

# maa news

The Newsletter of the Medical Artists' Association of Great Britain • Spring 2005

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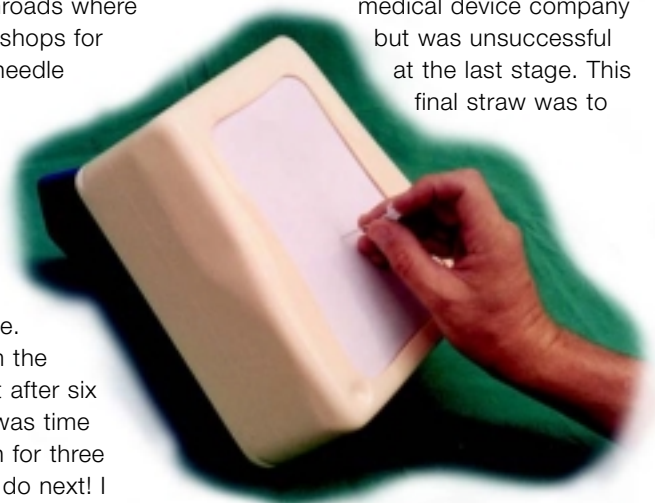
## The Advent of Clinical and Surgical Skills

In 1992 you could have been forgiven not being able to answer the question, "What are Clinical Skills?" The advent of laparoscopic surgery was at hand and every aspiring surgeon was clamouring to have a go at this new technology. It was at this time that the phrase "see one, do one" was coined by the hapless enthusiast. It wasn't too long before mistakes began to happen and the slow realisation that litigation court trials lay around the next bend.

Then in 1995 a change had begun. The Royal College of Surgeons recognised the need for change and initially seven main teaching centres were set up by the government to establish a formal training program for postgraduate surgical training. About the same time Nursing colleges were taking the initiative to develop their own training centres. They had recognised the need to train their staff with practical skills but there was little funding. Gradually other Royal Colleges followed and now each has complex training programs that formalise today's medical education. At first, venues were limited with few having their own allotted space and more often than not it was left to the Postgraduate Centres to cover the costs and make something happen. These places could cater for food and this is always an essential part of training. Even today the post-graduate centres still bare the brunt of what is fast becoming a speciality in its own right. The Clinical Skills Centre was born and is now the main focus for all medical education. Limbs & Things Limited was a company that had the foresight to recognise the upsurge in medical education. In 1992, I was fortunate to be offered an opportunity to work with them to promote their products. I came from a business background in publishing and welcomed the challenge. Like

many new ventures there was scepticism. Gradually inroads were made into training workshops for GPs with suture work, needle placement for rheumatologists, surgeons could develop their dexterity skills and so on. The home market became a European market and then an international one. We were exhibiting from the USA to Hong Kong, but after six very enjoyable years it was time for a change. Indecision for three months on just what to do next! I

had managed to get short-listed for a medical device company but was unsuccessful at the last stage. This final straw was to



### The most exceptional MAA Conference 2005 ... and not too late to book!

8/9th April 2005, Royal College of Surgeons, Lincoln's Inn Field, London.

This conference will be special. In fact it will perhaps be even more historic than the 50th Anniversary Conference because in addition to the usual excellent programme, it will see the instatement of a new President and Chairman, the thanks and rewards to our retiring President and Chairman; and hopefully the successful achievement of five students simultaneously becoming new members which has never happened before! All this and in very prestigious medically historic buildings. As a result some old friends (well some quite young actually!) who can only come to conference infrequently will be there.

Can you afford not to be there as well? No conference forms?  
Ring Philip Ball Conference Chairman 01223 216418

set me off with my next venture. Although I had trained as a medical artist, up until this point in time had never really thought about model making as a career despite all the time I had just spent. The nearest I'd ever got, was to make a wax moulage as a student. Earlier experiences had been towards applying art to medicine to make illustrations for publishers. My unemployment had, ironically, left me with an in depth knowledge of the medical market.

Two of my main interests throughout my life have been sailing and horse riding. From an early age, I had built sailing boats and later owned horses. I knew about fibre glass from boat building materials and I had always thought one day of developing a smoother padding for a horse to prevent saddle weariness. Then in one amazing week I met a tool pattern maker working with vacuum-formed mouldings and a horseman who had solved the saddle problem. I liked the idea of using gel as a soft touch, it has many human characteristics that would set the scene for me to make a new range of tactile training models. Originally, I set Pharmabotics up with a focus on the pharmaceutical market but gradually this has run in to a medical market. From then finding the right materials and meeting the right suppliers was a matter of focusing on what I wanted to achieve. Through a friend having contracted prostate cancer, I was made aware of the shortfall in adequate training models and set out to make a low cost version that could almost be given away as a freebie. A French company supported the venture and it became a commercial hit that straight away sold in thousands. The impetus that this gave me was inspirational and more ideas followed. The pharmaceutical companies were particularly supportive because such exposure allows them to promote their products for educational use as well as reaching their real market of selling drugs. The making of a Lumbar Epidural Injection Trainer to provide practice to junior anaesthetists was a good example and this is still a steady

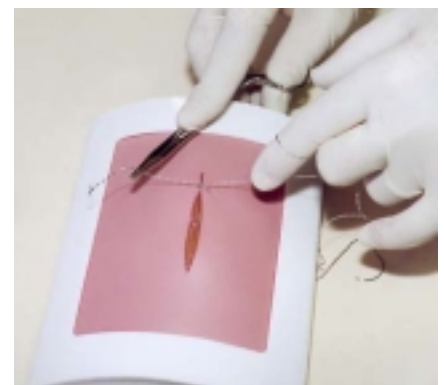
earner. When starting a new business finance is the key issue. Applying for funding takes a lot of time. Much of the costly mould making is covered in the original outlay. These models may take as much as a year to create and then a further year to bring to market. Medical model making is a long haul and not one for the faint hearted looking for quick returns. The conceptual design of any simulator is dictated by the end-user. Good medical practice sometimes imposes more restraints than one would welcome.



Getting materials to mimic human tissue has its own inherent problems. The organic nature of the human body with all its curves and undercuts is a model-makers nightmare. Making successful moulds of the body in ways that look the most natural requires great skill and good craftsmanship. Finding these combined skills is not easy and requires important teamwork. The end-user demands as near a likeness to normal anatomy as is possible. Accuracy of placement and feel are critical. Identity by palpation is normal practice on a human and so must it be on a soft-tissue simulator. Lumps and bumps must be identifiable. Resistance when inserting a syringe needle must feel right and there should be sufficient pressure in a vessel to give a flashback. Making a pad that represents skin is easy enough but human skin has a unique mobility and that is very hard to simulate.

Getting the product right for its application is important, however it is only part of the process of going to market. Between the end-user and the manufacturer is the distributor. Most manufacturers have a direct

vested interest in direct selling, but this is primarily to learn how well their product is received by the user. Information gained at this level is passed on at a later stage to their distributors. From here on the manufacturer side steps onto another project and it is up to the distributor to move forwards. Some may argue that establishing a network of distributors is what business is all about. It is in my view the most tricky part for a new business. Make a mistake here and you could end up living with that problem for the duration of an agreement. Equally distributors are not interested in short-term suppliers. They may invest in a catalogue and website as well as train a sales team to promote your products. Establish what territory you expect them to work in, never make an agreement too long and always allow for flexibility. Your market may change and you could find yourself being left behind or worse still someone may undercut your home markets. Get a good commercial lawyer to draw up an agreement for your particular product and then specify the details pertinent to your client in the form of a quotation. Append your price list that can be changed annually. Then be prepared



Reusable suture model



**Abdominal base**

to nurse each distributor as if he were your own child. They constantly need direction and regularly need confidence building. As a manufacturer you have to carry stock and be ready to deliver at relatively short notice. Most suppliers these days carry enough stock to cover their immediate needs and then make to order after that. They cannot keep all their money tied up in slow moving stock and maintain a fluid cash flow to cover the unexpected crisis that always happen when you least expect it. The main purpose of having regular sales meetings is to learn from the

market. This feedback not only brings new ideas to the table but more importantly develops a sales history. Sometimes sales patterns give indicators as to how and where the market is going. Leave nothing to chance, keep an eye on your competitors and talk to them. You are not looking to steal ideas just to look, listen and learn. Promotion of products is done by exhibiting at major meetings. Everyone you are likely to want to communicate with will be in one place at one time. For us, getting people to touch the products means more than any catalogue or smooth talking sales person might achieve. Anyone new to purchasing simulators or tactile trainers may not be aware of “who’s who in medical model making”. I am constantly amazed just how many companies are involved. But in today’s enlightened access to information it is not too difficult to find just who manufactures and distributes. The reader may be interested to know that medical model making has been around since artists

began making sculptures of the human torso. I think the earliest history of model were the sixteen century wax models in Bologna.

And after the war university medical physics departments were in the business of making training models for their medical staff. Orthopaedic surgeons have been practising with real and artificial bones since the early 1950’s. There is a constant a fascination about human bodies and hard plastic Body Parts have been made by a number of companies around the world, but it was not until the last ten years that the first soft-tissue trainers really became available. Nowadays genuine life skills can be taught, where a student can sit down and learn a skill in his or her own time, unhurried by peer pressure. Then leave with a new knowledge that when this skill is applied, both patient and trainee are the beneficiary.

**Anthony Rollason**

**Published in Clinical Services Journal**



**Lord Warner visits the Pharamabotics stand**

## Council

Council met on 17th December 2004

It was announced Ruth Eaves will be acting as MAA representative on the IMI training team after Helen Carruther's resignation.

The Honorary Secretary said there had been one enquiry regarding membership from a sculptor and one student enquiry.

Margot Cooper suggested a conference call to replace face to face Council meetings. This would seem a sensible direction to follow, however investigating costs a conference call through BT would actually cost the MAA more than paying travel expenses as at present most Council members are within a modest travel fare from London.

Although it was felt the conference call idea might also lead to a very long meeting and cause practical problems, it was agreed to trial the idea for the next meeting.

The Director of the Medical Artists Education Trust said that it was hoped Kelly Wilkinson, Jane Simmants, Emily Evans and Auriole Prince will all take their final exams in March 2005.

Students will exhibit their work at the conference and a prize would be provided for the best student presentation.

The new website is now online at [www.maa.org.uk](http://www.maa.org.uk) !!!

## Talking Soap

**Hallo, my name is Jim Smith. I rang yesterday about my studio move and changing my internet connection.**

Yes

**Er, well do you know about the situation?**

Yes

**Ah, good, good. Umm, could I have your name for future reference?**

Not necessary

**Oh, er, really? Did I speak to you yesterday?**

Yes

**I thought so. Well I'm having a little difficulty understanding how this is going to work.**

Yes

**Yes, look do I need to talk to one of your technicians?**

Not necessary

**OK, explain to me how once I've moved I can update my IP connection with a new modem phone line number**

Just log in and amend your registration details

**But I will be logging in from the wrong number**

Log in from the correct number then

**I will have moved studios, different phone line, I can't take the current number with me.**

Yes

**Whaddyu mean 'Yes'? Can't I give you the new number over the phone, you amend the registration details, then in the new premises I will be able to log in!**

It is much easier if clients make their own amendments online

**For goodness sake, I can't get online can I?**

Is your equipment faulty sir?

**What?**

You appear to have a connectivity problem. I can suggest a sister company that has no strategic relationship with us that could solve your problem. There would be absolutely no commitment on your behalf if you were to consult with them but the phone conversation would be recorded for training purposes. Shall I put you through?

**Whaaat?!!**

Sir, there is no cause for agitation if your equipment has failed you. As I said our sister company will be able to restore full functionality at little cost. Shall I put you through?

**Listen you cretinous salesperson of less IQ than a slice of damp toast, you just need to register a new dial in number against my log in name and password. The modem will do the rest. Er, you do know what a modem is?**

I'll just get a technician...

### MAA News

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