backgrounds and with no family tradition of higher education to design and deliver a successful short term educational opportunity. We have identified what we consider are the critical success factors of such a programme and predict that, if these can be replicated, the summer school should be broadly transferable to other settings. But we have not yet shown a long term impact of this initiative on pupils' identity, confidence, motivation, or action. We are continuing to follow these pupils as they enter the sixth form and begin to construct their applications to medical school, and we hope to publish data at a later stage on their success rates and subsequent progress.

We congratulate the pupils who participated in the Dick Whittington project for their enthusiasm and hard work. We thank all participating schools for their engagement and collaboration and Mohammed Lais for help with interviews. The summer school could not have been possible without the positive support and cooperation of the management and staff of the Whittington Hospital Trust and especially the many clinicians who served as guest tutors. We are extremely grateful to our three sponsors who provided funding and active input to the project steering group.

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A memorable patient

Sticking with tradition

Last year I was involved in the care of a young woman who had had Hodgkin's disease diagnosed some 18 months previously. Initial chemotherapy was complicated by her severe learning disability—she lacked insight into her illness and capacity to consent to treatment. We managed to work our way round all the problems, and she sailed through six months of investigations and treatment, always leaving the unit with a smile and a chuckle.

Everyone was upset when she relapsed and required further treatment. Her venous access had deteriorated so infusional chemotherapy had to be given through a Hickman line. On her first return visit to the unit all went well until it was time to leave. She steadfastly refused to move from her chair and was visibly distressed. The nurses and carers tried to tempt her with offers of food, fruit juice, and a sleep when she got home, but to no avail. She became more upset and at one point jumped up and started raking about in the dressing pack that had been used to clean her line. We wondered whether she had lost something and helped her to unpack her rucksack to check that all was accounted for. Nothing was missing.

As a last resort, we tried to think of what might have been different between her previous experiences at the chemotherapy suite and those on that day. One nurse who had cared for her previously remembered the special ceremony that always surrounded applying a sticking plaster to her venepuncture site to signify "time for home." Now that she had a line in place there had been no need for a plaster. We found one and

applied it next to the line with much aplomb. Our patient seemed delighted, leapt up, put on her rucksack, smiled at everyone, and left for home.

This encounter reminded me of the difficulties that one may experience when the usual channels of communication are lacking and that patients often have fixed expectations of a consultation. Deviations from the usual ritual of events can be unsettling and frankly unacceptable to some. I will always try to keep this in mind in the future.

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The patient's father and advocate were pleased to hear that caring for this woman had made the doctors and nurses looking after her reflect on important themes and felt that it was a shame that more doctors could not share our experience. We sought their opinion about the article before submission as we did not wish to cause offence inadvertently. Her advocate, social worker, and carers all supported her father's consent to publication.

We welcome articles up to 600 words on topics such as *A memorable patient*, *A paper that changed my practice*, *My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. Please submit the article on <http://submit.bmj.com>. Permission is needed from the patient or a relative if an identifiable patient is referred to.