

The logo for the NZMSA Conference '09 features a yellow ECG line on the left. To its right, the text 'NZMSA CONFERENCE '09' is in a grey, uppercase, sans-serif font. Below that, 'the art of medicine' is written in a blue, cursive script. At the bottom, 'CHRISTCHURCH • 1 - 3 MAY 2009' is in a small, grey, uppercase, sans-serif font.

Conference '09 was held in Christchurch over the weekend of 1-3 May. A total of 144 delegates from around the country attended, including four Australian students, the NZMSA executive and representatives from the student organisations – NZMSJ, MAAP, MSGA, PMA, PIHPSA, Te Oranga and ARHA. There was an even representation across the New Zealand schools of medicine and across the early clinical and advanced clinical students.

The intention of Conference '09 was eloquently summed up in the closing speech by Prof Des Gorman, Dean of the Auckland School of Medicine. He spoke of the art of medicine being the application of skill and of the hidden curriculum in medical school. He acknowledged that, with changes to medical education, we are losing the apprenticeship model and he spoke of the importance of having opportunities to observe senior doctors practising medicine not just for the academic knowledge but to develop the subtle skills of being a good doctor. The theme, "The Art of Medicine" was explored through four areas.

Work/life balance: Risks and Responsibilities

The speakers gave an account of how, despite the demands of a medical career, there was still time for one to enjoy other aspects of living. We heard from speakers about balancing work with hobbies, family, business as well as emotions — eloquently summarised in a quote from one of the sessions, "*Medicine does not get any easier, it never finishes, there's no point where you can say, 'Well, that's over now. Now I can start my life.' This is your life! Live it now, do it now. Do not let this (medicine) consume you, make it not entirely who you are but one of the facets to your multifaceted exciting life.*"

Working together

As future doctors in an environment where patient care is becoming increasingly more complicated, it is essential we understand the fields of work of the other allied health professionals as well as working with other specialties. At this session, delegates heard from a primary care team which included a General Practitioner, a rural practice nurse and a community physiotherapist. We also heard from a social worker. They provided accounts of how their work was integrated as well as what the scope of their work included. Prof Mike Ardagh, Emergency physician from Christchurch, then ran a hypothetical scenario for a Specialties panel which included a Psychiatrist, Radiologist, Surgeon, ICU Trainee Intern, House Officer and Trainee Intern.



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New Zealand Medical Students Association

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NZMSA
c/- PO Box 156
Wellington 6140

nzmsa@nzmsa.org.nz
www.nzmsa.org.nz

The scenario elucidated the difficulties of consulting between specialties, the breadth of problems a junior doctor could face and the problems with hierarchy in the hospital environment. Rosie Belton spoke at this session and gave a moving account of the experiences of being a patient and the lack of sensitivity and common misconceptions that doctors unknowingly have.

Medical students: The next generation

This enlightened discussion informed delegates of the potential risks for stress, poor coping mechanisms, mental illness and addiction they might face as medical students and junior doctors.

Dr Tony Fernando, Psychiatrist from Auckland, presented on "The Science of Happiness" and noted "happiness" can be a learned behaviour and it is possible to teach oneself how to be happier. We also had representatives from the Doctor's Health Advisory Services, Dr Pat Alley and Dr Andrew Hilliard, who both were passionate in helping delegates develop better time management, and to educate them on the importance of acknowledging mental illness amongst the profession and normalising it. William Perry, President of the NZMSA and Trainee Intern, presented research on the latest student wellbeing survey and provided evidence and numbers to acknowledge that medical students do indeed suffer from high stress

levels and increased risk of depression. The NZSMA would be glad to receive enquiries about this topic from students and can be contacted via the website, nzmsa.org.nz.

The World at Large

Delegates were exposed to four current health issues facing New Zealand and our wider community. Dr Api Talemaitoga, gave the keynote address and looked at the areas of Pacific health, public health and the acknowledgement that there is a need for us to keep up with information and knowledge. As future doctors, our ability to contribute to society is not limited to treatment of disease but also extends to education, management and even the media.

Delegates were also informed on three other areas. Firstly, Dr Peter Sykes presented on the cervical cancer vaccine and the evidence and arguments surrounding it. Secondly, Prof Mike Ardagh presented on the risks to junior doctors and how to minimise them and lastly, Dr Buzz Burrell held a practical traffic accident scenario where delegates had to assess and manage patients in a rural setting.

Social events

The Cocktail function on Friday night was held at the Christchurch Art Gallery and Jenny Harper, Director of the Gallery, kindly opened the Rita Angus and Sir Miles Warren exhibitions. The theme of speakers emphasised the need for generalists in the New Zealand health system. As Dr David Galler, Intensivist from Auckland, said, "We need Generalists. For some of you, being a sub-specialist and knowing everything about f*** all is fine, but we need Generalists." The formal dinner was held in the Great Hall at the Christchurch Arts Centre. Dr Buzz Burrell gave an informal account of life as a rural general practitioner which was at times risqué but definitely enjoyed by all.

Overall the weekend challenged delegates to acknowledge and develop the finer aspects of practising medicine. Academia is important but with all its human interaction and psychological impact, perhaps medicine should be considered a humanity?

Conference '09 committee Trevor Kuang, Celia Keane, James Tan, Jenny Fife, Kelly Tarrant, Kiri Wicksteed, Oliver Hansby

We would like to thank our principal sponsor, Southlink Education Trust, our main sponsors, New Zealand Medical Association, Faculties of Medicine at the University of Auckland and University of Otago, Hutt Valley District Health Board, Medical Assurance Society and our dinner sponsor, Southern Cross Healthcare.

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A message from the NZMSA Vice President External, Elizabeth Carr

It often feels like medicine is a strictly prescribed course — a mindset that may well begin on our first day when we begin “MICN201” Otago, or the equivalent course in Auckland. While our friends are choosing which elements of English literature they most want to study in order to complete their BA, we are told exactly what we will be studying to become well-rounded, generalist doctors. There is not enough time to learn everything, but somehow, every topic from the treatment of hairy

cell leukaemia to the physiology of sweat glands, the intricacies of whakawhanaungatanga and the bluntness of ward clerks is squeezed into the programme. Exam dates are set, courses timetabled and expectations mounted right from the start.

Is there really any time to choose your own path?

In this editorial I hope to inspire you to look deeper than the prescribed course in medical school and take stock of the opportunities around you. As a medical student, you have a special place in the hospital system. You are not in clinic to work, but rather to learn, and this provides you with a special privilege to open doors and ask questions.

While the course is prescribed, and there are some basic boxes you have to tick, your time at medical school will be much more enjoyable if you consider the other options you have. These opportunities are present in the hospitals, in the universities and in the students groups that surround us. Are you interested in research or writing? Are you keen on spending more time with patients? Do you want to do more and get your hands involved?

Do you want to think more? Are you interested in the health system and how it could develop in the next decade? Are you keen to provide basic health care to those in the third world?

Do you know what your passion in medicine is?

As the medical course expands with new teaching methods, an increase in medical student numbers, and more peripheral placements, students will have more choice. Being a good generalist as a junior doctor is the basis for being a good specialist later on in life, and in an ideal world we would have the time to become familiar and competent in all specialties. This is increasingly difficult and even unrealistic, as the medical world becomes more complex. The good news is that with a bit of information and some support, you are in the best position to make decisions about your own education. In much the same way as we have to up-skill our patients to make informed choices about their health care, students should have more direction in their own learning. Wherever we are, the medical school should ensure high quality learning opportunities that are appropriately resourced. And then it is up to us.

Of course, the default option will get you there in the end, but don't forget the passion for medicine that you had to get you here in the first place.

On our website we are collecting anecdotes from students who have had moments that could inspire others — an extra surgery you were invited to, an extra research opportunity you found, an experience in a rural placement... please come and add your story and share some of the opportunities that are available when students show some initiative and follow their passion for medicine. www.nzmsa.org.nz

Increasing Medical Students Numbers POLICY — what YOU need to know

In 2008 the Medical Training Board recommended the number of medical students training in New Zealand should be increased by 100 places, as part of the strategy to tackle the medical workforce crisis we are currently facing. While NZMSA supports an increase in medical student numbers we believe steps must be taken to ensure the quality and accessibility of medical education is not compromised in the process.

Any increase must be of funded medical places — Dedicated funding for extra resources (i.e. medical staffing and facilities) must be earmarked at both the national and institutional levels to ensure the health system can cope with the increased demand in medical training requirements. These must not be funded by further increases in medical student fees. The Government must provide both the initial set-up costs and any ongoing funding.

Any increase in medical student numbers must be adequately resourced — The quality of education and professional training cannot be compromised. Resourcing includes not only physical resources that will need to be reviewed

and developed as necessary, but teaching hours from doctors which must be protected within the clinical setting. Strategic planning is also required so that appropriate infrastructure means the effects of increased numbers are managed effectively.

Access — Currently there are designated medical student entry schemes for Maori, Pacific Island, and rural origin students for reasons of affirmative action. NZMSA supports an equivalent proportional increase in these places with any increase in medical student numbers.

Peripheral Placements — There has been an increasing number of placements in a wider range of clinical teaching settings including rural clinics, rural hospitals, and community-based health services, and these must be well supported and sufficiently resourced to ensure *quality* and *consistency* of training.

A sustainable long-term approach — Any increase in medical student numbers must be done in a sustainable fashion to avoid the ‘tsunami’ seen in the United Kingdom and Australian medical workforces. Medical schools, District Health Boards, and post-graduate training programmes

Did you know?

40% of doctors currently working in NZ were trained overseas.

12% of newly graduated NZ doctors leave the country before ever entering our workforce.

30% of NZ doctors leave the country within three years of graduating from medical school.

must each be prepared for increased numbers of graduates to ensure training paths for New Zealand doctors are not overwhelmed. Any increase in numbers also needs to be backed by an increased focus on junior doctor retention with incentive-based employment packages, smooth transition pathways and other curriculum developments.

What are your thoughts on this increase in medical student numbers?

Let us know your opinions on mail@nzmsa.org.nz



BULK buy

Every year the NZMSA provides a low-priced bulk buy service to medical students offering products that include Littmann stethoscopes and Oxford clinical handbooks. To cater for our clinical members, this year we expanded our catalogue to include Talley and O'Connor and MIMS Ethicals. A new online system was also put in place to accept orders and payments to simplify logistics and to reduce delivery time of the products as we aim to distribute items to students by the end of this month. We have had an overwhelming amount of interest in the bulk buy service and hope you found the bulk buy offer beneficial. As always your feedback is welcome and we look forward to hearing from you about our new website order system and how we can improve our services.

www.nzmsa.org.nz/bulkbuy

AROUND the regions

WELLINGTON

Things are really kicking off in Wellington, despite a slightly sluggish start to the year. The exec is getting on top of everything and is looking to move forward with some exciting plans this year. Stay tuned for our changing image, including a fresh logo and new website we are developing! Wellington's new fourth year students for 2009 were properly welcomed at our "Geriatrics" flat-crawl in March. Out came the talcum powder, hair curlers, and urinary incontinence (not actually — at least not that I saw). Beverages were in abundance and the backyard wood-fired pizzas at the last flat were a huge hit. Costumes were impressive and dressing up as oldies seemed to work as an aphrodisiac for some! Our next big event was the WMSA Annual Ball on 16th of May at the Skyline.



DUNEDIN

OUMSA started the year with a busy orientation week for second years. We held a successful flat crawl attended by students from many year levels. Congratulations (aka cheap drinks) were offered to fourth years on completing their first run of life as an almost doctor. The ELM equivalent was the end of term medstein. Blood drive enjoyed record numbers of donations with students actually being turned away due to lack of staff and space. The hardworking council was formed and lots of progress has been made towards organising events such as the ball, MECA, sports and wine and cheese. Other plans for this semester include a quiz night and a visit from the Hutt Valley DHB — drinks and nibbles evening. Med students are going bush on med tramp — the first time this has been run. Another medstein is planned for the end of the semester. We really appreciate all the hard work put in by NZMSA. We are looking forward to a fantastic year.



AUCKLAND

As always, AUMSA has been busy providing advocacy, social events and support for the medical students of Auckland. Firstly, AUMSA has continued advocating for students regarding changes to the Grafton Student Health Services as well as the development of the new building on campus. In addition, new to this year AUMSA has also been actively involved with groups such as the University Environmental Committee, Faculty Ethics Committee and Capacity Planning Group. All good stuff! AUMSA is also continuing the process of reviewing its constitution. The overall aim is to ensure it truly reflects the organisation we are. We will be calling on med students of Auckland to take an active role in this process. Organisation continues for this year's Medical Ball, Revue, Cocktail Party, End of Semester Parties, Careers Evening and Futures in Medicine Symposium.

Finally here's what has happened since April;

- First round of awards for the AUMSA Travel Fund Grants were awarded.
- Hip Hop and Yoga classes continue with great success
- A BBQ raised funds for AUMSA's sponsor child Dotto. Over \$230 raised!



CHRISTCHURCH

Christchurch kicked off the year by welcoming the new fourth years with a two-week orientation programme. This included an introduction to the scary new hospital containing real patients, as well as a bus trip and an overnight adventure to Onuku marae in Akaroa. CMSA's busy social calendar got off to a great start with the annual flat crawl. The theme of 'superheros' produced some fantastic costumes; from ghostbusters to Captain Planet and his crew, with the traditional donut racing taken out by the fifth years. The sporting calendar did not start well, with the consultants kicking us in the hockey (we had sweet uniforms though). We are hoping for a better result in other codes throughout the year and are currently recruiting for our rugby team 'the terratomas'. May is a busy month for Christchurch, beginning with our hosting of NZMSA's Conference 09. Also in May is the school dinner, MAAP's 'Miss Medicine' male beauty pageant, as well as the Country Scrub's quiz night and Rural Retreat Weekend to the West Coast.



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New Zealand Medical Students Association

President

William Perry

president@nzmsa.org.nz

Vice President Internal

Divya Dhar

vpi@nzmsa.org.nz

Vice President External

Liz Carr

vpe@nzmsa.org.nz

Treasurer

Alex McLeod

treasurer@nzmsa.org.nz

Secretary

Vaishnaavi Gnanasampanthan

secretary@nzmsa.org.nz

Sponsorship Officer

Jasveen Kaur

sponsorship@nzmsa.org.nz

Education Officer

Hamish Wright

education@nzmsa.org.nz

Workforce Officer

Anna Choi

workforce@nzmsa.org.nz

Membership Officer

Gaurav Sharma

membership@nzmsa.org.nz

Communications Officer

Kerry Short

kerry@nzmsa.org.nz

Liaison Officer

Alistair Papali'i-Curtin

liaison@nzmsa.org.nz

AUMSA President

Nick Eaddy

nick@nzmsa.org.nz

WMSA President

Alastair Dunne

alastair@nzmsa.org.nz

CMSA President 2009

Mel Welch

mel@nzmsa.org.nz

OUMSA President

Danielle Gelbart

danielle@nzmsa.org.nz

Immediate Past President

Anna Dare

ipp@nzmsa.org.nz

Global Poverty Project

This UN backed programme seeks to accomplish the millennium development goals of halving extreme poverty by the year 2015 from the ground up. We have created a 90 minute slideshow that will depict poverty, success stories and how you can get active! The NZ tour aims to reach 6000 people over six days. Tour dates are: Wellington 12th August, Christchurch 13th August, Dunedin Fri 14th August, Auckland Sat 15th August

Contact divya.dhar@globalpovertyproject.com for more information.



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