

# **Interview with Professor Ged Byrne: Consultant Oncoplastic Surgeon and Professor of Medical Education in Manchester Medical School**

**Dr. Ahmed Hankir  
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**'It was my weaknesses, not my strengths, which best helped me to  
serve humanity ...'**

**Professor Ged Byrne**





# WJMER

World Journal of Medical Education and Research

*An Official Publication of the Education and Research Division of Doctors Academy*



## In this edition, these topics and more....

Stroke Prevention in Patients with  
Atrial Fibrillation

Should Society Take Precedence Over Individuals and Do  
Scientists Need More Autonomy In Our Modern NHS?

Abstracts from the International Academic & Research Conference

Follow-up Chest X-ray Following  
Regression of Community Acquired Pneumonia

An Introduction to Cardiothoracic Surgery

Elective Opportunities in Lebanon

### Table of Contents

Introduction	<b>1</b>
Welcome	<b>2</b>
Table of contents	<b>3</b>
Stroke Prevention in Patients with Atrial Fibrillation Dr. Karen Au-Yeung, Dr. Mira Kharbanda	<b>4-7</b>
Follow-up Chest X-ray Following Regression of Community Acquired Pneumonia Dr. Karen Au-Yeung	<b>8-9</b>
Interview with Professor Ged Byrne: Consultant Oncoplastic Surgeon and Professor of Medical Education in Manchester Medical School Dr. Ahmed Hankir	<b>10-12</b>
World University Anatomy Challenge 2012: A Doctors Academy Event Mr. Gilbert Gravino	<b>13</b>
Fundamentals of Acute Wound Healing Mr Leslie Cheng	<b>14-17</b>
Abstracts from International Academic and Research Conference, 2011, Manchester, UK	<b>18-81</b>
Should Society Take Precedence Over Individuals and Do Scientists Need More Autonomy In Modern NHS? Dr. Stuart Enoch, Dr. Ahmed Hankir	<b>82-86</b>
The Portrayal of Mental Illness in Film and its Application as a Learning Tool in Medical Education Dr. Ahmed Hankir, Mrs. Mariam Albazi, Mr. Nam Tien Nguyen	<b>87-90</b>
Elective Opportunities in the Lebanon Dr. Ahmed Hankir, Mrs. Mariam Albazi	<b>91-93</b>
Elective Opportunities in Lebanon: The Abouzahr Elective Scheme of Phoenicia (AESOP). Dr. Ahmed Hankir	<b>94-96</b>
An Introduction to Cardiology Dr. Bridie O'Neill	<b>97-98</b>
An Introduction to Cardiothoracic Surgery Dr. Bridie O'Neill	<b>99-100</b>
Test Your Knowledge	<b>101-102</b>

## Interview with Professor Ged Byrne: Consultant Oncoplastic Surgeon and Professor of Medical Education in Manchester Medical School

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*'It was my weaknesses, not my  
strengths, which best helped me to  
serve humanity ...'*  
*Professor Ged Byrne*



**Professor Ged Byrne MD, FRCS, NTF, FHEA**

Imagine waking up one morning to discover that your hometown has been bombed and the country where your family and friends live in has been engulfed by war overnight. Alarming reports start trickling in of a burgeoning civilian mortality rate and carnage that is seemingly ubiquitous. What thoughts and feelings enter your mind? This was the case with me and may very well be the harrowing reality for those whose loved ones presently reside in Syria (our thoughts and prayers go out to our brethren in Syria). I vividly recall this period in my life; indeed memories of those dark days have not faded and return to haunt me from time to time. However things could have turned out far worse for me had it

not been for the presence of a truly incredible individual in my life, Professor Ged Byrne. Professor Byrne was Hospital Dean for clinical studies in 2006 during the siege of Lebanon and was my first point of contact. I deem his being in my life at that time an act of Divine Providence for had it not been for his intervention I would not be composing these lines right now as Dr. Ahmed Hankir. My case is testament to Professor Byrne's pioneering method of personalized mentoring and how effective this technique of tutoring, for both professional growth and personal development, really is. So I met up with Professor Byrne in the Marriott Hotel after all of these years in order to reveal the person behind the



professor and discover how he became the compassionate man he is, the worldly healer who had the capacity, of both 'heart and mind', to rescue me from the depths of my own despair. And so the interview begins and an extraordinary trajectory is uncovered...

AH: *Thank you Professor Byrne for accepting my request to be interviewed for World Journal of Medical Education and Research. My first question is this, where do we begin?*

GB: [smiling] you tell me Ak.

GB: I was born in Liverpool in 1965 to a traditional working class family. My father was a freelance joiner and my mother was unemployed at the time of my birth. I attended the local Catholic primary school and then received a scholarship to enrol in the Christian Brother School in Birkenhead. When I turned 18, I took 12 months off following A Levels and founded a charity that dealt with drug abusers and homeless people. Growing up in Liverpool at that time was a remarkable experience. Football was regarded, and still is, as sacrosanct so it followed that if you were not good at the beautiful game you were invariably ostracized and even labelled an outcast. This social exclusion had a profound effect on my values and mindset.

I then matriculated into Manchester Medical School in 1984 and obtained my MBChB in 1989. I did my house jobs in the Northwest. A position in Glasgow University as an Anatomy Demonstrator followed. It was during this time that I sat the MRCOG part 1 and the MRCS part 1. I relocated to the West Midlands and was entered into the basic surgical scheme in Birmingham City Hospital. This was followed by a gap year in Madras, India. Whilst in India, I developed a pronounced and previously absent cultural sensitivity which sparked my interest in global health. I then returned to the UK and worked in Kidderminster where I forged a firm friendship with Sir John Temple who was post-graduate dean in the West Midlands at the time. Sir John Temple was tasked by Sir Kenneth Calman to launch the Calman training scheme. Consequently I was selected to become the first surgical SpR in UK history.

In 1993-1997 I developed an interest in postgraduate medical education (training of surgeons). I was secretary of the association of surgeons in training in 1998-1999 and president in 1999-2000. I was awarded a one year fellowship in breast cancer research in 1997 with Professor Bundred as my supervisor. I obtained my MD in 1999, was a lecturer in surgery in 1999-2000 and senior lecturer in 2000. I was hospital dean of undergraduate clinical studies in South

Manchester University Hospital Trust from 2004 to 2008. I launched the Academy, a novel vehicle for delivering medical education, in 2010 and have been its director ever since. I was awarded a National Teaching Fellowship (NTF) in 2009 which is the highest award for tertiary education in the United Kingdom. I am the only practicing surgeon to have received this award.

AH: *What is a good doctor?*

GB: A good doctor is a human being who has sufficient insight in the core business of improving patient health which comes hand in hand with developing creativity, leadership and team work. The problem with modern day medicine is re-defining what we mean by doctor. In the advent of progressive management care pathways there is a decrease in the intelligent intervention by erudite physicians. This may be an opportune moment to quote Lord Cohen who pronounced that the three important things in medicine are 'diagnosis, diagnosis, diagnosis'. A good doctor is someone who people empower on their behalf to align their understanding of medical knowledge to mitigate patient exposure to risk of harm. It is crucial to realize that a good doctor must have the manner and acumen to inspire a person to empower him with that responsibility and privilege. For example, a nurse may follow and implement an algorithm but it is the doctor's role to weigh up and reduce the risks as far as is possible by utilizing scholarship. Above all else, a doctor has to have sufficient self awareness, 'embellished' with humanity, listening, understanding and empathy. In my experience humor at the right time is the most effective therapeutic tool and indeed laughter therapy has been used by patient groups.

AH: You once quoted Don Corleone in a lecture event. Do you have a quote that you can share with us?

GB: I have an educational quote which is as follows: "don't submit your student to your learning because they were born at a different time to you. It is our imperative to recognize that society is rapidly changing. Designing, developing and delivering new methods in medical education is part and parcel of the work we are doing in the Academy".

AH: Who is your role model?

GB: Ian MacLennan who is a consultant surgeon in MRI and who was dean of clinical studies. Sir John Temple and Sir Neil Douglas (president of the academy of Royal Colleges) are also personages I derive immense inspiration from. I consider having a role model important and my advice to medical students would be to have one.

AH: What are your views on the reform in Medical Education in Manchester Medical School?

GB: I am not as interested in curriculum reform as I am in changes in the learning environment. I am particularly interested in the seminal works of my colleague fellow medical educationalist Professor Dornan and we have been developing experience based learning and the healthcare system that surrounds patients and how to make this conducive for learning. This is what the

Academy is all about in fact. Moreover, I am also interested in the teacher who is the purveyor of medical education. I am a firm believer that life experiences are what shape and motivate people and these are the elements that make for an exceptional medical educationalist in my contention.

AH: Thank you for sharing with us your thoughts and life experiences.




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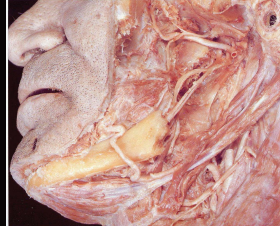



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*"I passed the MRCS on my first attempt. I found the courses very useful, showing me the standard required to pass the exam and providing a list of common exam topics. The mock vivas were a very good exercise for increasing confidence and gaining a feel of what the exam would be like. Thanks very much". - Mr Robert Evans, Birmingham Heartlands Hospital*

*"Absolutely brilliant! Well-organised, well taught, well looked after ... Very relevant for the exam and provided a real structure for me to start revising. Probably one of the best courses I have ever attended. Thank you for organising it." - Ms. Rahala Noor, Manchester Children's Hospital*

*"Excellent organisation and good value for money. The entire course and the mock OSCE was very relevant to the exam. Far better than similar courses I have attended!" - Dr. Rhys Llewelyn, Royal Cornwall Hospital*







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The World Journal of Medical Education and Research (WJMER) is the online publication of the Doctors Academy Group of Educational Establishments. It aims to promote academia and research amongst all members of the multi-disciplinary healthcare team including doctors, dentists, scientists, and students of these specialties from all parts of the world. The journal intends to promote the healthy transfer of knowledge, opinions and expertise between those who have the benefit of cutting edge technology and those who need to innovate within their resource constraints. It is our hope that this will help to develop medical knowledge and to provide optimal clinical care in different settings all over the world.

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