

The URMUR

A note from the editor

By Shugufa Dinarkhail

It feels like only yesterday when we were all away at Cumberland Lodge for our annual residential programme. What an incredible welcome to the training programme by the cohort!



Thank you to all those who participated in organising the Away Days and ensuring they ran smoothly and successfully. The two days were filled with fun , activities and lots of very useful learning.

The topic of 'Learning Difficulties' can be a challenging read, yet you made the content so engaging and informative. Thank you!

The last 4 months have flown by. We've had lots of useful teaching, including GP focused topics such as common dermatology findings, educating a patient with Asthma and cancer diagnosis in primary care. We even managed to play Ping Pong whilst learning to function in unpredictable situations!

On behalf of the GPST1's, I'd like to thank the Programme Directors, Mandy and the Education department for their warm welcome to VTS. You've made our transition to GP training so easy and have supported us throughout this period.

We've ended this term with the Christmas dinner at Carluccios where we all enjoyed a nice meal. There was lots of discussions on maternity leave, the election and plans for a night out by the keen ST1s. It was lovely having a final catch up with members of our VTS and the programme directors before we all break off for the holidays. I look forward to seeing you all in the new year. Have a Merry Christmas everyone and Seasonal greetings!

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Self-care and mental health

By Shugufa Dinarkhail

Did you know, as a healthcare professional, we have a higher rate of mental illness when compared to the general population?

It is estimated that approximately 10-20% of us go through some form of mental health issue at some stage in our career. This value is likely to be an underestimate.

Isn't it strange that we are at the forefront of healthcare, yet sometimes our own health doesn't take priority?



So why don't we look after ourselves?

The nature of our work is stressful and we work in a high pressure environment. There is understaffing and we are often asked to cover rota gaps. We see unwell patients daily and don't have time to keep ourselves well hydrated and fed. I know I'm guilty of bringing a bottle in to work and often emptying it into the sink at the end of the day.

The Society of Occupational Health has stated that although the number of hours that a doctor works has been reduced to comply with the European Working Time Directive, doctors' mental health has not necessarily improved. There is evidence that poorly designed rotas, staffing issues and an increase in shift work has negated the intended benefits of fewer working hours.

Working as a health care professional requires a lot of self-giving.

We maintain professional relationships with patients and their families but can have a degree of emotional involvement too.

Reflecting on a particular case a week ago, when I was on call overnight, I tended to a deteriorating patient who was due to go home in the next few days. She was made palliative overnight and I couldn't help but worry and wonder whether I could have done more. I felt very alone in these

thoughts. This 'emotional and cognitive labour' associated with care giving can result in stress and burnout.

It's important to recognize these moments of stress and talk to our peers and colleagues about it, as these feelings can compound already existing mental health issues. There is a generalized belief that 'doctors are invincible' and this leads to deliberate concealment and internalizing of our problems. We, as GPs, are at the forefront of managing mental health conditions in the community. Firstly, we need to abolish the stigma of talking about our own mental health issues before we can manage those of our patients.

The government published The NHS Long Term Plan in January 2019 with a dedicated spend of £20.5 billion for the healthcare sector. One of its aims is to improve access to mental health services for adults and children and to promote a modern working culture where staff feel supported and respected.

So what is being done?

Well, Health Education England has made its recommendations. They suggest:

- 1) Post incident support for frontline staff
- 2) A dedicated 24 hour mental health service
- 3) Fast track mental health referrals for NHS workers

These are all currently being implemented. At a local level, Care First is an organisation who offer free and confidential advice and counselling, with further access to cognitive behaviour therapy. They have a direct number and are contactable 24/7. Let's talk about mental health together, have open and transparent conversations and remember to look after ourselves first and foremost.

Editor: Another very helpful organization which is dedicated to NHS practitioners is the NHS Practitioner Health Programme. This organization contains the NHS GP Health Service and provides confidential help for GP trainees and GPs who have problems relating to mental health which includes problems of addiction.

Keeping Active with Sonam

By Sonam Lakhani

So Sonam, what inspired you to do the half marathon?

First and foremost, I wanted to challenge myself as I was stuck in a boring exercise routine. I also liked the idea of working towards a long distance run and adhering to a training programme and of course, raising money for a great charity - Parkinson's UK. The Royal Parks Half Marathon appealed to me due to the central location and time of year (October).



Is this your first run you've participated in?

Growing up, I hated exercise and would say anything to get out of P.E. Whilst at medical school, I discovered that I actually really enjoyed fitness and exercise and decided to try running. At first, I couldn't run for 2 minutes without stopping, but over months to years, I managed to increase my stamina and gradually built up to a 5km then a few 10kms. This was my first half marathon!

How did you fit in training alongside work? How often did you train?

Luckily, the race was in October so the majority of training took place in the summer. I did 'Park Run' on Saturday mornings as many times as I could to help with pacing. In the last 6-8 weeks, I did 1-2 runs per week including one short and one long distance run.

Most of my training took place at the weekend, on zero days or occasionally after work. I tried waking up early and running before work, but this was only successful on one occasion! I ran a maximum of 16km prior to the race and never ran the full distance.

How was it on the day? Who came to cheer you on?

It was the best day! Although it was muddy and wet, the atmosphere in Hyde Park was electric.

There were live DJs, freebies and over 16,000 runners. There was worry that 'Extinction Rebellion' would disrupt the race but they cheered us on and even supplied me with a banana!

One of the best parts of the day was running past famous landmarks such as Buckingham Palace, The Mall and Trafalgar Square.

My family and friends came to cheer me on and supplied much needed Indian tea post-race. Thank you to Mum for my leg massage and Epsom Salt Bath!



Any advice for someone who wants to run a half marathon/ marathon?

Do it! If I can do it, anyone can. If you're looking for a challenge and to get fit - this is perfect. Plus you get to eat a lot of pasta!

My top tips are:

- Download a running app - I like the Nike Running App
- In between training runs, do low intensity cardiovascular exercise like swimming or a brisk walk
- Epsom salts and magnesium supplements for muscle repair and aching limbs
- Saturday morning ParkRun is a really good way to get started with running and it is free! Canon's Park is my local - feel free to come along!
- Get a free gait analysis at Runners Need - they will advise you on the best running shoes

Travelling with Shivan

By Shivan Kotecha

So Shivan, you chose to travel before starting your training. What inspired you to do this?

I think what inspired me to travel is realising there is so much more to see in the world! When I did my elective in Australia, I did it with the intention of jumping outside my comfort zone (I have lived in London my whole life)! And whilst London is still arguably the greatest city in the world, I realised how cool other places are. And I think I wanted to use this time to do things I may never do again!



What countries have you visited so far, and what is your favourite place you've visited?

So far I have been to Borneo, Singapore, Malta, Brazil, Argentina, Chile, Amsterdam and Dublin! And as I write this I am currently in transit to Cuba! Whew! I think that my favourite place had to be Torres del Paine in Chile. The reason being that this is a trek I did solo and was possibly one of the hardest inclines I have climbed- but the view at the end was spectacular, and the weather on the day was perfect for trekking! But learning how to Tango dance in Argentina was another highlight for me as was trekking on a glacier in Patagonia! And I think the funniest (for me) was my friend being attacked by a semi wild orangutan as he tried to take a selfie with it- he definitely did not see the funny side!

Did you travel all these cities/ countries back to back or did you take a break in between each visit?

Borneo and Singapore came together as did Brazil and Argentina. Each of the trips were with different people hence why it seems a bit chaotic

Argentina and Chile. Each of the trips were with different people.

Did you book all flights and hotels well in advance or did you go with the flow?

I have to say I think there was a mix, flights generally were booked in advance but especially in South America, some of the accommodation I booked on the day before, just because I didn't want to tie myself too tightly to an itinerary.

What is the one item you couldn't travel without?

Hahaha definitely my phone! How else would I take all the pictures!

Did you pick up any languages during your travels?

I think in South America I definitely picked up some Spanish and a bit of Portuguese. I was perhaps quite naive to think they would have a good command of English there, the reality was far from it!

Which country had the best food?

I think Borneo had some lovely food, when we did a jungle experience there, it was amazing to see some of the local produce they had and used to produce some delicious food including noodles and vegetable stews!



What advice would you give anyone who wants to spend a few months away travelling?

Don't be afraid to take time out of training and exploring the world. I know that you can spend this time locumming and earning some decent money, but the memories I have from the time so far are worth it! And our careers are so long, taking a break helps refresh the mind. When I finished A and E in August, I was feeling really drained, and this time out I feel has really rejuvenated me. And if you are doing it, make sure you get the chance to tick a few things off your bucket list. You won't regret it!

Book review

By Sonam Jani-Naik

EVERY HEART A DOORWAY:

How do children recover after falling down the rabbit hole?

Have you ever wondered what happened after Alice came back through the rabbit hole, or how the Pevensie children coped after returning from Narnia? That is the premise of this fantasy novella by Seanan McGuire. Nancy is a young girl who mysteriously disappeared through a doorway in her basement. She returned back to our world changed and unable to fit in. Nancy is still desperate to return to what she calls the “Halls of the Dead”, where she spent years dancing with the “Lord of the Dead”, and surviving off eating only pomegranates. Her parents cannot understand why she cannot wear bright colours anymore, or why she finds food too heavy to eat. Nancy’s parents send her to Eleanor West’s Home for Wayward Children, in an attempt to help rid of her of, what they believe are delusions. They are unaware however that Miss West herself has been through her own doorway, and much like the rest of the children at the school, believe there is a way to get back to their own fantasy land, the only place they feel at home.

The premise of this novella provides a unique perspective on how children cope with not being understood, and also the impact of being surrounded by other children who also have the same fixed belief systems. Throughout the entirety of the story the themes of “not fitting in” and “feeling at home” are extremely poignant. Sumi, one of the children in the home, profoundly states “open the right door at the right time, you might finally find a place where you belong”. This seems to imply that basis of these fantasies, stems from wanting a place to fit in. Interestingly some of the children in the home were already struggling with identity and self-esteem issues, before escaping to a magical world, Nancy herself confused by her sexuality.

Many of the children begin to feel hopeless about the prospect of never returning to their “true home” and cannot understand why the door will no longer open for them. They often blame themselves for doing things wrong and not having the correct “key”. In this case the lack of a key is perhaps is a metaphor for their low self-esteem and self-worth. It is easy to see how people suffering mental health conditions can quickly lose hope and motivation when people around them cannot relate. “Hope hurts... Hope is bad. Hope means you keep holding on to things that won’t ever be so again, and you bleed an inch at a time until there is nothing left”. The story clearly describes a sense of isolation from the children who desperately want people to believe them.

The importance of parental supports is quickly highlighted. These children had a profound lack of trust in adults, stemming from their sense of rejection from their parents. “Parents don’t always like to admit that things have changed...they try to force it into boxes they build for us”. In our current society this is evident in the severity of mental health problems in looked after children. Studies have shown that looked after children; in particular children in residential care have poorer mental health than the rest of the population. In England there are over 60,000 looked after children and around 45% of these children have a diagnosable mental illness¹.

The most interesting question this story raises is: Is it right to question a patient's delusional belief system? The children are devastated by their parents' rejection: "they said I'd clearly been through some trauma and couldn't be trusted. They sent me here so I'd stop being crazy. But there's nothing wrong with me". This sentiment is all too familiar in patients who are hospitalised for their mental health conditions, and they can often feel hurt, and mistrust those who challenge their beliefs. This perpetuates their sense of feeling like an outsider, "the world is unforgiving and cruel to those it judges to be even the slightest bit outside the norm". They can often feel marginalised and isolated.

A study by Zangrilli et al (2014) looked at the common approaches to patients delusions in an acute setting. They found that challenging the beliefs could cause patients to become defensive and disrupt the patient-doctor relationship². An article by Arnold and Vakhrusheva (2015) talks about the "negation reflex", being part of the interpersonal feedback loop of the therapist. They discuss the benefits of resisting this reflex to avoid reactance from the patient and strengthening the delusion³. At Eleanor West's School for Wayward Children, the fantasy worlds are accepted and this in turn encourages participation in group therapy. Instead of focusing on disproving their beliefs, they learn how to adjust to the possibility of not being able to go back through the door. Refocusing their attention to coping with the aftermath of their journeys, allowed the children to have a sense of purpose.

The children at this school were often admitted there for several years, and it does bring into to question the impact of long admissions on the lives of these children. The Royal College of Psychiatrists (2008) released an outcomes report for inpatient child and adolescent psychiatric services. They recognised that despite some positive health gains and improvement in psychiatric symptoms, there are generally few differences in inpatient or specialist outpatient services. They also recognised the risk of inpatient admission leading to disruption of family life, and missing out on social, educational and occupational opportunities⁴. These fears are echoed by the adolescents in this story "The rest of us will be out on the streets. No high school degrees, no way of coping with this world, which doesn't want us back."

Every Heart a Doorway, was an intriguing read, with a unique premise. The story had a good flow and pace, with plot twists that create an intriguing mystery. The more shocking of which, were the sometimes violent lengths to which the children would go, to be able to return back to a place where they "felt at home" - a risk we must always take into account during our own assessments.

The story left me with an internal questioning on how I deal with patients' fixed delusions and how questioning them, could affect the patient-doctor relationship and their engagement to treatment. It also highlighted the underlying themes of low self-esteem and identity issues in these groups of children. I reminded myself of the importance of identifying mental health conditions in looked after children, and recognising the effects of long term inpatient admissions on this group of patients.

These undercurrents were very subtly weaved through the story. The overlying narrative was magical and mysterious and kept you gripped until the very end. It is very unusual for a fantasy novella to have such strong mental health themes, but McGuire was able to create a profound sense of empathy for these children through the telling of their fantastical and whimsical journeys. That empathy transcends into our own world, and it makes us think about how scary our world must be for patients, when their own world provides them with such a deep sense of belonging and security.

References:

¹ J Sempik. 2011. Mental Health of Looked After Children in the UK: Summary. Online: <https://www.nice.org.uk/guidance/ph28/evidence/ep22-the-mental-health-of-looked-after-children-under-5-years-joe-sempik-pdf-430133293>

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³Arnold K, Vakhrusheva J. November 2015. (Psychosis) Psychological, Social and Integrative Approaches . Resist the negations reflex: Minimizing reactance in psychotherpay of delusions. Online: https://www.researchgate.net/publication/284176270_Resist_the_negation_reflex_Minimizing_reactance_in_psychotherapy_of_delusions

⁴Tulloch S, Lelliot P, Bannister D, Andiappan M, O'Herlihy A, Beecham J, Ayton A. RCPsych. May 2008. The Costs, Outcomes and Satisfaction for Inpatient Child and Adolescent Psychiatric Services (COSI-CAPS) study. Online: https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/ccqi-research-and-evaluation/ccqi-research-inpatient-cosi-caps.pdf?sfvrsn=18146111_2

⁵Photo credit: Amazon.co.uk

Crammers Corner

By Mike Wyndham

(1) A 20 year old lady presents with a 2 day history of a red patch in her eye. It is only causing her occasional irritation. There is no associated discharge. Her past medical history is unremarkable and she does not take any medication. What is the diagnosis?



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- (a) Acute episcleritis
 - (b) Acute glaucoma
 - (c) A subconjunctival haemorrhage
 - (d) Acute iritis
 - (e) Viral conjunctivitis
- (2) In Osgood Schatter's Disease which of the following are true:
- (a) The knee pain usually commences in the 4th decade
 - (b) Presentation is usually bilateral
 - (c) An xray is recommended to confirm the diagnosis

(d) The onset is usually acute

(e) Exercise should be stopped until the problem resolves

Answers

(1) Subconjunctival haemorrhage. Usually this condition does not cause any symptoms except minor irritation. The 'acute' conditions cause pain. In viral conjunctivitis, there may be bilateral red eye which does not have this bright red localised appearance associated with upper respiratory tract symptoms such as coryza.

(2) None of the statements are true! The problem normally presents in adolescence. It is usually unilateral. In the first instance, an xray is not required, as it has a classical presentation. The onset is usually gradual. Exercise does need to be stopped but modified according to circumstances.

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VTS Programme and Important Dates

9th Jan 2020 Consultation skills - The role of video

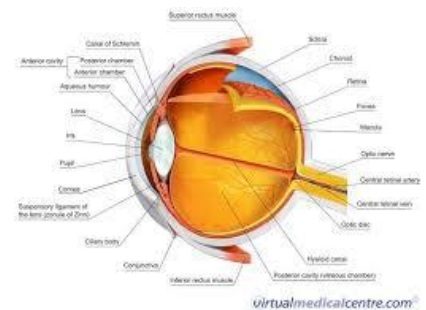


16th Jan 2020 ST topics - Trainee presentations

23rd Jan 2020 Microbiology - How to make best use of the service by Dr Anand Sivaramakrishnan, Microbiology Consultant and Infection Control Doctor, Royal Free London NHS Foundation Trust



30th Jan 2020 Understanding the role of the optician
Danielle Ellis, optician and Chair Local Optical Committee



6th Feb 2020 Debunking the myths around vaccinations
By Dr Silvana Kohon, GP at Brunswick Medical Practice and Innovative GP, Barnet Training Hub



Important Dates

Thursday 9th January 2020 – start of Spring term

Thursday 13th and 20th February 2020 (inclusive) – half-term

Thursday 5th March 2020 (**OFF SITE – LANE END MEDICAL GROUP**)

Thursday 9th April – Thursday 16th April 2020 – Easter break

Thursday 9th July 2020 – Annual graduation event

Exam Dates

	Booking period	AKT Test date	Results published
AKT April 2020	3 March - 5 March 2020	29 April 2020	26 May 2020
CSA March 2020	22- 24 January 2020	13-31 March 2020	7 April 2020
CSA April 2020	26- 26 February 2020	18- 25 April 2020	1 May 2020
CSA May 2020	7- 9 April 2020	12- 22 May 2020	29 May 2020