmark the new graduates of GEMS as accomplished thinkers, self-starters, and will catapult them into the workplace with the skills to think like senior doctors, even at very early stages in their careers. I look forward to UL GEMS becoming a celebrated school, with many accomplishments and an international reputation. I hope to play a role in shaping the future of UL GEMS. And I anticipate the difference that these exceptional graduate medical students will make to the health of our region, our country, to fostering international collaborations and connections and to the future.

A final word for the ears of our graduate medical students, a quote from Dr Robert Graves: "... the rules of our art are not invariably precise and certain; but they only are guilty who have not used every opportunity of gaining practical knowledge ..." So, students, spend time on the wards, with the children; get to know the children and have some fun with them! They have a lot to teach you!

**Professor Clodagh O'Gorman**  
**15<sup>th</sup> December 2009**

## State-of-the-Art Simulation at the GEMS



**T**he use of patient simulators is one of the best ways through which a medical student can receive proper training before they work with real patients. Since its inception, the Graduate Entry Medical School has amassed a sizeable collection of state-of-the-art models, simulators and equipment

to assist with anatomical and clinical skills teaching. The students are introduced to this equipment from the very first week of the program, providing them with an opportunity to learn and practice skills in a safe and secure environment. However, amongst the injection arms, obstetric examination trainers, ECG machines and anatomical models, lie our most recent arrivals to the GEMS. Promising to be the next generation in patient simulation are our two SimMan 3G simulators.

The SimMan 3G is the most advanced simulator of its kind in the world and is the closest thing to a human patient that medical students can use to hone their skills on. The simulator is completely wireless and self-contained, enabling it to be used to simulate any scenario in any environment. Within about 60 seconds of switching on, SimMan 3G begins to 'breathe'. Then its' eyelids start to blink. It's then you get a

slightly unsettling feeling as you sense there is a presence beside you!

Fully equipped with its' own patient monitor, SimMan 3G can be programmed to run new scenarios, can use pre-programmed scenarios, or can simply be controlled 'on the fly'. With the touch of a button it can cry, bleed, convulse or go into cardiac arrest. It can also be programmed to react to various treatments and procedures including intubation, defibrillation, oxygen therapy and drug administration.

Due to the vast array of features that SimMan 3G comes equipped with, the possibilities and opportunities for its' use in training are endless. We have no doubt that our students will benefit from their time with SimMan 3G, while hopefully having some fun along the way!

For more information about the facilities and equipment at the Graduate Entry Medical School, please contact Margaret.Toomey@ul.ie



# Report on RESUS 2009

**T**he 2009 Resus Conference was held in the Bunratty Castle Hotel on November 13<sup>th</sup> and 14<sup>th</sup> 2009. This was a follow on from the very successful Resus 2005, Resus 2006, and Resus 2007 Conferences and was aimed at bringing all those involved in resuscitation medicine together to hear international experts at the cutting edge of resuscitation science, to compete in our resuscitation skills competitions, and to meet like minded individuals within Ireland in the resuscitation community. The conferences held on previous occasions attracted between three and four hundred delegates drawn from statutory ambulance services, voluntary ambulance services, emergency medicine, emergency nursing, resuscitation training, general practice, community defibrillation schemes and other groups and individuals interested in resuscitation excellence. Resus 2009 was no exception, with attendance numbers in excess of 360.

The opening address was given by Ms Mary Harney TD, Minister for Health and Children. Addressing over 350 delegates without a script, Minister Harney acknowledged the contribution that health service workers in all disciplines made to the care of critically ill patients, as well as voluntary and community responders who also made an enormous contribution to the treatment of cardiac arrest patients. She paid tribute to the efforts of all HSE staff in the Mid-West who had made hospital service reconfiguration such a success, and said that the Mid-West was now an example to other parts of the country undergoing such change.

In reference to health service spending, Minister Harney said €800 million in cuts would be needed and that does not take into account the additional spend of €300m to €400m required every year in response to demographic pressures such as increased medical cards and increased numbers of elderly patients. At the country's biggest emergency medicine conference, Ms Harney added: "Above all else to try to ensure that we maintain services to the patient, both in the community and in the hospital. If we are to do that, then all of us have to work smarter and differently. We have all got to work together in finding that solution."

The conference was endorsed by the Pre-Hospital Emergency Care Council, the Irish Heart Foundation, the Irish Association for Emergency Medicine, and the Irish Society for Immediate Care.

The Conference Platinum Sponsors this year were Physio-Control and the Pre-Hospital Emergency Care Council. Sixteen companies and organisations exhibited their services and products in the Trade Exhibition Area. Cardiac First Responder skills competition, always a popular part of the conference was also held again this year. The winners were Wicklow Community Responder Group.



**Left to right,** Garda Tony Minitier, Limerick Traffic Corps, Don McCarthy, Limerick City Fire and Rescue Service, Minister Mary Harney, Keith Mullane, Advanced Paramedic, HSE National Ambulance Service Mid-Western Area, and Dr Cathal O'Donnell, Consultant in Emergency Medicine at Mid Western Regional Hospitals, Ennis & Limerick.

## UL Graduate Entry Medical School Appoints Director of Research

**P**rofessor Colum Dunne has been announced as the new Director of Research of the Graduate Entry Medical School (GEMS) at the University of Limerick.

The appointment was welcomed by Professor Paul Finucane, Head of the GEMS, who noted Professor Dunne's 'accomplished record of research and innovation'.

Professor Dunne has most recently been a Director of both Glanbia Nutritionals, where he was responsible for research and development, and Westgate Biological, a biotechnology company that develops a broad-spectrum antimicrobial agent especially effective against MRSA.

Prior to these positions, Professor Dunne was General Manager of a research centre that investigated the therapeutic potential of functional foods and medical devices on cancer prevention and therapy.

Speaking on his appointment, Professor Dunne said: "the Graduate Entry Medical School will complement and further integrate the clinical and health-oriented research ongoing at University of Limerick and its teaching hospitals."

The GEMS at the University of Limerick offers a four-year graduate programme that leads to a Bachelor of Medicine and Bachelor of Surgery.

Professor Dunne, originally from Cork City, earned his PhD at University College Cork and has published extensively.

He is the inventor of a number of commercialised patents.



## Summer Research Scholarships 2009

**S**ix first year students were awarded scholarships which allowed them to spend some of their summer engaged in research. Jill Kambeitz was funded by the Health Research Board (HRB) and was supervised by Ms. Kathleen McLoughlin at Milford Hospice. The title of Jill's report is "Supporting Bereaved Children: An Evaluation of a 6-Week Programme". Lydia Mann was funded by the HRB and supervised by Professor Kevin Malone, St. Vincent's Hospital and Dr. Liam Delaney, Geary Institute, UCD. The title of Lydia's report is "The Implications of Age on the Development of Depression in Arthritis". Emma Jennings was funded by the HRB and supervised by Professor Declan Lyons. The title of her report is "Exploring the mechanisms of increased vascular risk with aortic arch calcification". Ger Duff was funded by the Vascular Research Fund and supervised by Professor Pierce Grace, Adjunct Professor Graduate Entry Medical School. The title of Ger's report is "Can augmentation index be used as an accurate tool in the diagnosis of peripheral obstructive vascular disease?". Liz Dunbar and Eibhlin Healy were funded jointly by the Institute of Public Health and Limerick Regeneration. Eibhlin Healy was supervised by Dr. Carrie Garavan of the UL Graduate Entry Medical School and Mr. Merritt Bucholz, Head of the UL School of Architecture. The title of Eibhlin's report is "The use of a Health Impact Assessment to inform the Design of A Green Space/Play Area in a Regeneration Area of Limerick City".

Liz Dunbar was supervised by Dr. Carrie Garavan and Mr. Martin Galvin, Strategic Innovation in Education Consortium and the title of her report is "The use of a Health Impact Assessment to inform the Development and Strengthening of School Based Care Teams in Support of At Risk of and Early School Leavers in the Communities undergoing Regeneration in Limerick City".

## The Use of Microdialysis in Skin, Copenhagen, November 27<sup>th</sup>, 2009



Taking a short break during the course on skin microdialysis at the Gentofte Hospital, Copenhagen was: Front: Professor Colum Dunne (Graduate Entry Medical School), Professor William O'Connor (Graduate Entry Medical School), Dr. Bart Ramsay (Mid-Western Regional Hospital), Dr. Elizabeth Guihen (Graduate Entry Medical School), Dr. Rikke Holmgaard (Gentofte Hospital, Copenhagen, Denmark), Dr. Eva Benfeldt (Organizer, Gentofte Hospital, Copenhagen, Denmark) and Dr. Wen Lyn Ho (Mid-Western Regional Hospital). **Inset:** Dr. Ramsay and Dr. Ho perform intracutaneous microdialysis on Professor O'Connor.

**A** group of five clinical and biomedical researchers from the Graduate Entry Medical School and the Department of Dermatology, Mid-Western Regional Hospital, Dooradoyle, Limerick recently attended a course on current practice in skin microdialysis at the Gentofte Hospital, Copenhagen.

Microdialysis offers a unique possibility to monitor tissue and organ chemistry and is rapidly making its way into clinical practice.

The course was hosted by Dr. Eva Benfeldt, Research Director at the Gentofte Hospital, Copenhagen and her student colleague Dr. Rikke Holmgaard and was both stimulating and highly informative. Theoretical aspects of microdialysis in skin in addition to safety aspects were explained. In addition, practical 'hands-on' demonstrations on the insertion of the microdialysis catheter into the skin - some of which were performed on the participants - showed it to be useful in the study of such common skin conditions as psoriasis, eczema and dermatitis and in monitoring the health of microsurgical flaps employed in

reconstructive surgery. Dr. Holmgaard is undergoing specialist training in plastic surgery and recently returned from a posting with the Coalition Forces in Afghanistan.

This course is one of a series designed to strengthen international research collaborations using clinical microdialysis as part of a drive by the University of Limerick Graduate Entry Medical School to create a centre of excellence in translational research and was part-funded by a University of Limerick research seed funding award to Professor O'Connor, Dr. Guihen and Dr. Ramsay on the use of microdialysis in human skin to investigate the role of histamine in psoriasis.

For further information please contact:

Elizabeth Guihen,  
Senior Research Technician,  
Graduate Entry Medical School,  
University of Limerick,  
Limerick.

Tel: +353 61 234707

Fax: +353 61 233778

E-mail: [Elizabeth.guihen@ul.ie](mailto:Elizabeth.guihen@ul.ie)

## Establishment of The UL Academic Department of Obstetrics and Gynaecology at the Mid-Western Regional Maternity Hospital

Dr. Gerry Burke, Consultant Obstetrician and Gynaecologist

**T**he Mid-Western Regional Maternity Hospital, which is situated on the Ennis Road at Belfield, was opened in 1960 on a site originally bought in two parcels in 1935-1936 for £5000.

The first batch of medical students from UL's Graduate Entry Medical School commenced their obstetrics and gynaecology attachment in August of this year. They seemed to enjoy the experience and it is hoped that at least some of this year's cohort will have enjoyed it enough to go on to pursue a career in the speciality.

There is a major recruitment problem in obstetrics and gynaecology, perhaps because of perceptions by students and young doctors of onerous training, anti-social hours and an adverse medico-legal environment. In fact, the training is about eight years in total with excellent prospects at the end of the specialist registrar period; the medico-legal environment has improved a great deal in recent years and with the expansion in consultant numbers, the hours are less demanding. That is not to say that it is not a difficult job - it is, and probably not one for the faint-hearted. However, there is a surprising diversity to the work of an obstetrician/gynaecologist - the spectrum now includes gynaecological oncologists, infertility specialists, uro-gynaecologists, minimal access surgeons, foeto-maternal medicine specialists and labour ward specialists. And there are those who devote most of their time to teaching and/or research.

What has pleased me most about the establishment of the UL academic department of obstetrics and gynaecology at the Regional Maternity Hospital has been the generosity shown by my own colleagues in the department of obstetrics and gynaecology, who provide their time and expertise for the benefit of the students. I have also had the benefit of immense goodwill and generosity from academic colleagues in other university departments - practical advice and the sharing of their intellectual property, which has facilitated the development of the teaching programme. In this respect, I am particularly indebted to Professor Deirdre Murphy of Trinity College Dublin and the Coombe women's and Infants' University Hospital. We now look forward to the imminent appointment of the first Professor of Obstetrics and Gynaecology and the full establishment of the Academic department.