

Notes and news

The role of the public relations officer in the year of the POGP relaunch

My work as our organization's public relations officer (PRO) was very exciting during the first year of the relaunched and renamed POGP. I visited many new places, spoke face to face with hundreds of people, and delivered the message about pelvic, obstetric and gynaecological physiotherapy to thousands of others. In anticipation of the launch at our Annual Conference in Manchester in September 2014, it was decided that we would drip-feed the new name and logo of our professional network to attendees at a number of other meetings.

Kate Lough, the POGP booklet secretary, Doreen McClurg and myself manned the new-look exhibition stand at the United Kingdom Continence Society meeting in London in March 2014 (Fig. 1), Kate and I sporting polo shirts featuring the new logo. We were lucky enough to have a space directly outside the main lecture hall, so everyone going in to hear the speakers had to get past us first.

May saw us take the roadshow to Birmingham to the Primary Care and Public Health 2014 conference. The Chartered Society of Physiotherapy (CSP) and the Royal College of Midwives (RCM) presented their joint statement on promoting pelvic floor muscle exercise to pregnant women (Gerrard & ten Hove 2013), and the RCM's online learning package was launched (RCM 2015). This created enormous interest in

our stand among midwives, nurses and general practitioners (GPs), and gave us the chance to promote POGP and our work with obstetric patients. Many thanks to Annette Woodward and Christina Ebrey for covering the exhibition for us on the first day.

On the back of the RCM/CSP project, I was invited to talk on BBC Radio 4's *Woman's Hour* (BBC 2014) about the importance of getting women with incontinence to seek help from a specialist physiotherapist. Going to Broadcasting House in London (Fig. 2) was very exciting. However, I did have to travel from Cornwall with my 15-year-old daughter in tow during our half-term family holiday. I also had to carry the necessary plastic pelvis. . . Don't ask – radio is such a visual medium, after all!

I was supported by a member of the CSP media team, who thought that she was there to make sure that I said all the right things. However, when you're in the studio with Jane Garvey, there's only you and her – and an audience of 3.9 million listeners. I had been nervous that I wouldn't know what to say, but Jane is such a good interviewer that she asked all the right leading questions, allowing me to preach the message. I was backed up by a brave patient of mine in the BBC's Salford studio, who described her recovery, thanks to physiotherapy. We also heard a sad story from another sufferer of incontinence who had not had the chance to get a specialist intervention and was still having problems.



Figure 1. Doreen McClurg (left) and Katie Mann (right) manning the new-look POGP exhibition stand at the United Kingdom Continence Society meeting.



Figure 2. Katie Mann at Broadcasting House.

I received lovely messages of support from POGP members via Twitter, and my mobile phone went into meltdown because of all the texts and e-mails that I was sent. Even the CSP had to admit that they were pleasantly surprised at how much information I was able to get across. Nevertheless, any of you who heard the segment will know that I didn't say anything new or ground-breaking: I only repeated what we say to patients in our clinics day after day after day. The programme can still be heard online at the BBC website (BBC 2014).

The media coverage generated by that interview included a quarter-page article in *Good Housekeeping* magazine, which stated that "it only takes 40 seconds three times a day to change your pelvic floor life" (Gray 2014). That's not quite a direct quote from me, but the message was getting out there again.

The *Daily Mail* approached me to help with an article about one of their journalist's own journey through the healthcare system to get help for her incontinence (Bennett 2015). She heard me on *Woman's Hour* on 27 May while doing the opposite journey to me in order to visit her sister in Devon. It's good to know that at least one person in that audience of 3.9 million had been listening, and taken heed of my advice to keep asking for help and not be fobbed off with a photocopied exercise leaflet from the GP. The article ran to a full page and was featured online (Bennett 2015).

It is sometimes jokingly said that the *Daily Mail* is the most widely read health publication in the UK, but I was pleasantly surprised at the paper's standards of writing and editing. The journalists checked and rechecked facts, and then came back to me for a third time to clarify some terminology. I was reassured that this time I would be correctly quoted, and I wasn't disappointed. Because of the work done with this specific journalist, the *Daily Mail* has published another article focusing on painful intercourse (Golden 2015).

The Guardian also interviewed me for a similar article, this time asking me more about products and gadgets rather than the patient's perspective. It was published in a health supplement in May 2015 that also contained interviews with physiotherapists from other specialities (Jackson 2015).

As PRO, I have been helping to coordinate the filming of patient information exercise videos for Best Beginnings, a charity that aims to give all babies an equal start in life, regardless of their

background (www.bestbeginnings.org.uk). Its new mobile application (app), Baby Buddy (Best Beginnings 2015), is aimed at the younger pregnant woman who may not engage with healthcare professionals, or have the same support network that more affluent and more highly educated women do. This client group is more engaged by apps, and Baby Buddy is intended to be a fun way to educate patients. All information in the app is evidence-based, and nothing is uploaded to the website without being independently checked. We are currently in the process of filming some simple exercises that a pregnant woman can do at home without having to enrol in a formal class, or access a gym or health club. It is hoped that our expertise in working with obstetric patients can help with some of the health pages of the app.

Many members of the public access healthcare information using NHS Choices (www.nhs.uk), and I have been able to tap into the knowledge of some of our members to update various pages on this website. My thanks go to anyone who has reviewed the information for me.

Being the POGP PRO has been a challenging but enjoyable experience over the past 12 months. I have been supported by the CSP media team and built up a good working relationship with them, and I hope that they will now see us as the "go-to" people for expert knowledge and information. Everyone who has helped me with the media has shown what a great breadth of wisdom and experience we have across the UK. As members of a professional network of the CSP, sometimes we are seen to be physiotherapists who are associates of the CSP, and sometimes as members of POGP. I do not see this as a conflict of interest if we are using whatever method we think best to get the message out and encourage patients to seek help from an appropriate specialist physiotherapist.

Where will the role of PRO take me during my last year of office? An all-expenses paid jolly to a hot country for a high-powered medical conference would be very nice, but it is highly unlikely. I'm getting to know the Trainline website well, I should be collecting loyalty points with Premier Inn (if they had them, I would!) and my wheelie bag has done a few miles, but if it all means that we can reach out and spread the word to patients, our colleagues in the physiotherapy world and other health professionals, then I think that's a job well worth doing.

Katie Mann

Public Relations Officer

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Interview with Dr Matthew Szarko

Dr Matthew Szarko (Fig. 3) oversees a state-of-the-art cadaver laboratory at St George's Hospital, London, UK. A faculty member of the London Medical Education Academy (LMEA), he runs cadaver courses at St George's, where he teaches practitioners both physiotherapeutic and surgical skills. A physiotherapy course focusing on the pelvic area will soon be available. Overviews of the existing courses and general information are available on the LMEA website (www.lmedac.com).

Wendy Rarity
Co-editor

Wendy Rarity: Please tell us about your background and how you got this job.

Matthew Szarko: My name is Dr Matthew Szarko, and I am originally from Edmonton, Alberta, Canada. I am a senior anatomy lecturer at St George's, University of London. I also organize all postgraduate cadaveric training, and I am the clinical sciences lead for our 5-year Bachelor of Medicine, Bachelor of Surgery programme.

I have been teaching anatomy to medical students in anatomy labs for 10 years. I began doing this in 2005 at the University of Calgary, Calgary, Alberta, Canada, where I was a PhD student researching early-stage osteoarthritis characterization and tissue banking. During this time, I was fortunate enough to teach a wide variety of medical and allied health profession students, including physiotherapists, nurses, radiographers, anaesthetists, and even diverse groups such as massage therapists and acupuncturists.

After a postdoctoral research fellowship in the USA, I came to St George's, where I have been for the past 5 years. I teach various aspects of gross anatomy, but focus mainly on the musculoskeletal system.

W.R.: How is the laboratory used?

M.S.: The facility (Fig. 4) is used for practical teaching and the demonstration of gross anatomy to undergraduate students. Additionally, it is used for practical, interactive training for surgeons and other medical professionals.

W.R.: Can you tell us about the different groups who come to learn?

M.S.: Our undergraduate teaching primarily includes medical students, biomedical sciences students, paramedics, physiotherapists, nurses, radiographers and physicians' associates.



Figure 3. Dr Matthew Szarko (right) at work.

Our postgraduate training involves numerous specialties, including physiotherapy (ultrasound-guided techniques), anaesthesia (both ultrasound- and fluoroscopy-guided procedures) and surgery, which forms our largest and most diverse postgraduate user group. The surgical courses include, to name just a few: arthroscopy; spinal fixation; cochlear implantation; maxillofacial surgery techniques; ear, nose and throat; and knee replacement.

W.R.: *What do you find most satisfying about the training that you provide at St George's?*

M.S.: I think that what sets our facility apart is the drive to improve patient experience through our commitment to training competent undergraduates, and to offer 64 postgraduate training courses each year (with more to come!) to allow medical professionals to enhance their skill set. This commitment to the highest level of training directly translates into more-capable medical professionals who are better able to treat their patient populations.

W.R.: *How can physiotherapists benefit from cadaver training?*

M.S.: There is no real substitute for the kinaesthetic learning experience that is obtained in a cadaver lab. Regardless of your area of specialization in physiotherapy, a true understanding of the interconnectedness of the body's systems, and the ability to link patient symptoms with anatomical dysfunction, can be gained in a much shorter amount of time, and in a much deeper manner, than through either didactic or virtual learning.

W.R.: *What is usually the biggest surprise for people who come to the lab?*

M.S.: That it is a large, bright lab with an extremely friendly staff. People tend to view a cadaver lab as a dark room that is hidden away.



Figure 4. The dissection room at St George's Hospital.

In reality, it is bright and spacious, and doesn't smell as badly as one might think. We do our utmost to keep it spotlessly clean and professional.

W.R.: *Not everybody can cope with cadavers. Has anybody fainted?*

M.S.: I don't fully agree with that statement. I believe that everyone can handle cadavers. Our cadavers all donated their bodies to science, and so, in learning from them, we are fulfilling those individuals' wishes. It creates a special environment when you know that, by learning from cadaveric material, you are directly helping to realize the wishes of someone who has passed away.

That being said, we do, from time to time, have individuals who feel unwell or faint. Largely though, this has more to do with the fact that they have or haven't eaten before coming to the lab than the experience of cadaveric learning itself.

W.R.: *Tell us about the first time that you were in a cadaver lab?*

M.S.: My first experience in a dissection room was a bit of a sink-or-swim moment. I was a graduate student who had never seen a cadaver before, or in fact, any person who had died. My first task was to remove a brain specimen for a neuroscience course. I remember having a brief moment of hesitation before getting on with the task at hand, and when the brain was removed, it was truly remarkable to be able to gain a deep understanding of its anatomy in a three-dimensional context.

W.R.: *You are very respectful towards the tissue samples that you receive and handle. Can you give us some pointers about how to speak about these and how to behave in the lab?*

M.S.: All cadaveric material comes from supremely generous people who were selfless enough to donate their bodies to further the knowledge of professionals who need to understand anatomy. As such, we do treat all material with the respect that one would have for any special gift. We ensure that the material is maintained and handled carefully, and every time we use anything, we ensure that we are gaining the most from it. In so doing, we hope to have supported the wishes of the donors.

Prostate study day report

On 13 March 2015, 82 delegates attended the first study day organized by the new Continence Subcommittee (CSC) of POGP (formerly Chartered Physiotherapists Promoting Continence, CPPC). We were excited to host "Update on the Effects of Prostate Cancer Treatments on Bladder, Bowel and Erectile Function" at The Royal

Marsden Education and Conference Centre in central London, which was made possible by generous sponsorship from the charity Prostate Cancer UK. We were also delighted to welcome colleagues from radiotherapy, nursing and palliative care to the day.

The programme focused on the post-treatment side effects of prostate cancer. We heard from The Royal Marsden Hospital's leading experts on surgery, radiotherapy, gastrointestinal issues and sexual dysfunction, as well as our own physiotherapy authorities. Nicola Bhatt, a physiotherapist at The Royal Marsden who is sponsored by Prostate Cancer UK, discussed her role in developing the new service there. Professor Grace Dorey's presentation dealt with the Men After Prostate Surgery trial and why it failed; it is essential for us to be armed with this information when defending the role of the physiotherapist in the management of prostate cancer. Michelle Lyons discussed physiotherapy management, and Dr Kay Crotty chaired the proceedings.

Many thanks go to Nicola Bhatt, who organized the day. She is delighted to report that 97% of delegates rated it as very good or excellent. The CSC would like to continue CPPC's ethos of hosting affordable study days, and therefore, we need POGP members to come forward in order to plan and host these events. If you would like to host a day in your area, please contact Debbie Gordon, chair of the CSC (e-mail: Gbdgo@coloplast.com). Full support will be given, so please get in touch.

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Esther Hartsilver, 1982–2015

Esther Hartsilver (Fig. 5) has died at the age of only 32. She was killed while cycling to work at King's College Hospital in Denmark Hill on Thursday 28 May 2015.

Esther trained as a physiotherapist at the University of Brighton, and went on to work in London at Chelsea and Westminster Hospital from 2008 to 2011. It was there that she developed her passion for the field of women's health. Esther got her first specialist job at Guy's and St Thomas' hospitals while also working at The

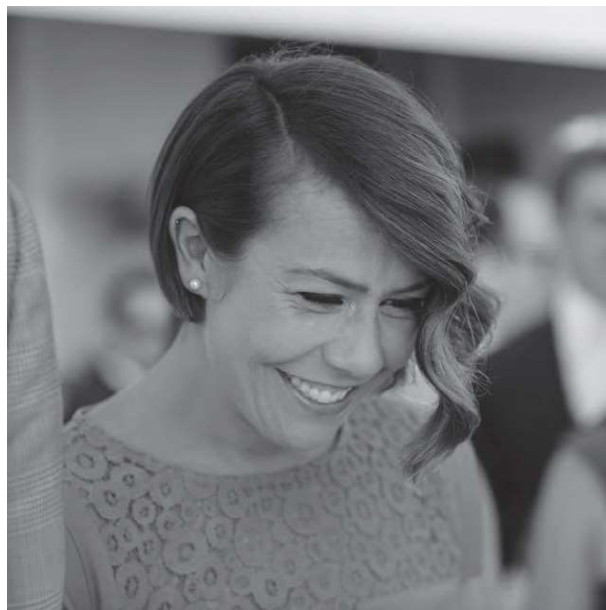


Figure 5. Esther Hartsilver.

Portland Hospital for Women and Children. To further consolidate her knowledge, she then began work as a highly specialist physiotherapist at the Urogynaecology Department of King's College Hospital in the summer of 2014.

Esther was a trained acupuncturist and Pilates instructor, and she was also in the process of completing her Master's degree in Women's Health Physiotherapy at the University of Bradford.

For all of us who knew her, she will be remembered for:

- her determination – last year, Esther took part in a 540-km endurance cycle ride in Norway as part of Team St Thomas' Hospital, completing this in just under 32 h of almost non-stop cycling;
- her widely recognized sense of humour and her smile;
- her kindness and compassion to others, especially her patients and colleagues; and
- her sense of discretion and dignity in times of adversity.

Finally, Esther had an abundance of energy and a great verve for life. We will miss her, but she will be forever in our hearts.

**Emily Nellist, Paula Igualada-Martinez,
Janette O'Toole & Katy Holden**

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Figure 6. The Majestic Hotel.

Annual Conference 2015

By the time you read this, this year's POGP Annual Conference and Exhibition will be just over a month away. The event will take place at the Majestic Hotel (Fig. 6) in Harrogate on Friday 25 and Saturday 26 September 2015. This four-star venue is a listed building and a Victorian landmark. Set in some 30 000 m² of landscaped gardens, the Majestic is situated in the heart of the North Yorkshire spa town, and features full conference facilities and a health club with a swimming pool.

The programme will include a diverse range of topics relevant to pelvic physiotherapists, such as anorectal dysfunction, male surgical techniques, trigger point treatment of prolapse, sexual dysfunction and embracing social media. Speakers will include renowned international lecturer and pelvic physiotherapist Dr Marijke C. Ph. Sliker-ten Hove, and Miss Karen Nugent, Honorary Consultant and President of POGP. Other presentations will be made by Graham Aikin of ANW Social Media Solutions Ltd, Professor Anthony R. B. Smith, Professor Tim Watson, Julie Ellis, Charlotte Burnell, Lucia Berry and Deborah Bancroft.

It's not too late to book your place at Conference, and you can register online (<https://www.eventsforce.net/pogp2015>). Keep up to date by accessing the relevant page on the POGP microsite (<http://pogp.csp.org.uk/pogp-conference-25th-26th-september-2015#>). You can also follow the association on Twitter (@thePOGP) – the hashtag for Conference 2015 is “#POGP15”.

Andrew J. Wilson
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