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## **Centre Visitor**

## **Personal reflections about Chapel Hill**

My first impressions of Chapel Hill were how wonderfully "forestry" the town was. It seemed like everyone built their buildings around the trees as not to disturb the forest, and that was so deliciously refreshing and unlike London we even the gardens can be sculpted. The second thing that really impressed me was how friendly everybody was. From the street vendor all the way up to the company director there was a genuine friendliness and consideration for you.

Upon meeting the UNC team for the first time I was struck at how big both the Drossman and Whitehead teams were compared to the teams that I am used to in Europe. I also appreciated the integrated way pharmacological, preclinical and clinical aspects were dealt with, at all stages of research, from concept to post-analysis. Another thing I envied was the high level of organization, communication and "team spirit" from all team members. I had the privilege of meeting with certain key researchers, and it was a memorable how each one exuded knowledge and a passion for their work.

When it came to my exposure to some of the clinical activities at the department, I was very privileged on having had the opportunity of joining consultations in the outpatient clinics, both in gastroenterology and psychology. I was also privileged to see some inpatient consultations on the wards. The first thing that impressed me here is how similar are clinical approaches were. But then I don't think I should be as surprised, as our clinical approach (mine in particular) has been heavily influenced by the research and work that was being done here at UNC. I was glad to see that you have similar problems to what we have in London, in this that the managers are always complaining about us taking too long with our out-patient consultations, and that our clinics are always overbooked, with long waiting lists. One thing I do covet is the very high level of multi-disciplinary team working that you do during actual clinic. The time you take to consider each patient from different angles even before giving feedback the patient. I had a sense that with a consultation of this intensity, the highest level of patient care was assured.

Finally, I was also privileged to see from 'start to finish', how you approach narcotic bowel syndrome patients. This was the main reason for me coming to visit UNC at this time, and I feel that people went out of their way to discuss and show all aspects of the research and treatment of this condition to me. I feel confident that I can take some of the skills back to the UK, and hopefully implement treatment and even some research on a similar vein to the high standards here at the UNC. This reminded me of how much there is to learn and, how rich the academics and clinical experience is here at the UNC. It makes me hope that future collaboration would be possible, and that my time in returning to the UNC is short. Upon leaving my main recollections is not that of only organized scientists or even that of compassionate healers with a heart for their patients, but was that of friends. My future hope is that there will be many happy returns. Thank you for the possibility of coming to the UNC as a visiting scholar; it was a very enriching and highly recommended experience.