

AMSA - Asian Medical Student's Association

The inaugural exposition celebrating student research

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Annie got involved with AMSA International last year while teaching English in Korea. She will be attending her third AMSA conference in July and wants to share the opportunities that AMSA offers. Simon had a great time at EAMSC and would like to share the conference experience with other medical students.



Introduction

The New Zealand Medical Students' Association has now reached out to the medical students of the Asia-Pacific region by being in the process of becoming a full member of the Asian Medical Student's Association (AMSA). This is a great opportunity to network with future colleagues who are neighbours to New Zealand. Perhaps it is pertinent to say we can network with students of New Zealand too - as this may be the case when you are overseas and need to represent Aotearoa. Although the name AMSA suggests it is just for Asian students, as I originally did, this is definitely not the case. AMSA aims to be a representative body of medical students in the Asia-Pacific region. At the conferences there have even been delegates from Austria and Mexico. The benefits to be gained from a conference based organisation are huge as AMSA's three philosophies: knowledge, action and friendship encompass everything of value to its members.

History of AMSA

AMSA was established in 1979 after Thai medical students invited students from surrounding countries to discuss the issue of refugees at the Thai-Cambodian border from a medical perspective. From these roots of unity and co-operation, the association formally founded themselves in 1985 at the 6th conference in the Philippines. There were nine founding members of which included Australia and Indonesia. From these beginnings- AMSA now holds 2 conferences a year. These are called the Asian Medical Student's Conference (AMSC) and East Asian Medical Student's Conference (EAMSC). Currently twenty eight AMSCs and twenty one EAMSCs have taken place where every conference has a key health topic. These are usually chosen from a humanitarian or public/ global health issue. Some of the latest topics have included: Cancer in Asia, Technology in Medicine and Traditional medicine.

AMSA today

AMSA is run by an International Executive Committee (EC) and Regional Coordinators (RC). The RC is the chairperson of their country's AMSA

branch. Currently there are over ten full member AMSA branches and two associate members, who are countries that have AMSA, outside of the Asia Pacific region such as the United Kingdom.

AMSA may seem similar to IFMSA in the way that it is a non-political and non-profit medical student organisation. However both parties have acknowledged differences in the characteristics and focus of their organisations and have signed a Memorandum of Understanding to co-operate with each other. This is important with the similar interests of AMSA's conferences and the Asia Pacific Regional Meeting (APRM) that IFMSA runs. A joint conference between IFMSA's APRM and AMSA's EAMSC is under planning stages for 2010.

All AMSA branches work with the three philosophies. 'Knowledge' means that exchanging medical information is essential in any conference. Thus lectures and paper/ poster presentations always feature in these conferences. It is a great experience for students to be involved with presentations in an international conference setting. Furthermore the Secretary of Academics of the EC is in charge of an International Research Project (IRT). The IRT usually researches the health topic of the AMSC that year where each AMSA branch helps out by collecting information from their region for the Secretary of Academics to collate, analyse, and complete. 'Action' promotes the idea that medical students can achieve change through initiatives like community work. For instance, in 2005, AMSA ran International relief projects for the Tsunami victims and the Pakistani earthquake victims. Finally 'friendship' means the chance to form networks all around the Asia-Pacific region as well as making use of the opportunities for student exchange. Currently Asian Medical students' Exchange Programme (AMSEP) is aimed at short term visits between AMSA member countries.

AMSC is the main conference and is held around August each year whereas EAMSC is the shorter conference held around January each year. Before and after each conference, AMSA branches are encouraged to organise a pre and post- conference project back in their country. These usually vary from national meetings, public health projects, community activities and public lectures. An academic benefit for the students, especially in the pre-clinical stage, is the chance to get more exposure to evidence based medicine. This is usually gained from collating information for the

projects or listening on the paper and poster presentations done by their peers. Some may partake in AMSA's annual IRT for further research experience.

AMSC 2007

This was hosted by Korea, one of the founding member countries, during July 22nd-29th in the capital city of Seoul. The health topic was 'Cancer in Asia- Incidence, Suffering and Prevention' with more than 400 students attending. This was also the first AMSA conference to have a New Zealand delegate attend so I was lucky to be invited to the executive committee meetings.

One characteristic of AMSA conferences is to be placed in a designated group that you tend to experience the conference with. It is a great chance to really get to know a few delegates from each country as the groups are well balanced and have local students to oversee the group. These local students are called Group moderators and are great in taking the group out on sight-seeing trips!

The paper presentation and poster presentation competitions allow each country a chance to enter a team with an overview on information and data relevant to the health topic, in this case it was cancer, in the delegate's country. This is special as it is a case of students who teach other students the information they have prepared prior to the conference. It was amazing to see the top cancers that each country has, the patterns in Korea are different to western countries such as Australia or our own. Also I felt privileged to be given the chance to have lectures from some leading lecturers in Korea as well the chance to visit many major hospitals.

The community service time was great as we handed out brochures on "10 steps for cancer prevention" at an urban hub and answered any questions the public had for us. However the cultural activities were the highlight for me. It is fulfilling to know that you are learning about the culture of the country you are visiting. The afternoon of Korean cultural activities was a busy one with the amount of activities that were offered. Even with my Korean heritage, I found it informing and entertaining.

Another must have at the AMSC is the cultural show. This is held at the end of the conference and each country fervently practices their cultural piece well into the night during the conference! It is all worthwhile as the final night bursts into a vibrant and colorful show celebrating cultural diversity.

EAMSC 2008

The 21st EAMSC was held in Bangkok-Pattaya, Thailand, between 9 -13 January. It was an amazing experience meeting over 200 medical students from 12 different countries. It was good to have Simon come along to this conference to boost the Kiwi delegation! By the end of the conference we got to know many delegates. It was interesting to learn what medical education was like overseas. For example, Hong Kong students in clinical years have virtually no holiday, university students in Thailand have to wear uniform, and learning frog anatomy is part of the medical curriculum in Taiwan.

The theme for EAMSC was 'Alcohol: medical and social aspects'. We had

many key note lectures and hospital visits, and we particularly enjoyed the student oral and poster presentations. It was a unique opportunity to find out how alcoholism affected various parts of Asia, and the strategies developed by different governments to combat alcohol-related problems. For example, in Thailand where Buddhism is the national religion, Buddhist ideology was used as a motivation to reduce alcohol consumption. Alcohol abstinence was promoted during the Buddhist Lent Period in the 'Stop drinking at Lent Period' campaign. In this period, Buddhists reinvigorate their spirits by practising asceticism, which includes giving up alcohol.

Although the conference itinerary was packed, we still had time for sightseeing. We visited the magnificent temple Wat Phra Kaew, bought our souvenirs at Siam Paragon (a huge shopping mall complex) and a Night Bazaar, and the dinner cruise along the river running through Bangkok was simply beautiful. The cultural night at the end of the conference was a showcase for medical students to stage their talents, which ranged from traditional singing to modern hip hop break dancing unique to each country.

We thoroughly enjoyed the time at the EAMSC. It was a wonderful experience with precious memories and long lasting friendships.

How New Zealand can be more involved

With a wider awareness in the medical student community - we can get more involved by forming a core AMSA New Zealand committee and recruiting more student members. This means that a larger number of students can attend and experience the conferences leading to better involvement in the paper and poster presentations on a health aspect from New Zealand. With the framework to make pre and post conference projects a reality means that the students back home who could not attend the conferences can also benefit by being able to learn about those health issues. It is great to get a broader overview of the medical issues in the Asia Pacific region as this will mean that as physicians, we can be more understanding of a diverse range of patients.

Unlike IFMSA who charges an annual membership fee, it is free for countries to join AMSA, so there are no real monetary barriers to having an AMSA New Zealand as an international organisation for medical students here. Looking at our neighbour Australia, who have maintained their membership to AMSA successfully, it is reasonable to think that New Zealand medical students can have long term ties to the students of the Asia-Pacific. All that the Kiwi students have to have are an interest in the health issues in the Asia-Pacific region and the desire to make changes for our community, particularly in public health promotions. In the future it would be a great honour to host a conference right here in New Zealand!

Future conferences

We need a big Kiwi delegation. A booming Haka at the cultural show will really make our presence known! The AMSC 2009 is to be held in Tokyo, Japan. The health issue is non-communicable diseases. The EAMSC 2009 is to be held in Malaysia. The AMSC 2010 is to be held in Indonesia.

For more information on AMSA: Please contact Annie Jo, Regional Chairperson of New Zealand. joha6699@student.otago.ac.nz Check out the AMSA Website www.amsainternational.org

