Norwich Medical School

MURMUR

November 2019

EDITORS NOTE

Hello everyone,

Welcome to the first edition of the Murmur for the academic year. To all the freshers who are new to the Murmur, welcome to Norwich Medical School! The Murmur is a student-led magazine written and edited by medical students, with the aim of giving students a platform to write about issues they feel passionate about– whatever it may be.

As I have started my final year, this will be my last issue as editor. I will be handing over the reins to the lovely Kiran Khan. I just wanted to say a massive thank you to all the writers, editors and artists who have contributed this year. If you are even the slightest bit interested in getting involved please contact Kiran. It truly is a lovely feeling to see your work published.

If for some reason you choose not to be get involved with the Murmur I'll forgive you, provided you continue to enrich your life outside Medicine. My time at medical school has taught me that it really is just the beginning of a very long road. You will definitely need something to keep you sane. Without wanting to sound too much like I am giving an Oscars speech, I would also like to acknowledge and thank Mo Alwan for his support in the handover process and Caroline Cartlidge for diligently proofreading and checking each edition.

Best of luck in all you do,

Samirah Musasizi - Editor in Chief 2018/2019

"Autumn shows us how beautiful it is to let things go" - UKNOWN

Hello everyone,

I have really enjoyed collaborating with Samirah for the first edition of this year's Murmur and I look forward to continuing creating for the rest of the year. I would love to implement new ideas and bring your feedback into the upcoming Murmurs, so join us on our Facebook and Instagram page!

There is so much talent amongst the medical school and the Murmur is a platform to exhibit just that, from art to poetry, everything can be showcased!

For me, the best thing about writing is that it immortalises you in those words you once wrote. I have found scrap books and diaries in my attic, with passages about my experiences of being an older sister to my baby siblings (they are not so small anymore), and it is so meaningful and special to me. So I urge everyone to write. I leave you with a quote:

We write to taste life twice, in the moment and in retrospect." - Anaïs Nin

Kiran Khan— Editor in Chief 2019/2020

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Medical school expansion - To infinity and beyond

Professor Alys Burns- MB BS Course Director

It is almost two years since I started my role as Course Director at Norwich Medical School, and there is certainly change in the east wind that seems to blow quite frequently in Norwich! Since I last wrote for Murmur, I have moved our family home to Norfolk, encountering the extremes of weather last year in our new barn, with a dust bowl for a garden the entire summer. We have bought a boat for the Broads and I have found a wonderful new clarinet teacher. Change is something that certainly brings opportunities but can be scary when you take a step beyond the familiar.

The prospect of expanding student numbers came in 2016 when the then Secretary of State for Health, Jeremy Hunt MP, announced 1500 new medical student places for England, an increase of 25% starting in 2018. This was a very political move responding to many external drivers for change and reflecting the increasing pressures within the NHS. There are both social and demographic changes, working with a different generation 'Y', and we have many economic challenges, not to mention Brexit. There are many advances in technology driven by a digital revolution and ground-breaking research, and there is a need for sustainable solutions for the future workforce within the NHS. The medical student expansion aims to make the NHS 'self-sufficient' in doctors by 2025.

The MB BS course at UEA continues to bottle a unique essence that prepares our graduates for work in the NHS, and we consistently perform among the top-rated medical schools on this measure of success. However, we cannot stand still in such a fast-paced, complex and changing landscape and need to respond to these wider drivers for change in order to both sustain and build on our current momentum of excellence, as well as future proof the course.

We were very proud to be awarded an additional 16 places in 2018/19 and a further 25 places from the next academic year, 2019/20, with national recognition of the value of our course, strengthened by our focus on developing the Foundation year and the widening participation programme. This has certainly provided a focus for change at an accelerated pace, bringing opportunities to capture the aspects of the course we believe contribute to preparing our graduates while tackling some of the issues that you have raised in your student evaluations.

We need to consider how we can use the clinical environment and placements more effectively, working closely with our provider Trusts in secondary care and in our primary care community. We are exploring routes to up our game in terms of technology to improve the learning environment and streamline processes. With expansion in established medical schools and new medical schools being established, including at Anglia Ruskin University in Essex, we need to build on our external branding and promotion in an increasingly competitive market.

The understanding of course logistics such as timetabling, teaching space and placement mapping is key for modelling new options for the curriculum. Assessment needs to be upscaled, with a review of OSCE delivery to accommodate increased numbers, and we need to make more use of technology to benefit students and staff.

All this change is in progress across the whole course, with a complete redesign of Year 1 to enable modules 1 and 2 to run in parallel which started this September where 208 new students were welcomed to Norwich Medical School. We have really valued opportunities to discuss proposals with some of our current students through a variety of routes. While curricular redesign is being rolled up through the years with the student expansion, I hope that you are already experiencing some of the wider benefits of change and very much want to keep you involved with our proposals for the future.

Professor Alys Burns

MBBS Course Director

All of this is exciting, yet it is certainly a step beyond the familiar. Developing skills in resilience, reflection and well-being as medical students will help to prepare you for the constant change that happens in the NHS. We need to have the same courage in our convictions as Buzz Lightyear, even if we are not quite going to infinity and beyond!

Goodbye from the 2018/2019 Medsoc Committee

Its time for this MedSoc committee to say farewell. It has been a fantastic year for UEA MedSoc; we have put on a diverse range of brand-new events and improved our existing activities, as well as leading the way with a new way of providing financial support to both students and societies. At time of writing, we have also raised over £3000 for charity, with our Charity Officers Rachel and Daisy nominated for the UEA Student Achievement of the Year Award for their key roles in this. Congratulations!

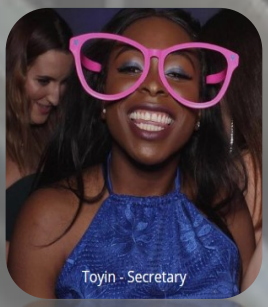
I wrote about the role of a MedSoc way back at the start of the year in the first edition of The Murmur, asking "in such a diverse and well-established line-up of existing student groups, where does a MedSoc fit in?" Actions speak louder than words, and this year we have sought to answer that question through starting initiatives such as the Hardship and Societies Funds. These have so far awarded £1700 to help both individuals and societies achieve incredible things, in addition to the £1800 allocated to members to help towards the costs of attending conferences. Our Christmas Cocktail party was also a huge success, and I hope this will become a staple feature of the MedSoc calendar!

These schemes and events demonstrate the unique position of MedSoc to use our resources, experience and influence within the SU to support both individuals and societies. We are so lucky to have the wide range of academic medical societies we do at UEA, who each fill their own niche for those who desire it. The opportunities and events provided by groups such as the Surgical, Obstetrics and Gynaecology and Cardiology societies (to name a few) is staggering, and MedSoc has been proud to support all of them with grants this year to support their respective conferences. In the face of such a qualified line-up of speciality societies, it becomes our job to look at the bigger picture. We have begun to set the conditions for these societies to grow and flourish, alongside running our own events for the wider medical student body, and I am confident these new initiatives will continue to develop.

Whilst smaller societies often come and go, my vision for UEA MedSoc is for it to continue to grow as a constantly-evolving group which provides the continuity needed to run the larger, more ambitious but essential events such as Freshers Week, which this year was the biggest ever. Our overall aim is always to enhance the experience for you as medical students right from your first days here, and I hope we have gone some way to achieving that this year.

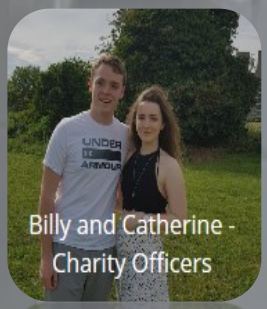
It has been an absolute pleasure to lead MedSoc this year alongside Sam Green, and I am very proud of what we have achieved together. I wish next year's committee the best of luck, and I can't wait to see what they will accomplish.

Introducing the 2019/2020 Medsoc Committee


Toyin - Secretary


Adersh and Jess - Presidents


Katie - Union Council Rep


Billy and Catherine - Charity Officers

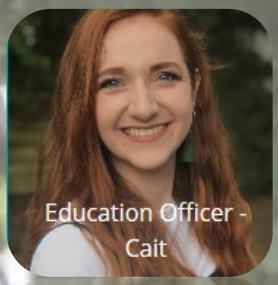

Hassan - Equality and Diversity

This year MedSoc are aiming to be bigger and better than ever. We have already come up with plans to benefit as many of our members as possible. We aim to make sure that there is continued implementation of the Hardship Fund which will allow people to access up to £100 which can be used towards materials for the course. Furthermore, the medical school has a new wellbeing lead who will be working closely with to develop groups while also assisting in drop in services.

Just like our predecessors, we're going to be big on charity this year. Our Charity of The Year is the CF Trust and we hope to do top the £2500 that we raised last year. We are also committed to combining charity with education. In order to fulfil this were planning on doing a charity raffle with two prizes – 1-year memberships to Pastest. All proceeds will go to the CF trust!

Collaboration with bodies within and outside the medical school is also a priority for us. We will be supporting new academic societies financially by helping with their set up costs and the running of their first events with our Societies' fund. To ensure that we have good Student Union representation our union representative Katie will be attending monthly SU meetings to represent medical students within the wider university. Our work with other societies doesn't end there, we will be working in collaboration with other healthcare courses and societies on projects such as the "Mass signing" sign language camp.

Finally, the fun bit, we will be kicking off our social events with the Winter Cocktail Party in December. Keep an eye out for our Spring Ball in 2020.


Education Officer - Cait


Hajin - Treasurer


Manraj - Health and Safety Officer


Libby and Will - Social Secs

<<< The "Five Steps" for New Society Leads >>>

Smart and Easy Ways to Build Successful Medical Societies

How do you lead a society **effectively** with a sizeable committee and make a difference? How do you perform society work while **keeping on top of your med work**? Worried about Vice President Disappearing Syndrome looming on the horizon? If you're worried about running your own society next year - it's all in how you start your play!

I'm *Apimaan Yogeswaran©* and – as you may or may not know – I headed CardioSoc for 2K18/19. We carried out a host of **effective** education events (with compelling reviews), the ***first*** Cardiology Conference on hometurf, and my committee still does not want to kill me (I think!). Aimed at smaller societies, I'm here to park up all your worries and cover the main strategies to help you achieve success for your society *without pulling your own hair out*!

Setting up the Board *– building your committee and society*

Step 1: Determine your *'Golden Targets'*

The first step to success is to **set clear committee aims for the year.** There's plenty to choose from: *teaching, conferences, collaborations, charity, speciality events etc.* Ideally, you'd pick ***two*** as your key aims/ "golden targets". Multiple aims allow the committee to be split into *teams*, but not too many means your committee won't be bombarded. Feel free to have smaller muses, but if you ever feel lost, **you'll always have some concrete priorities to fall back on.**

Step 2: Measure your Motivation

Society leads come in two different flavours: those who are **determined to make a change**, and those who'd fold once they've fulfilled enough work for a **flashy CV**. I'm not here to judge anyone, except for those who over-inflate their own energy for the year – **it certainly is hard work to maintain a society**, and easily under-estimated by green society leads. Be ***realistic*** with what you want your society to do and how much effort you're willing to put in in conjunction with the rest of the team.

Step 3: Create your Teams

A simple old saying from my people, *"five fingers pick up more rice grain than one"*, holds true in every situation. Grouping **multiple** committee members on **one** golden target, e.g. careers officers and general committee into a conference team, means the responsibility lies on multiple heads, while also ensuring members can bounce feedback off each other to fine-tune ideas in a specific area.

Step 4: Classify your Team Members

You'll do well to classify your team into **static** and **dynamic** members (or rooks and knights) to really set up the pieces for play.

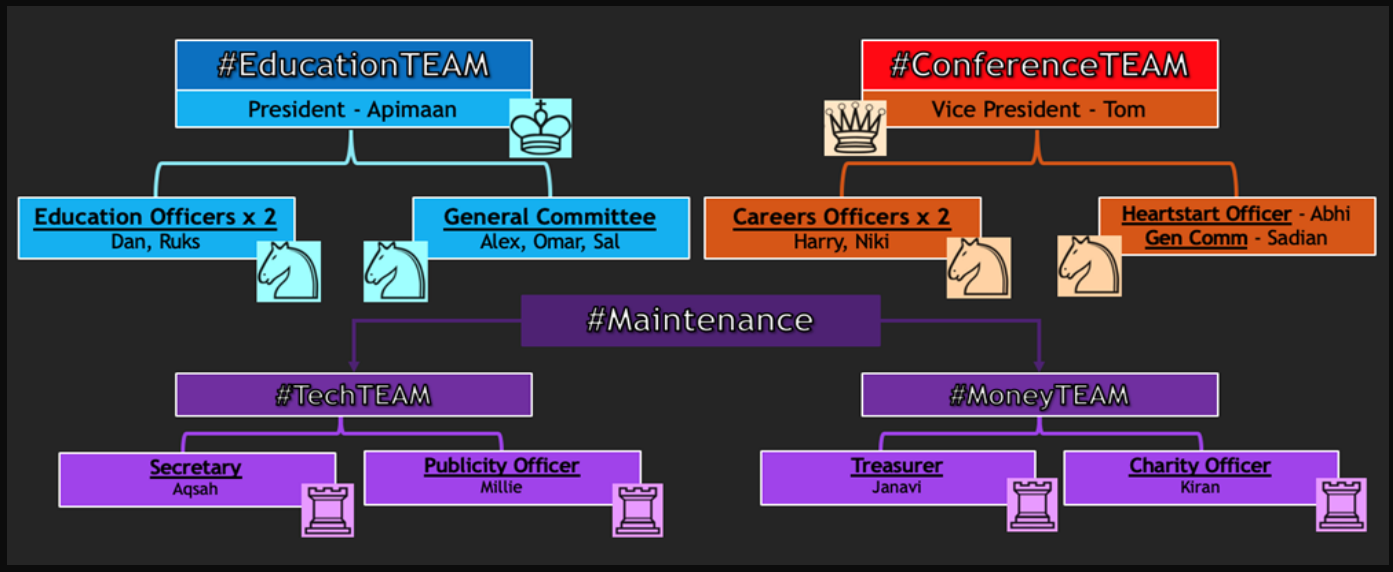
Rooks (static members) *– e.g. secretary, publicity officer, treasurer* – these roles are centred around their **role in maintenance** of the society and their **steady influx of work** throughout the year. Giving them *space to breathe*, e.g. giving them special leave from events so they can focus on their own roles, will give them incentives and motivation to carry out their duties promptly and efficiently

Knights (dynamic members) *– e.g. education/career/ charity officers* – these roles are more fluid, and they are somewhat the "face" of the society. So, keep a close eye on them, work in a *routine of feedback loops* for them so that they can improve throughout the year. And MOST importantly, give them **clear objectives** of what you expect of them from the start – *without direction, your officers might as well be headless chicken*. **The execution of their roles determines the success of the society**.

Step 5: Pitch to your Committee

Now for the **most important part**, pitch the structure and teams to ***your committee.*** For each team, give clear *event plans for the term*, set dates, book rooms early (trust me, you'll need this). Organise personnel to organise and attend each event and **be clear** they would have to be responsible for organising replacements for their own absences. **AND invite feedback and challenge for your ideas** – I'm intimately aware of the fatal flaw of many society leads. Unchecked over-ambition.

It's all well and good to show you the steps – but do they actually work? Would you believe me if I told you almost the entire committee stuck to their roles, we ran 10 + events this whole year including a conference, and had enough energy still to raise money for charity? It's all true!



Using the five steps, myself and my vice Tom (shoutout to **#TheOfficialTomBright**) split up command of the society between us and created this schematic above.

Things I liked about cardiosoc (include) the consistency and regularity of the events, definitely running more than any of the other academic societies" – **Mohammad, 2nd Year medical student**

(On teamwork in the society) *"In my opinion, I thought everyone was really professional and organised"* – **Janavi, Treasurer**

"(Cardio) Crash Course was really useful as it preps us for secondary care, as well as multiple opportunities throughout the term for revision events (while making sure we didn't go off track)"- **Jess, 2nd Year medical student**

(On the society's biggest strength) *"Passion – I think that fuelled everyone to try really hard to deliver teaching events as best as they could"* – **Daniel, Education Officer**

(On leadership in the society) *"Absolutely terrific, everybody led by example and everyone was made aware of what's going on with events … as to carry out their tasks appropriately"* – **Omar, Gen Comm/Upcoming Vice President**

I can whole-heartedly attribute the success of the society to how well we started it off – it really took a **heap of workload** off us and made things easier. Of course, the 'five-steps' isn't the only technique created and used by us throughout the whole year, but it's crucial and a ***must for all societies***.

But there would be no society to steer without my strong committee who weathered constant work all for the sake of their fellow medical students. I had no real payment to give them, no binding contract that could hold them against their will in the society. Their work is surely a testament to each individuals perseverance and brilliance – it was my pleasure to serve along with you, CardioTeam 2K18/19!

A final word: -
I wrote this piece, almost out of obligation to struggling society leads, because it seemed effortless for me to play the game, to deliver quality events, and stay on top of work at the same time. This really was guidance dedicated to all the up and coming societies. However, I'd like to sign off by addressing another obligation. We're all on one rung or another on the medicine ladder. You've surely been to Mock OSCE's/teaching events in the past and a senior student has always been there to help you learn by imparting their knowledge and feedback to you. There are hundreds of us in each year, and it wouldn't hurt to give up one evening at least this whole year to volunteer for a society event – if we all did our part, the impact it'll have on other medical students, and especially the UEA Medical societies in general, would be immense. And we sorely need to usher in a new culture early on, especially for our future careers. We're here to help people, let's start helping our fellow medics out too, starting now!

WHAT'S IN A NAME?

Anonymous

Medicine is such a dynamic career path. You come into contact with so many people and share moments with them that provide you with new and interesting perspectives on life. Additionally, the sheer diversity of people we work with is equally admirable. Despite all this, there are some downsides.

Despite the potential awkwardness, I wanted to touch on an experience shared by many in the medical school. Some say ignorance is bliss, but is it really for the person on the receiving end of the ignorance?

As a BAME student (Black, Asian and Minority Ethnic) (Office for students, 2019), bringing attention to times when you know you have been treated differently can feel like causing a fuss. However, I felt compelled to write about this recent experience. Not too long ago, I attended a course to prepare students for working life. On the course, the instructor naturally wanted to learn everyone's names. But when she asked one of the students to say their name, she reacted as if she had just heard gibberish. She asked for a repeat of the name 3 times, to which the student even spelt it and showed their name badge.

Even after all that, she cheekily replied with "that's a very unusual name, different but unusual. Today has been full of students with very unusual names today", while smiling at the students with more "usual names". I shared this experience with some of my other colleagues who had a very similar experience when they attended the same course. They told me that she did not even attempt some of their names, but instead told them "I could never say your name. It's so difficult".

There are various reasons why someone refusing to learn or even attempt another person's name is offensive. Depending on where you are from, your name may be an integral part of your identity. As a British born Nigerian, naming a child is so serious that we have naming ceremonies that even our extended family members attend (Nigeria, 2019). This process literally takes hours. This ceremony is an act of love towards the child where we speak good fortunes towards the child. So, asking us to temporarily discard a name that defines us, is almost asking us to discard our identity and culture, often for someone else's convenience.

Of course, there are people who voluntarily opt to go for a shorter nickname. Admittedly, it is hard to say whether this is done out of consideration for others, personal preference, or because of a desire to fit into British society (BBC NEWS 2019).

One thing I do know is that most people will not be offended at someone asking politely for the pronunciation of their name, nor will they be offended at someone repeatedly trying till they get it right. But to have people not try at all ,because quite frankly your name isn't English, doesn't feel nice.

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Advertisement

When?

12 Nov 2019

18:30-20: 30

MEDECINS SANS FRONTIERES

Where?

Lecture Theatre 1

What?

- Join a panel of MSF staff as they recount their personal stories of life in the fields of MSF, followed by a question and answer session with the audience.
- They will shine a light on the challenges they encounter when responding to crises and explain why and how they provide lifesaving aid to people in need around the world.
- From operating on patients with complex war wounds in Yemen to treating people with HIV in cyclone-devastated Mozambique, the past 12 months have been characteristically busy for MSF. With teams working in more than 70 countries, there is no limit to the complexity or variety of the needs we see. But what does this look like in real terms?

Life of a Foundation Year 1 Doctor

After 5 years of medical school, you'd think all the hard work is over, sadly this isn't the case. I currently work in Leeds, West Yorkshire, at St James Hospital aka 'Jimmies' which I have just found out is the largest teaching hospital in Europe. I am still not sure if this is a good thing or not! For my F1 year I will rotate in gastroenterology and finally general surgery but I currently work on an adult inpatient male psychiatry ward.

My day as a psychiatry F1 starts with a meeting with the nursing team, who spend more time with the patients and update us on how the patients have been over the evening when the on-call team take over from us. Next it's onto 'ward reviews', essentially the psych equivalent of a ward round. These can last from anywhere between five minutes to up to over two hours. Unlike the conventional medical ward rounds on a ward, psychiatry patients can be a little more complicated because how much they choose to disclose is largely mood dependant and you just hope you see them on a good day, otherwise it is a long way til lunchtime! It's a good way to get up to speed with what the patients have been doing, assessing their mental health as a whole and assessing compliance to medications and if they are experiencing any side effects from them. The ward reviews generate the jobs for the day. My main role is monitoring the patients physical health, this means repeating bloods, ECG monitoring for patients on antipsychotics and general medical conditions ranging from rashes to headaches to even DREs.

My afternoons are usually more relaxed and are filled with either teaching sessions, one to one supervision with my consultant where I flag up any concerns about patients, discuss cases on the ward, update my portfolio (important – but sadly this will be the bane of your life) and largely getting the remainder of the jobs generated from the morning done. The pace on psychiatry is very relaxed, it has its pros and cons but so far it has been a nice ease into life as a doctor.

Unfortunately, when 5pm hits, my day isn't over. According to the rota, I'm contracted to do one on-call shift a week on the surgical assessment unit (SAU). Here I mainly look after general surgery and urology patients. The pace here is very different. My role here is to clerk patient in, come up with a plan, order and interpret scans and finally discuss what you've done with a senior (usually a registrar) who will then review the patient and decide if they can go home, return for further scans or will have to be admitted. Although it's very busy and definitely very stressful, it's actually quite enjoyable and keeps me updated with hospital medicine as the world of psychiatry is very different.

Other features of F1 life include mandatory teaching - usually on topics which you are likely to encounter on the wards. Portfolio work is very important - these are a list of procedures you must complete and other stuff like reflections, case based discussions etc which are all derived from the GMC's good medical practice. The main perk of being a F1 is after work you're done, you don't have to study like you did at medical school, there are no LO's, no lectures and no PBL presentations to prepare (unless you want to take your membership exams early), this gives you free time to do whatever interests you, join the gym or pick up a new hobby or explore the city you end up in, and remember guys, you're now bringing in the dollar!

Top tips for surviving F1:

1) Always, I mean ALWAYS, check the patient name and date of birth - although overlooked, in busy and stressful situations this will get missed and you'll have to do an awkward call to radiology to explain what you've done, they aren't so forgiving.
2) Get good at doing core procedures - taking bloods, putting in cannulas and ABG's etc - this will make your life a lot easier.
3) Be nice to the nurses - you've probably heard it before but they run the ward, they are far more experienced than you and very helpful.
4) Go to as much placement as possible – the learning curve for being a medical student to an F1 is steep, the more experience of a ward environment the better.
5) Lastly, have fun, you've worked 5 (or 6 years) for this, you might as well enjoy it!

By Dr Joseph Takyi

AGONY AUNT

Dear Agony Aunt, I am a smoker and a medical student. I feel judged by my peers and feel bad about advising patients BUT a fag in the afternoon gives me LIFE! What shall I do?

Dear Smoker,

It sounds like you care too much about what others think, from my perspective it seems the opinion of others is overriding your need to smoke, if you do want to quit smoking make sure it's for the right reasons.

As a med student you know the harm smoking does therefore a lecture on that is not needed, perhaps consider finding something else that gives you life.

It's not uncommon for Doctors to give advice about things they don't necessarily practice themselves, many overweight doctors tell patients to lose weight, so don't feel bad about that as long as you're competent enough to do the job well.

Writing this in shows that you may be considering quitting, use this as motivation if so, if not focus on yourself.

Good luck!

Dear Agony Aunt, I slept with someone in my PBL and now it is awkward. HE is also in the same placement location as me and I don't know how I am supposed to be with him for a whole month. What shall I do?

Dear PBL lover,

Chances are if you feel awkward they also feel awkward, you can't change that. If it is just a one night stand and there's nothing more to it, let time pass the awkwardness will fade.

If you've caught feelings wait a while, your judgement may be clouded by your recent encounters.

You're not the 1st and you certainly won't be the last, medcest is a real thing.

Dear auntie, I find anatomy dissection very difficult, how do I get the courage to dissect?

Dear Anatomy Worrier,

It's not that deep, you don't need to dissect to learn anatomy, just being present in the room is enough for some.

Talk to the anatomy team they may be of help, if it is really something you feel you need to do to learn i'm afraid you will have to suck it up and just do it, sometimes putting yourself in the situation shows you it's not as bad as you imagined.

Dear Agony Aunt, my PBL keep wanting to do a PBL social and I DO NOT WANT TO DO IT. I don't like them enough to socialise. How can I not go to a social without making it obvious?

Dear Antisocial,

You could probably get away with it if your pbl doesn't do too many socials.

If your pbl loves those regular socials don't get involved in the actual planning, if it's a one time thing say yes to the day chosen then last minute send a text to cancel, that way it won't be rearranged.

My girlfriend keeps talking about synchronising applications for FY1 but I don't want to. How can I let her down lightly?

Dear FY1,

This sounds like a sticky one still...

If you like this person and respect them, you should be able to have an open and honest discussion to express that you don't want this, tell them you would love to keep your work and relationship lives separate, this lets them down gently.

Also ask yourself why you don't want them there is it because it gets too suffocating being together all the time, or is this a relationship you can't see a future in? I think that majorly determines how you go about the conversation.

Agony aunt, as I'm sure you are aware the powers that be have blessed us with two series of love island this year. As any self-respecting person knows, you cannot watch love island solo- How can I, persuade my housemates, that it is indeed the Shakespeare of the 21st century worth indulging in....?

Dear Islander,

A true love island fan can watch it alone, I agree it is more enjoyable to watch it with others but sometimes you've got to do what you've got to do.

If you really want your housemates to watch it with you show them the Love Island best bits, that may push them to want to watch maybe also suggest watching the 1st episode to see how they like it and go from there.

Female Genital Mutilation At A Glance - Dr Alice Antwi

"I ran away- I ran as fast as I could but they sent boys after me and they caught me. They took my legs and my arms and carried me back. One of them was my older brother- he helped carry me back to the cutter…I was six years old when it happened to me."

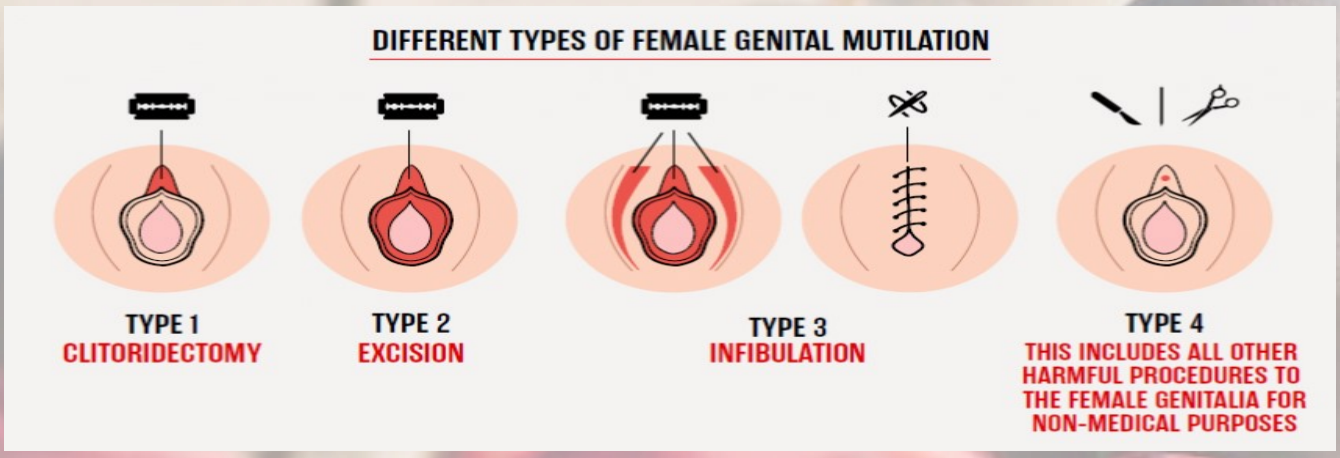
FEMALE GENITAL MUTILATION AT A GLANCE

Definition: Female genital mutilation (FGM) is an intentional partial or total removal of the external female genitalia for non-medical reasons (WHO, 2018)

It remains a highly controversial practice that sees the struggle between culture and the basic right of a girl or woman.

There are 4 main types of female genital mutilation:

- **Type 1:** The clitoris is removed
- **Type 2:** The clitoris and labia minora are removed
- **Type 3:** The clitoris, labia minora and labia majora are removed. The edges are stitched together, leaving an opening for the urine and menstrual blood flow
- **Type 4:** unclassified. All other harmful procedures to the female genitalia for non medical puporses eg: pricking, introduction of corrosive materials, tattooing, piercing, cauterisation.



Prevalence

- FGM is well known to occur in about 30 countries, spanning across Africa, Asia, the Middle East and South America
- Even within these countries, prevalence varies among regions with different tribes
- **More than 200 million girls and women (3x the UK population) this very minute have undergone some form of FGM.**
- Around 3 million more girls are at risk of undergoing this brutal procedure, most of who will be done against their will
- FGM is commonly carried out on young girls between infancy and 15 years old.
- This practice is commonly carried out by traditional circumcisers or 'cutters' who play an important role in the cultural society.

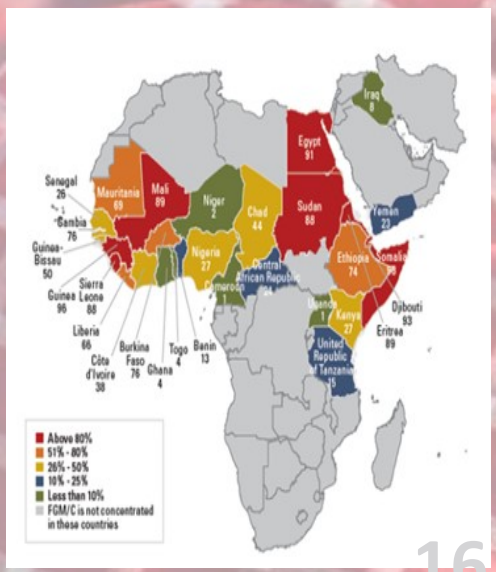


Figure 2- Some tools used in the practice of female genital mutilation

The FGM procedure

Tools used for female genital mutilation consist of but are not limited to blades, scissors, glass and scalpels. Although practices differ across countries and tribes, circumcisers are usually an elder with years of cutting practice but with little to no knowledge of the human body. FGM is either done to a group of girls and women or individually; with the tools often shared amongst girls without washing and/ or sterilising. Often, the girl/ woman is held down by others, most commonly relatives, due to the pain endured or the fight she may put up with having the procedure done.

Complications?

- Pain
- Excessive bleeding
- Impaired wound healing or keloid scar formation
- Problems with micturition including urine retention
- Infections including urinary tract and reproductive tract infections, HIV
- Menstrual problems: dysmenorrhoea and difficulty passing menstrual blood
- Psychiatric: post-traumatic stress disorder, anxiety disorders and depression
- Obstetric: increased risk of Caesarean section, post-partum haemorrhage, prolonged labour, obstetric fistula
- Death

Trends

There has been a decrease in prevalence of FGM over the last 3 decades across several countries, however, trend data is not readily available.

Women aged 15-19 years are less likely to have gone through FGM than older women, showing signs of a possible generational change. In addition, girls and women are stronger in taking a stand and voicing their opposition to FGM, despite possible repercussions. More importantly, both men and women are becoming more aware of the health consequences of FGM, leading to a reduction in the heinous practice.

So then, why does this happen?

Some communities have practiced female genital mutilation for centuries. The two main reasons why FGM has been and is still being practiced include:

SEXUAL DESIRE- It is believed that removal of the clitoris will remove pleasures from sexual experience, thus leading to reduced desire for coitus and keep a girl chaste. Some communities also believe that closing the opening to a female's external genitalia enhances the sexual experience of a man.

SOCIAL CONSTURCTS- The societal pressures in such communities mean that girls and women cannot refuse FGM, and if they do, they risk being shunned by their community or even harmed. It is commonly seen as a rite of passage into womanhood and may affect a woman's prospects at marriage should she not have gone through this. This is especially true for communities who place strict emphasis on how a girl is to preserve her virginity before she is to be married one day. The cultural significance surrounding this practice means that communities usually do it without question.

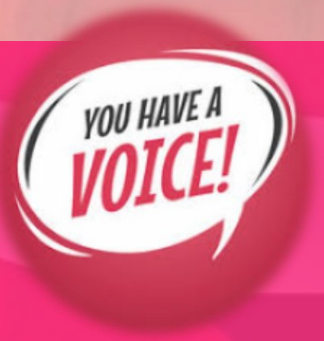
"The procedure has no health benefits for girls and women"

The Law on FGM

Since 1985, FGM has been considered a crime in the UK. In 2003, it also became a criminal offence for UK nationals or permanent residents to take a relative abroad to have the procedure done. Anyone found guilty of the offence risks a maximum sentence of 14 years in jail.

Culture and tradition must not be used to condone this heinous practice on women and children. But we must still be sensitive and respectful in our approach to educate and raise awareness amongst to these communities that practice it. Female genital mutilation violates the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

So, what can be done?



If a child is in immediate danger of undergoing FGM, police should be called on 999

GP play an important role in the identification and monitoring of girls with FGM. Should a case be suspected or identified as likely to occur, a GP should refer this to social services as a safeguarding issue. Hospital staff will also be involved to support the long-term complications of girls and women who have been through FGM.

The practice of FGM has been going on for generations; it is deeply rooted in culture and sometimes done without asking many questions. One way to dismantle these rigid beliefs in such communities is education. Education for boys, girls, women and men to highlight the potential harm that can be done through FGM whilst still being sensitive to their culture.

Joining campaigns, sharing news and adding your voice to the conversation surrounding FGM can raise awareness; a key step in the fight to stop FGM.

Reporting concerns can also be made on the FGM helpline 08000283550 or on email fgmhelp@nspcc.org.uk

Campaigns that could use your support in the fight against Female Genital Mutilation include Because I am a Girl campaign.

Organisations that provide information about FGM include; Forward UK, The Orchid Project, Women's Resource Centre, Integrate Bristol, National FGM Centre, Africans Unite against Child Abuse. Petal is a webapp for young people, created by Coventry University, to help protect girls from FGM

Norwich Medics RFC

An update and insight into of one of Norwich's finest clubs!

Introduction

As the season draws to close, it's time to reflect on what has been an incredible year for the guys and girls at NMRFC.

All three of our teams have given their all to the club, both on and off the pitch, and we as a club couldn't be prouder!

Here's an update on the new committee for 2019/20:

* Chairman- Marcus Dyer.
* Club captain- Tom Ritchie.
* Treasurer- Adrian Hendrick.
* Secretary- Ellie Leahy.
* Men's 1XV Captain- Philip Ascough.
* Men's 2XV Captain- George Hunt.
* Ladies Captain- Claire Hindley.
* Fixtures Secretaries- Marc Lyons & Eve Foster.
* Match day Coordinators- Joe Cook & Jenny Little.
* Social Secretaries- Rory Austin & Zara Court.

NMRFC are keen to welcome new players, of all abilities, students or otherwise, for anyone with an interest in social rugby. We are a very approachable group, made up of both current healthcare students, graduates and those working outside of the medical field. Contact us on Facebook, in person or check us out at Fresher's Fayre 2019!

NMRFC Ladies

The girls at Norwich Medics RFC have made some serious progress over the last year. A strong group of players embarked on Fresher's week, and successfully recruited a great group of first years who have definitely made their mark this season! We have played more games this year than ever before, having joined the Merit League, and our hard work, immeasurable team spirit and gutsy commitment to training has definitely paid off. It was on our annual tour to Birmingham where one of the biggest wins of the season took place, 34-0 to Norwich (unlucky Birmingham, try again next year!). Moving into the summer and anticipating next year, the NMRFC girls are as strong as ever. With another win against NMRFC Old Girls, a whole new committee and even more experience under our belts, we are more than ready for 2019/20… watch this space!

NMRFC Men

With a small pool of players this year, it has highlighted the true grit and determination of the players that have been making themselves available every week. It has been a rollercoaster of a season involving victories that will be remembered in the club's history, but also upsets that we will learn from. A massive highlight this year is placing 1st in the Dardan Social 7s! In the coming season, we look to refine the 1st XV and to reinforce the 2nd team to get some champagne rugby going again.

A special mention to the 5th years and others that will be leaving us this year. The contribution that you have made to this club in the past seasons is something to be proud of and we all hope you visit us again soon. Your presence will be missed on and off the pitch.

By Claire Hindley & Philip Ascough

Norwich Medics Netball Club

Let's get the ball rolling as we introduce you to Norwich Medics Netball Club. We are a group of girls from foundation year to 5th year and just like our varying medical knowledge, so are our netball skills. So everyone is welcome!! We have weekly training sessions on a Tuesday evening from 7pm to 8pm at City Academy school, fitness sessions, weekly Park Runs and regular matches. We have a team in a local league and also have a couple of other teams who play in regular fixtures organised by the club. Everyone who wants to will get lots of game time! So spread your wings, attack the circle and reach your goals.

Not only do we have fun on the court but we also go wild off the court! We have many a social with the best fancy dress themes such as Hawaiian, Baywatch, I'm a celeb themed and more. Keep a look out for our legendary joint Football Netball scavenger hunt which is coming soon! Here at NMNC we love to party but we also LOVE FOOD. Nutrition is key. We have a number of food socials from our Christmas dinner to our Galentines date night. We also host revision sessions (work hard, play hard), charity tournaments, netball tour and much much more!

We'd love to have as many girls come along to training and get involved, we're sure you'll find us a keeper!

For more information please follow our Facebook page (Norwich Medics Netball Club) and our Instagram (@norwichmedicsnetball). For any enquiries please email norwich_medics_nebtall@yahoo.co.uk or message our President, Sophie Hollis.

We look forward to seeing you all this Tuesday!!

By Laura Claybon

DAY IN THE LIFE OF..

From the crisp, fresh, post-breakfast stroll into the morning met brief a mind can easily wander back to a time where a job like this seemed like a dream; out of reach. The varied cadre of ex-bakers, veterinarians and bartenders all grabbing a morning brew and meandering down to the squadron briefing room, some lively, some still shaking off the final tangles of sleep. The variations of early grumbles and mumbles get drowned out by the occasional hum of laughter from the front, the nervous tension and excitement is substantial and can be sensed from the student rear echelon. Attention is directed towards the Operations Staff member with the sharp and deliberate call of Hack – the working day has started, not just another day, not just another role. Each person in the room shares the same accolade, their dream came true; they were selected to join the Royal Air Force as Aircrew

Helmet on; survival jacket zipped-up; the walk-around of the aircraft started; and bags are hauled into the cargo hold of the helicopter as casually as you would throw something in the boot of a car. Checks are completed; the aircraft whines into life with the flick of a switch; and the student calls out temperatures, pressures and limits just to ensure they have their eye on the ball. Crewmen join the front-enders and strap themselves in ready for a few hours of thrill and excitement. It's not even time to lift and the student is already sweating on a frosty morning. Radios crackle and screech with strict directions from Air Traffic Control, aircrew do all they can to respect and obey. It's not long before they're free from the airfield and down in the low-level flying environment, the most dangerous place to be, but without a doubt, the most exhilarating.

After what seems like a lifetime to the stressed trainee the aircraft is teased back onto the landing point and they can breathe a sigh of relief as they shut down and begin flooding their mind with things they might've done wrong. It doesn't take long to break this internal cycle, as the instructor is feeling kind today. They get told well done, and good luck for the next flight – it's a pass, a kill, a continue. The only thing left to occupy their day is the mess and the bar – because what even is this job if you can't go ahead and tell people you're a pilot in the RAF.

Inappropriate behaviour from patients

Evlyn Forsyth-Muris

All patient interactions are interesting, but sometimes they are the kind of 'interesting' where you feel uncomfortable or even unsafe. Imagine taking the blood pressure or pulse of a patient to have your concentration broken by a comment on your physical attractiveness and the impact it must be having on said result. Or having just examined the hip of patient to have them pucker their lips and lunge at you.

These examples are just a small percentage of experiences of current medical students, with female students being far more likely to encounter this (Guardian, 2019). This behaviour can be written off as harmless, but even if the patient doesn't know what they are doing or can't understand it's inappropriate, that doesn't make it ok.

Unsurprisingly this is not a new problem, a study in 1993 found that 75% of female doctors had experienced sexual harassment from their patients (Phillips & Schneider, 1993). More recently a 2018 Medscape survey found 27% of doctors had officially reported sexual harassment by a patient (Medscape, 2019), the real figure of events is likely much higher. A 2014 Meta-analysis published in academic medicine reported that almost 60% of medical trainees had experienced at least one form of sexual harassment or discrimination during their training, with patients and patients' family members initiating more than 50% of the events (Fnais, Soobiah, & Chen, 2014).

So given how long this has been a problem and the scale of it surely there should be clear guidance on how to deal with such issues when they arise in a professional and safe manner? Well no, the best resource we have on this topic is a flow chart adapted from advice on racist patients published in an article in the Lancet in August 2018 (Viglianti, Oliverio, & Meeks, 2018).

The current GMC guidance is very scant, it reads "If a patient pursues a sexual or improper emotional relationship with you, you should treat them politely and considerately and try to re-establish a professional boundary" (GMC, 2019). Not only is there no consideration for the safety of the doctor but there is an absolute lack of concrete guidance on how to deal with the situation at hand if you do feel safe to do so.

And this isn't good enough, something needs to be done to support medical students in these situations so they can feel comfortable and safe in all patients interactions. Being empowered and supported to deal with these situations regardless of the patients mental state is essential to continuing good practice. It matters so that when we qualify and become doctors we are not left with the same anxieties on what do, and possibly more importantly can be there for the next generation of medical students when they need us to be.

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