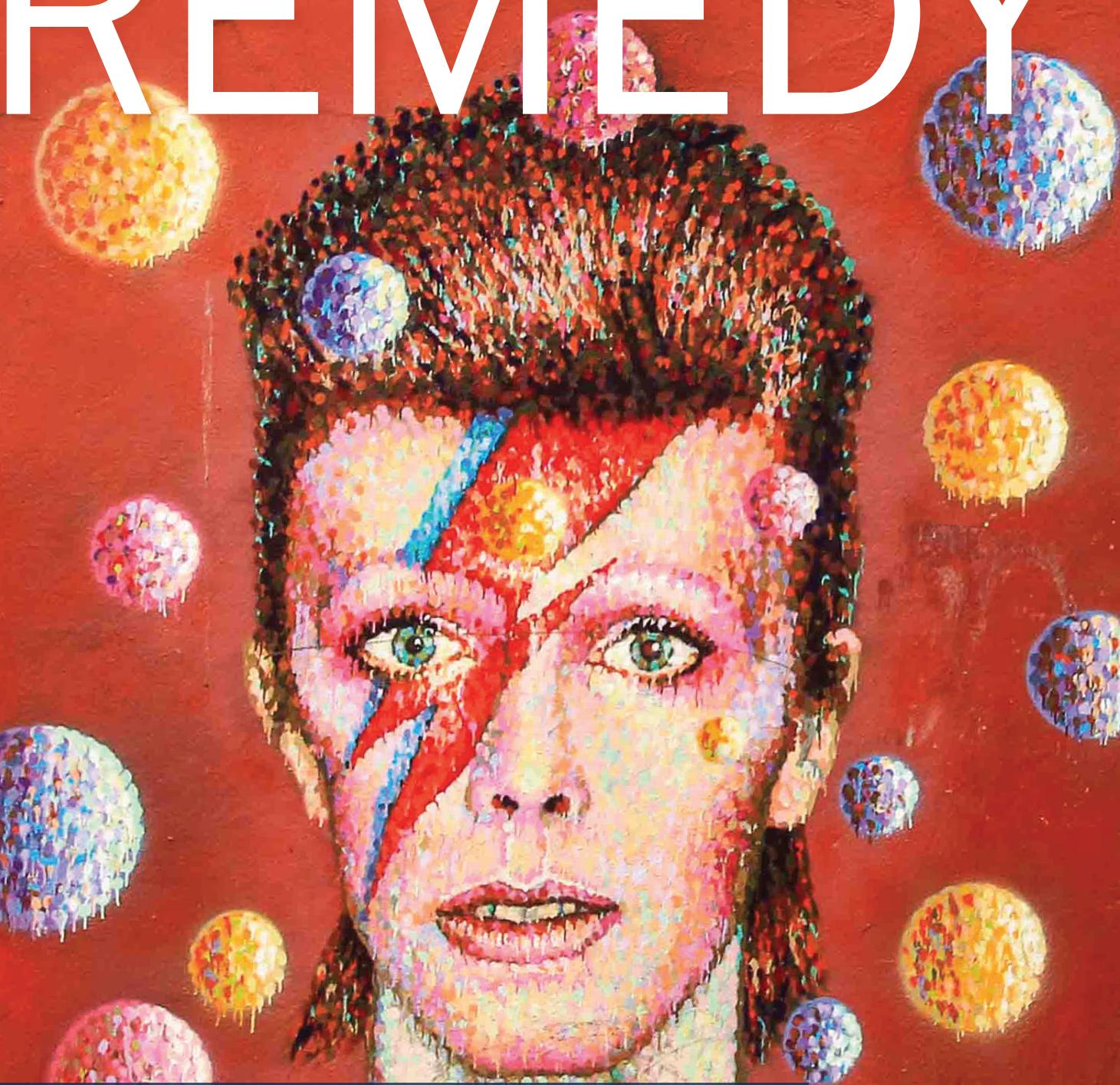


REMEDY



Let us talk more about death

Inside:

- *The Student Doctor*
- *Seeing eye to eye with patients*

Welcome

Welcome to the twenty fourth edition of ReMEDy



This will be the final introduction I write for ReMEDy as by the time this edition goes to print I will be a few days away from retiring in my role as Dean of Cardiff University School of Medicine. I am extremely proud of the School of Medicine and what it has achieved over the last few years, particularly in placing the improvement of people and patients at the heart of our mission.

I would like to take this opportunity to thank colleagues from across the School and University for their hard work,

patience and achievements. Whilst a successor is being sought, Professor Ian Weeks will be Acting Head from 1st January 2017 and I am confident that the School will go from strength to strength.

This learning and teaching themed edition of ReMEDy explores the positiveness of good quality palliative care and highlights the personal experience of Dr Mark Taubert, Consultant Physician and Clinical Director for Palliative Medicine at Velindre NHS Trust in Cardiff.

The C21 Update will mark that this is the first year that all five years of the new undergraduate medical programme will have run. We have a feature on the new Student Doctor Journal which has been co-founded by fifth year medical students James Kilgour and Shivali Fulchand.

In this edition, we put the spotlight on the outstanding achievements of the Medical Pharmacology team. We also find out about the reformed undergraduate Ophthalmology curriculum which provides students with first-hand experience of the impact of visual impairment and how they can assist patients with severe vision loss.

We have our regular '10 Ways MEDIC is Making an Impact' and 'MEDIC People' feature and we celebrate the fantastic artwork of our talented students in a recent competition run by Cwm Taf University Health Board.

Finally, following the publication of this edition of ReMEDy, future editions will be available digitally to the school's alumni. To ensure you receive your copy, please inform us if you have changed or have a new email contact address. Update your details now:

www.cardiff.ac.uk/alumni-update

When you submit your latest details, you connect to more than 145,000 alumni in 180 countries. You also benefit from exclusive news and career development opportunities via the alumni community. Update your details now and ensure you don't miss out on future editions of ReMEDy:

www.cardiff.ac.uk/alumni-update

I hope you enjoy reading this edition. I wish you all a very Happy New Year.

Professor John Bligh
Dean, School of Medicine

C21 update

The final piece of the C21 jigsaw is now in place. After all of the planning and implementation all 5 years of the MB BCh course have been redesigned to the C21 methodology. This has been an immense undertaking by all involved and I would like to take the opportunity to thank the Centre for Medical Education faculty, Research Division staff, contributors from across the other Schools within the College of Biomedical and Life Sciences and NHS Wales for their hard work and perseverance with this process.

The level of medical education innovation continues apace in Wales, with new methods of Paediatric, Obstetrics and Gynaecology, Ophthalmology, Neurology,

Psychiatry and Chronic Disease delivery all being implemented in this academic year.

I am confident that the changes that we have made are enhancing the student experience. This is evidenced by our best result in the National Student Survey, with Cardiff students giving a 97% overall satisfaction score, placing us equal 3rd in the league table of UK Medical Schools. This is an outstanding achievement and represents the zeal by which the curriculum change process has been delivered by staff and received by students. Once again the Cardiff graduates self-reported high levels of preparedness for their roles as NHS Foundation Doctors in 2015 and we

await the results of the 2016 induction survey with interest. There is still work to do in our quest to produce the best graduates, able to perform at the highest level to deliver excellent, and safe, patient centred care.

I look forward to working with our faculty around Wales and our students to bring about further enhancements to the C21 curriculum.

Dr Stephen Riley
Dean of Medical Education

Introducing *The Student Doctor Journal (SDJ)*



Fifth year medicine students and co-founders of The Student Doctor, Shivali Fulchand and James Kilgour.

The Student Doctor is a new, peer-reviewed, open access, general medical journal recently launched by Cardiff University medical students James Kilgour and Shivali Fulchand. The journal is targeted at a medical student readership, and promises to reinvent academic publishing for the Facebook generation. The first issue is due to be published in January, and the journal is an imprint of Cardiff University Press.

How do you know each other and why did you choose to work together?

James: Shivali and I met before first year, whilst we were on the waiting list to come to Cardiff School of Medicine. We then ended up becoming housemates. My first memory of her was being greeted by her entire family (almost) on moving in day!

Shivali: James was a little shy, but I knew we'd become best friends after he offered us Cadburys chocolate! We find it easy to bounce ideas off each other and we give space to each other's creativity and individuality. I also think we inspire each other's productivity, which is also very important!

James: I think we work so well together as we understand the importance of communication and share the same ethos and goals for The Student Doctor. We also both share the same passion for engaging students in evidence-based medicine.

How did you start the SDJ?

Shivali: It all began over dinner, when James said: "Shivali, I have an idea about starting a medical student journal". Later

that evening, we created draft documents including the business proposal and we had our vision sorted! The most difficult decision was the name! We had so many ideas. However, after much deliberation, we both agreed on The Student Doctor. We liked the simplicity and clarity of the name as it encompasses who our readership base is.

James: I had learnt from my personal experience that publishing and peer-review is a difficult process, especially for medical students, and I felt that the current curriculum was missing hands-on experience in evidence-based medicine, the scientific process and research and academic writing. Therefore, we feel that The SDJ fills this gap.

What makes the SDJ unique in what it can offer medical students?

James: Firstly, there is little scope for publishing original research carried out by medical students in mainstream journals. Secondly, the peer-review process is a vital component of the scientific process, and this has not been made very accessible to medical students – this is what we hope to change with The SDJ. Finally, we are providing editorial experience and the opportunity to become an editor in the field of your choice, whether from original research to education or medical humanities.

How can medical students get involved in the journal?

James: There are four ways to get involved. First is through authorship. Medical or healthcare students are

invited to submit articles to all sections of the journal, from research projects to reflections and discussion starters. Secondly, through becoming a peer reviewer for the journal. Peer reviewers will receive training to provide feedback on articles from a variety of fields within the medical curriculum. Medical students can also get involved through being a part of the editorial board and finally through management positions. There are a range of roles from marketing to design, allowing students to develop unique skills in areas of their personal interest.

What's your vision for the journal and where do you see it going in five years' time?

Shivali: We want to create a platform for sharing the critical thought and creative flair of medical students, packaged in a simple, modern and accessible way. In five years' time, we'd like to see this journal cited in PubMed and hopefully gain an international readership. We'd like the journal to lead the way as an example of best practice in terms of editorial and design capabilities. We hope to create a mobile app and perhaps our own YouTube channel!

Interview by Angelica Sharma, The Student Doctor, Social Media and Marketing Manager and 3rd year undergraduate medical student and Eleni Panagoulas, Senior Original Research Section Editor and fifth year undergraduate medical student.

For further information please visit:
www.thesdj.org.uk
 and/or email:
editorinchief@thesdj.org.uk



In the Spotlight: Pharmacology Teaching Team

The Pharmacology teaching team is comprised of both basic scientists and clinicians. It is led by Director of Studies Dr Derek Lang and his Deputy Dr Iain Hutcheson. They are very ably assisted by Dr Marcus Coffey, Dr Carmen Van Den Berg, Dr Kirsten Pugh, Dr Janice Knowlden (PhD 2008), Dr Cath Gliddon, Professor Philip Routledge, Dr James Coulson (BSc 2000, MBBCh 2002, MD 2012), Dr Alison Thomas (PgDip 2001) and Dr John Thompson. Of course the pharmacological wheel would not turn without the omnipotent administrative services of Rosemary Granger, Beth Lewis and Tori Williams. Given the association of pharmacology with many other biomedical science disciplines, significant input from many other staff members (too many to mention but nonetheless highly valued!) from the School of Medicine, and indeed further afield, contribute to the success of the pharmacology portfolio.

The team provides significant levels of both undergraduate and postgraduate teaching. The mainstays of this activity are the flagship three year BSc in Medical Pharmacology (with year one run in conjunction with the School of Biosciences) and the one year Intercalated BSc in Pharmacology. Both courses are highly competitive with applications well outstripping available places each year. These are complemented by three very successful postgraduate distance-learning courses run by Dr C Krishna, Simon Wilkins, Dr Huw Rees, Dr Massoud Mansouri and supported by Emma Scott and Lynda Sullivan. The courses in Medical Toxicology, Therapeutics and Occupational Health, Policy and Practice continue to attract high student numbers.

Pharmacology, therapeutics and toxicology are also integral to the MBBCh and BDS programmes, the team contributing widely to various phases including Platform for Clinical Science and Case-Based Learning and the National Prescribing Safety Assessment. Being a very active team, it has an established research portfolio and successful record of PhD student supervision. The BSc in Pharmacology began back in 1975 with only three candidates each year. The intake



gradually built to around 10-15 students per year, with the occasional intercalating student. While the main aim of the course was to develop research-trained scientists, a long history of its graduates going on to study Medicine meant it was also logical for it to become an official feeder for the School of Medicine's graduate entry MBBCh programme in the late 2000s.

The Pharmacology section now resides within the newly-established Centre for Medical Education, having previously been based within one of the research institutes. The continued success of the BSc, and the standard of teaching provided, is particularly highlighted by the 100% overall student satisfaction score in the latest National Student Survey and the ranking of 2nd and 4th in the country in the Guardian and Complete University Guide league tables respectively (2017 scores). Graduates from the course have gone on to successful careers in many areas including medicine, academic and industrial research and drug discovery, patent law, commercial banking and teaching to name but a few.

Pharmacology is also closely linked with an important engagement activity in Wales, the All Wales Therapeutics and Toxicology Centre (AWTTC). Supported by clinical members of the pharmacology team, AWTTC provides advice to NHS Wales on the safe, effective and cost-effective use of medicines in Wales. To achieve this, it works closely with healthcare professionals, patients, the general public, Welsh Government and the pharmaceutical industry. Several pharmacology graduates have gone on to work within this organisation and the close links have also provided various opportunities for student projects and student selected components (SSCs).

The Pharmacology team ethos is one of professionalism and dedication, and members strive to provide the highest quality educational opportunities. A proposed new venture is the introduction of a "Professional Placement Year" between years 2 and 3 of the BSc course. This will allow students to enhance their employability and transferable skills in a commercial working environment.

Seeing eye to eye with patients

10.30 am, Tuesday morning. You are running your busy GP clinic. Your next patient is a 56 year old female with severe sight impairment. You have called for her on the tannoy twice but she has not arrived. When you go to the waiting room to investigate, you can see that she is slowly guiding herself along the corridor walls. As you approach her to ask if you can help, she is startled because she didn't see you. You ask to take her hands and guide her. How do you hold her? What pace should you take? How will she navigate through the clinic door? How is she going to find her seat? How vulnerable must your patient feel? How has she overcome other obstacles to arrive at the surgery today? Most importantly – how can you best equip yourself to approach this situation in the future?

Cardiff University's reformed undergraduate Ophthalmology curriculum recognises the wealth of information and education that patients provide. Sight, after all, is a special and personal experience. Have you ever asked yourself how you would describe sight to somebody born with visual impairment? There is no way to truly describe what we each see and therefore we cannot fully meet our patients' needs without understanding how different their experience may be from ours.

The year 4 Ophthalmology teaching addresses this through 'The Impact of Visual Impairment' workshop. This workshop was launched on the 13th September 2016 and taught in collaboration with a third sector training initiative called i2i. The series of interactive workshops were developed and delivered by organisations 'UCAN Productions' and Nicola Crews, a training consultant from the 'Royal National Institute of the Blind (RNIB) Cymru'. The workshop included exploring the emotional and practical aspects of living with a visual impairment and run by visually impaired tutors from UCAN Productions. The tutors' experiences of visual impairment formed the basis of the lesson as students wore spectacles simulating different forms of visual impairment and attempted to perform routine tasks such as pouring a glass of water. Tutors described the students as enthusiastic and respectful in a session where they were allowed to ask

any question to the tutors; questions ranged from 'as you have a degenerative eye condition, how do you cope with the prospect you may go blind' to 'what do you see when you dream?' Jane Latham, Development Director from UCAN Productions said "Our i2i training team are delighted to have been offered the opportunity to contribute to this year's Ophthalmology teaching. It was a very beneficial experience for all those involved".

We hope this creative and collaborative teaching approach will foster patient-centred medical care. The direct involvement of patients in this teaching encourages a healthy patient-doctor relationship in which we can learn how to serve our patients in the best way possible. Undergraduate Ophthalmology teaching lead Professor James Morgan said "UCAN's volunteers provided excellent insights into the impact of vision loss. Our students had first hand experience of the impact of visual impairment and how you can assist patients with severe vision loss. They are now ready to approach and assist visually impaired patients in ways that are truly supportive".

If you would like to know more about the services provided by these organisations, or if you have a burning question you would like to know about living with visual impairment please see www.ucanproductions.org and www.rnib.org.uk



Bowie and the Lazarus effect



Dr Mark Taubert (MSc 2010) is a consultant physician and Clinical Director for Palliative Medicine at Velindre NHS Trust in Cardiff. He completed the Cardiff University Diploma and the MSc in Palliative Medicine in 2009. Here, he talks about the blog he wrote to David Bowie after his death; how it went viral across social media and news outlets worldwide in January 2016, and what it meant in the context of palliative care and medicine.



David Bowie died on January 10th 2016 in Manhattan. I remember the news stopping me in my tracks. Bowie had been a big influence and his songs had accompanied me through my life.

Over the following weeks, I counted about five or six patients who mentioned Bowie's death to me in outpatient or inpatient settings. One of these conversations led to a very detailed discussion about a particular lady's thoughts on death and dying, for example her wish to have a home death, not wanting cardiopulmonary resuscitation and other such matters. The woman I was talking to had only very recently been diagnosed with widespread terminal cancer. This was our first encounter. We talked about Bowie's songs. She liked Ashes to Ashes, from the album Scary Monsters. She was less keen on his Ziggy Stardust days, stating that she wasn't sure whether he was a boy or a girl; this made us both laugh.

In this, my first conversation with her, we established more about her preferences and wishes than she had ever been able to cover even with those close to her. Music and David Bowie became our connection to talk about something that you don't usually chat about that openly, in particular not with a stranger. This struck me, and I was grateful for it.

It was this encounter and conversation, that led me to write an open thank you letter to Bowie on the British Medical Journal's blog site. In it, I thanked Bowie for a number of things he had done, including his latest album Blackstar and the song Lazarus, which for me was strewn with references about living with illness and facing death. For a few days, when many people started reading and sharing it, the whole world seemed to talk about death, dying and palliative care. I received emails, phone calls, letters even

parcels from all over the globe. The press came to my home one evening which was a bit intrusive. It was all very odd and a bit alien to me, but it demonstrated that there is a need, for many, to discuss this important topic, and celebrity death seemed to be an acceptable way 'in' to the big conversation about how people want to face the last months and years of their lives.

Palliative medicine is a career that I only decided on later in my training. I remember seeing an advert for the Postgraduate Diploma in Palliative Medicine at Cardiff University, and reading more about it because I was at that time seeing a patient with a rare and incurable brain tumour, and I felt that I had a need to understand and learn more about good symptom management. But I also wanted to learn more on how to broach communication about serious illness and preferences towards the end of life. Many people feel that this inevitably is a dreary and depressing topic or specialisation, but strangely, working in a cancer hospital and hospice setting, I have witnessed some of the most uplifting and funny conversations. Alongside my work in these areas, the Diploma and then the MSc in Palliative Medicine helped me learn a lot more about the minutiae of how to look after someone well, and in particular what is important to people in these situations and what isn't. The letter to David Bowie contained references to a number of crucial topics in palliative care, like trying to spend the last days and weeks at home rather than in hospitals; these 'unmentionable topics' are important to people with palliative illness and their families, so we try to talk about them when we can.

Another big topic is Cardiopulmonary resuscitation, a procedure that fails in over 97% of palliative care patients, but is still often given by default. We try to explore people's thoughts about which interventions they would or wouldn't want when they become more frail and less able to communicate, and with the help of a charity called Byw Nawr, and also colleagues working for the Diploma in Palliative Care, we have produced a patient resource website and videos to explain some of the issues around this topic. We launched a social media campaign with the hashtag #TalkCPR



www.talkcpr.wales, which has attracted more than 100,000 visits to the Talkcpr website in under 6 months.

We are perhaps at a bit of a turning point in society. I have an interest in the interface between palliative care, end of life care and social media, and I am noticing that the topic of death and dying is no longer as taboo as it used to be. The letter I wrote to Bowie was recently read by Jarvis Cocker at an event called Letters Live in London. And it was then read out by Benedict Cumberbatch at the Hay Literary festival, an event that I attended. Many audience members were actively talking about end-of-life care, CPR and palliative care after the reading, and this meant a lot to me.

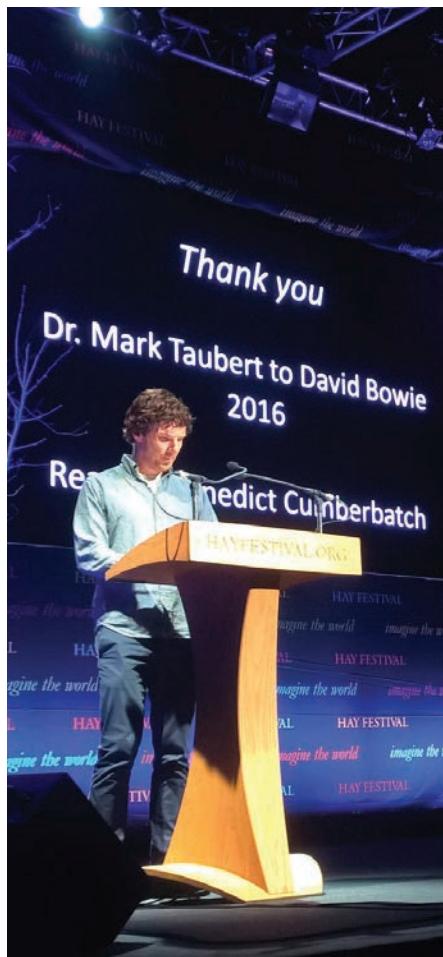
Judging by the reactions to this event on Twitter, most people felt that it touched on something that we need to talk about more often, and felt that Bowie's death had helped make conversations about this a little easier. There were also some reactions on Twitter that indicated that many are not yet ready to talk about this sensitive topic, or perhaps find it insensitive or even in bad taste. So there is still some work to do in getting this difficult balance right.

The letter can be read here:

blogs.bmj.com/spcare/2016/01/15/a-thank-you-letter-to-david-bowie-from-a-palliative-care-doctor/

Examples of news coverage of the event:

edition.cnn.com/2016/01/18/entertainment/david-bowie-son-letter-feat/
www.nme.com/news/david-bowie/90834
www.elmundo.es/cultura/2016/01/18/569d4acd268e3e336a8b45e5.html
www.bbc.co.uk/news/uk-wales-35355619



MSc and Diploma in palliative medicine/palliative care

The MSc and Diploma in palliative medicine/palliative care began in 1989 as the first distance learning course of its kind for palliative medicine - Baroness Finlay of Llandaff created the course in recognition of the need for postgraduate education in palliative care at a time when formal training programmes were in their infancy, but also at a time when securing study leave for frequent courses away from a clinical base was not practical in manpower terms. The MSc added a research dissertation stage which has contributed to the much needed evidence base for palliative medicine globally. The aim of the courses is to provide accessible and effective palliative care education that will impact positively on the care of patients and their families. Reflective practice by students is a key part of the course ethos and assessment and evaluates well. Since its start, the course has awarded over 1000 diploma and MSc - many of the early alumni being leaders in palliative care in their countries. More information will be coming soon about exciting new developments.

Email:
dippallmed@cardiff.ac.uk
 for further information

10 ways

MEDIC is MAKING an IMPACT

The School of Medicine has a successful track record of contributing to society through its Research, Learning and Teaching, and Innovation and Engagement activity. Efforts by many staff and students highlight a rich variety of ways in which the School is engaging and benefitting society. Here are just ten recent examples:

1 Cardiff collaboration using gold nanoparticles to develop diabetes treatments wins grant

International pharmaceutical company Midatech Pharma is working with Professor Colin Dayan and his team to develop treatments that help the pancreas produce insulin.

The £370,000 two year grant from the Juvenile Diabetes Research Foundation will help scientists explore how gold nanoparticle technology can dampen unwanted autoimmune responses to normal healthy cells in the pancreas.

Professor Dayan said: "Cardiff University looks forward to this continued collaboration using Midatech's gold nanoparticle (GNP) technology.

"It has shown great potential to preferentially target specific immune cells, distribute rapidly to lymphoid tissues around the body, and modify the body's immune responses. This will be an important project for autoimmune

diseases generally and diabetes specifically, and we are looking forward to developing this platform."

2 S4C documentary following our student doctors is a huge success



Doctoriaid Yfory (Tomorrow's Doctors) is a unique seven-part series that documents a year in the training of 15 Cardiff medical students. Ranging between 18 and 23 years old, these Welsh-speaking students come from various background areas of Wales and follows them as they get to grips with the demands of an intense academic year and the stark reality of busy operating theatres, GP practices and hospital wards across Wales and beyond.

Swyn Lewis, a current foundation year one doctor who took part in the documentary during her fifth year of study said: "It was great to have the opportunity to show people what studying medicine is really like, and hopefully to inspire future Welsh doctors. And of course, my new celebrity status around the hospital..!"

3 Major step towards Alzheimer's blood test



A research team, led by the Systems Immunity University Research Institute (URI) has made a significant step towards the development of a simple blood test to predict the onset of Alzheimer's disease.

Funded by the Alzheimer's Society, the group of researchers from Cardiff University, King's College London and the University of Oxford studied blood from 292 individuals with the earliest signs

of memory impairment and found a set of biomarkers (indicators of disease) that predicted whether or not a given individual would develop Alzheimer's disease.

Professor Paul Morgan, Director of the Systems Immunity URI said: "Our research proves that it is possible to predict whether or not an individual with mild memory problems is likely to develop Alzheimer's disease over the next few years."

4 Lung cancer screening trial

Published in Thorax, a trial led by Cardiff University has discovered that an introduction of lung cancer screening in the UK could significantly reduce deaths in high risk groups, without causing participants the undue stress sometimes associated with medical tests.

Lung cancer is the leading cause of cancer-related mortality in the UK, killing almost 40,000 people per year. Additionally, around three quarters of patients are diagnosed at a late stage when fewer treatment options are available. With early detection of lung cancer about seven out of ten patients survive for a year or more.

Dr Kate Brain said: "With the UK's 5-year survival rate for lung cancer being lower than many other countries with comparable healthcare systems, it is important that we do more to introduce early detection strategies that help to ensure treatment is delivered before patients present at an advanced stage of the disease.

"Sometimes, fear of medical procedures and the results they might bring can prevent people from seeking life-saving tests. However, what our trial shows is that CT lung cancer screening actually has no long-term negative psychosocial impact on patients, making it an excellent tool for catching lung cancer earlier when there is a better chance of survival."

5 Cardiff University Paediatric Society- Asthma Awareness Scheme

This scheme designed by Caitlin Peers and Rhys Hughes from Cardiff University Paediatric Society is based on a design by UCL doctors for asthma education and was launched in Cardiff in 2016 with great success.

The Asthma Awareness scheme is a package presented in sessions at local primary schools to teach KS1 children (age 4-8) what asthma is, an asthma attack is and what they should do if someone has an asthma attack. With two children in every classroom suffering from asthma and 80% of asthma deaths occurring pre-hospitalisation, this scheme is proving vital in reducing mortality from asthma in schools and households across Cardiff.

Caitlin presented the scheme at the 2016 UKAPS conference at the Royal College of Paediatrics and Child Health in London where it won 1st prize against representatives from all the other UK medical schools.

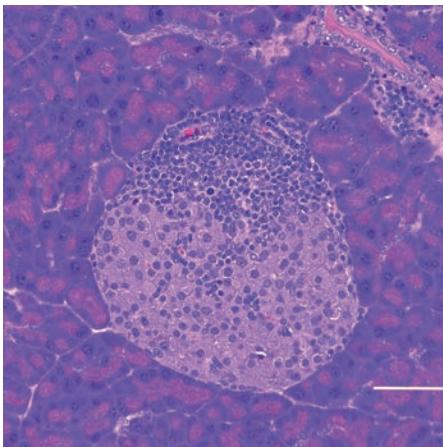
6 Raising money to help Cardiff University transform lives for the better



Dr Anna Hurley, School Manager was a part of #TeamCardiff in the Cardiff University Cardiff Half Marathon on 2nd October 2016 raising over £25,000 to directly support cancer research and neuroscience and mental health research at Cardiff University. 100% of all the funds raised support Cardiff's expert researchers to further the understanding and treatment of neurological disorders, including Alzheimer's disease, as well as improving our understanding of cancer stem cells.

Anna said: "It was a great experience to be a part of TeamCardiff and help to raise funds for areas of research that are close to my heart and represent some of the greatest challenges to society".

7 Treatment isn't always the answer to cancer



Researchers from the Wales Cancer Research Centre have played an integral part in the UK's largest trial of treatment for prostate cancer. The study, known as ProtecT, found that active monitoring of patients is as effective as surgery and radiotherapy, in terms of 10-year survival rates.

Professor Howard Kynaston said, "Survival at the end of the ten-year period was very high. 99% of the men survived their prostate cancer, irrespective of the treatment group they were allocated to. This is a much higher survival rate than we expected, and could mean that in the future many patients with early prostate cancer won't have to immediately undergo potentially harmful treatment for their disease. This could mean significant savings for the NHS and a better standard of life for men with the disease."

8 How gut microbes can trigger type 1 diabetes

Bacteria living in the gut can trigger type 1 diabetes in mice, concludes a study by Yale University and Cardiff University. The new report, published in the Journal of Experimental Medicine, reveals that a small group of bacteria in the gut are able to directly activate killer T cells (a type of white blood cell) to attack and destroy insulin-producing beta cells in the pancreas.

Professor Susan Wong said: "Our new research provides good evidence for the theory that gut bacteria may trigger type 1 diabetes and actually shows how particular bacteria can stimulate killer T cells, resulting in the attack and destruction of insulin-producing cells,

causing accelerated diabetes. This finding may have significant implications for this chronic disease, providing a potential new target for treatment and prevention."

9 Medical experts travel more than 5,000 miles to provide life-saving training

Medical and nursing experts from Cardiff University provided life-saving nurse training in Namibia in October 2016 organised by the Phoenix Project.

Professor Judith Hall who leads the Phoenix Project said: "It's the first time that Namibia has had specialist nurse training outside midwifery so it will really make a difference to the care that patients receive. In fact, I hope it will be transformational."

"This training focuses on looking after patients during the whole surgical process from referral to discharge.

We aim to equip nurses with valuable skills and help put in place a process that guarantees patient safety."

10 Apps support patients with type 2 diabetes

A systematic review of 14 diabetes type 2 randomised controlled trials has found that smart phone apps provide a highly effective method of self-managing the condition.

Diabetes management includes monitoring and managing blood glucose levels. This is done by controlling diet and knowing how foods affect blood sugar. For many people with diabetes, it also involves taking medications that help manage blood sugar levels. Current diabetes apps allow patients to enter data and provide feedback on improved management. They can provide low cost, interactive and dynamic health promotion by allowing patients to track medications, set reminders, plan meals, find recipes and plan for doctor's appointments and blood tests.

Dr Ben Carter said: "By the end of the decade it is predicted that global usage of mobile phones will exceed 5 billion, so apps, used in combination with other self-management strategies, could form the basis of diabetes education and self-management."

MEDIC people



ReMEDy talks to **Sheila Leech (MSc 2015), alumnus;**
Julimar Abreu, undergraduate student;
Sarah Gildharie-Roopnarine, postgraduate student
and **Dr Stephen Riley, member of staff,**
to ask the questions we love to know the answers to!

What do you listen to first thing in the morning?

SL The sound of silence. With my travel schedule it's not unusual for me to not know where I am when I wake up - which country or which continent. Sounds of the morning give me a clue! Could be a call to prayer, Latino salsa music, African choir, dogs barking, children crying. Once oriented, I try to stream BBC Radio 2 if possible.

JA The WhatsApp conversation I missed on the group chats from the previous night. There's always

something to giggle about and really that brightens my morning mood.

SG-R My kids making noise...they are my alarm clock everyday. I wouldn't have it any other way!

SR I end up listening to Vanessa Feltz on radio 2 whilst making the kids' lunches. I really wish I could say Chris Evans as that means a lie in!

As a child what did you want to be when you grew up?

SL PE teacher was my dream job.

JA I always dreamed of being a doctor. I still question myself why I decided to go into finance first but I am actually glad it went this way as it allowed me to mature before starting my medical course.

SG-R It varied as time went by. Right before I made my final decision I remember it being a toss up between a teacher and a doctor. I chose Doctor because at that time there weren't any doctors in my family and I thought that was what was most needed.

SR My parents used to take me to Navy Days in Plymouth when I was young and so a navy pilot was high on the list. It was only later that the medicine bug kicked in!

Who are your heroes and villains?

SL Mother Teresa is a hero. I have many other unsung heroes that I work with daily who live out their lives sacrificially for others.

Villains? I have a few Latin American

presidents on my list.

JA Heroes: My parents who have always been there for me come what may. I owe them everything.

Villains: Politicians. Especially those that put their own agenda before the public interest (which is probably about all of them, right?)

SG-R My mother is and always will be my hero. Ever since I was a little girl I always looked up to her. She made me into the strong woman I am today. At the moment, my villain is the 45th President of the U.S. for obvious reasons....

SR Heroes would be any of the Captains of the Starship Enterprise (James Tiberius Kirk probably number 1). Villains would be anyone that scores against the mighty West Bromwich Albion! So actually there are too many

Julimar Abreu

I am, at last, a final year medical student at Cardiff University. I came into medicine as a mature student after having trained and worked in Finance previously. Part of my experience in finance was working in some interesting projects like London Fashion Week and Brit Awards.

Why medicine? It all started when I began volunteering at a hospital close to the office I worked. The change to medicine thereafter was inevitable. It fired up my old passion for the medical field. That's certainly one of the best decisions I have ever made in my life.



to mention.

If you could change one thing what would it be?

SL The 2 US presidential candidates.

JA I would stop the wars and promote peace across all nations.

SG-R Enjoy my youth more.

SR I'd like to have seen Freddie

Mercury live with Queen. Went to see them last year with Adam Lambert but to have been in a concert with the original line up would have been something else.

Dr Sarah Gildharie-Roopnarine

I graduated from the University of the West Indies with my Bachelor in Medicine and Surgery Degree in 2009. I am pursuing my Post Graduate Diploma in Diabetes with Cardiff University since January 2016. I am currently a Primary Care Physician working in a small clinic in Trinidad and Tobago. I recently gave birth to my 2nd child, a daughter. Needless to say, my son is overjoyed!

What is your secret ambition? (just between us)

SL Publish a book - actually looks like it will happen!

JA To be a pop singer (mind you, I'm yet to learn how to sing in tune). Nevermind.

SG-R To visit as many countries as I can in my lifetime.

SR To learn to ski like a pro and do the Vallee Blanche in France.

What does the School of Medicine need more of?

SL I found online study a challenge. Lack of connectedness was hard for me and lack of community. So closer mentoring and more involvement of course tutors for distance learners.

JA More travelling opportunities for medical students. Throughout my medical course I volunteered in Ghana, did an Erasmus programme in Italy and am going to Japan for my elective. Experiencing how medicine is delivered in other parts of the world is something one can never gain from

textbooks. I would make it compulsory (and you will thank me later for that!)

SG-R More opportunities to interact with peers especially when doing e-learning.

SR Social events and smiles. With the intensity of work it would be good to get out more, its great to work with some fantastic people.

What advice would you offer medical students today?

SL Don't give up. It's worth it all in the end. But- take care to take time for yourself. Have fun.

Which book did you re-read most as a child?

SL Sadly, I confess I was an Enid Blyton fan.....Mallory Towers, Secret Seven, Famous Five books.

JA The Little Prince. (In fact, I keep going back and being amazed by it till today).

SG-R Nancy Drew Novels...lol

SR Joe Haldeman's The Forever War. Fascinating story of how war was perpetuated by soldiers being placed in suspended animation to travel around the Universe. Nobody really knew what was going on! I was a bit of a science fiction geek - see earlier answer!

Which one question would you really like to know the answer to?

SL Why?

JA How to cure cancer? We have advanced so much in the prevention and treatment of cancer but a cure would revolutionise human kind.

SG-R What just happened in America?

SR The truth behind the JFK shooting. Always intrigued me.

How do you relax?

SL Walking in the wildest and most deserted places I can find. I am also a very keen bird watcher.

JA I enjoy playing Squash and do it as often as I can but nothing beats long afternoon sessions of back to back

Netflix series, does it?

SG-R Movies, Dinner, spending time with my family.

SR I am partial to a craft beer or 2, usually after a game of tennis.

If you could turn the clock back, what would you do differently?

SL Been kinder to myself and others.

JA I lost my dad years ago and I would give anything for more hugs and more quality time together. Oh I really miss my old man.

SG-R Find more time to spend with my loved ones.

SR Learn to sail, ski and surf properly. I've always fancied a more outdoors lifestyle.

Dr Stephen Riley

Most of my time is spent at Heath Park Campus, supporting our exceptional C4ME staff in the delivery of an excellent student experience. With over 3000 students at any one time it is definitely a full time job. I do still manage 2 Nephrology Clinics per week, 1 in Cardiff and 1 in Newport as I really enjoy patient contact.

What is your best holiday?

SL So far? Tour de Mont Blanc-11 days walking around the base of Mont Blanc through France, Switzerland and Italy.

JA Beach is my holiday heaven but put me on plane to (almost) anywhere and I will be a happy man.

SG-R Anywhere in the world with my family and lots of shopping!!

SR Florida with the family was epic but also a trip down the length of Vietnam with my wife before the kids came along was awesome.

Cwm Taf University Health Board run successful Medical Student Artwork Competition

Medical students from Cardiff University were invited to enter a competition and were given the following brief regarding artwork themes:

- Medicine and/or healthcare in Wales
- The student experience at Cwm Taf University Health Board
- Learning in the community
- The needs of our local communities.

The entries were all of a high standard and the winning entries are below:

Winner: Seline Ismail-Sutton - "The person I miss most is myself"



I was inspired by a dementia patient met on a home visit, who described the remnants of himself becoming smaller and smaller and how the person he missed most was himself. The large figure represents dementia sufferers desperately attempting to retrieve the remnants of themselves, slipping away with time on the mirrored surface. To represent the ambiguity between the physical presence and emotional absence of dementia sufferers, a hollow replaces the heart. The divers represent the loved ones of the dementia sufferers, attempting to find the person they once knew.

Runner up: Isobel Sutherland - Dream Melange



This is a collage of found images taken from newspapers and magazines, as well as colour from wherever I could find large blocks of it. It represents how aspects of daily life and factors that influence health intertwine. Parts of the image are an ominous reminder of the inevitability of ageing, and of factors beyond people's control. However the bright colours and volume of things project the richness of life, of which health need only be a small part. It is reminiscent of a dream where components of different trains of thought almost fit together but instead rest incongruously against each other.

Third place: Aysha Haththotuwegama - Through the midst of tears



These drawings represent all the children who were initially frightened and daunted by the unfamiliar hospital environment. However, having been on placement observing and shadowing paediatric doctors in Cwm Taf, it was evident how skilled they were in calming the children. They were incredibly composed and had a very friendly manner which made them feel more at ease. Such techniques I have now practiced whilst on placement and really admire the Cwm Taf doctors in their communication skills.

Would you like to help the School of Medicine raise the aspirations of school children across Wales?

In Wales, the numbers of young people applying to study medicine in the UK is falling year on year. With the doctor shortage issue, especially in general practice and particularly in rural Wales, the School of Medicine is very keen to increase the chances for Welsh pupils to hear about the opportunities that a career in medicine can offer. We also aim to attract the best Welsh students to study medicine at Cardiff as students from Wales are more likely to return home to practice.

We need your help

If you would be happy to be involved in local engagement initiatives, such as giving a talk in a local school in Wales about your career in medicine or perhaps already do so and would like further information and resources please get in touch with:

medicengagement@cardiff.ac.uk

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The Editor wishes to thank all contributors to this edition of ReMEDY.

The Editor reserves the right to edit contributions received. Whilst care is taken to ensure the accuracy of information, this cannot be guaranteed.

Views expressed in 'ReMEDY' do not necessarily reflect those of the School. Feedback and items of interest relating to the School are welcome and should be sent to:
remedy@cardiff.ac.uk

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