

International Association for Medical Education Europe Conference: The Power to Surprise!

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Roshit is currently a Bachelor of Medical Science (Honours) research student based at University of Otago, Christchurch. His research aims to develop and evaluate Global Health Classroom, a learning model connecting medical students in Nepal, Samoa and New Zealand to share and learn about their health systems, challenges and culture. With interests in global health and medical education, he is looking forward to his role as Education Officer in NZMSA.

The International Association for Medical Education Europe (AMEE) Conference is a leading annual medical education conference which allows teachers, researchers, and students who are interested in education within the medical and healthcare professions to present advancements and challenges in medical education, network with others of similar interests, and to take part in numerous courses and workshops. The 2017 AMEE Conference was held in the charming city of Helsinki, Finland from 26-30 August. The 3,500 attendees brought with them varying perspectives and ideas from all over the world that generated boundless learning, sharing, and networking opportunities.

As part of my research project this year, I have had the opportunity to delve into the world of medical education, focusing specifically on global health, technology use, and transformative learning. I am extremely thankful to the Otago Medical School and AMEE for supporting my travel, and to my supervisors for encouraging this. As a first-time delegate to a major medical education conference, I was amazed by the scope and breadth of medical education. It is a field which is constantly evolving and transforming towards a socially accountable mission. My involvement at this conference was primarily as a member of the Student Task Force (STF) and participant in the Hackathon, and secondly, as a medical student attending as a delegate. Here, I will share my insights from both perspectives.

Every year the AMEE Committee selects health professional students to be part of the Student Task Force, to assist in the logistics and administration of the conference. I was honoured to be selected as part of the STF, among 38 other students representing 32 countries. The task force was assisted by local Finnish medical students, with whom we stayed at the same hostel.

Being a member of the STF was certainly one of the best experiences from the conference. Having the opportunity to hear and share stories from diverse cultures, backgrounds, and beliefs was eye-opening in many ways. Studying medicine has given us a common language, composed not only of the technical aspect of learning the science and art, but also of the personal struggles and sacrifices we have had in our journey. Despite our common language, the context and culture in which we learn and practice are often vastly different. Perhaps the most significant and sensitive discussion we had was around the high rates of mental

illness among medical students and doctors. As a very relatable topic among the medical students, everyone could share insightful stories of their experiences. It was shocking and distressing to hear how stressful studying medicine is in some parts of the world. One of the STF members passionately made the point that we, as future healthcare professionals, have an obligation to take care of ourselves and seek help when required, and, in addition, pay attention to the wellbeing of our colleagues.

For our entertainment, the Finnish medical students had planned social events every evening. A particularly memorable one involved a Finnish-style dinner consisting of several rounds of speeches, drinking and eating delicious traditional food. Speeches consisted of expressions of people's gratitude and joy of being part of the STF and an invitation to their home country, followed by singing and dancing. After more than 15 rounds of speeches, singing and dancing, drinking and eating, it is safe to say that the Finnish know how to have an entertaining time and 'finish' a night with a bang. The Finnish medical students were wonderful hosts, sharing with us much about their culture and great social services. We left having thoroughly embraced the sauna culture.

A recurring conversation in the STF was about the state of medical education in our respective schools and countries. Our conversations were especially insightful when medical students representing international medical education committees, such as International Federation of Medical Students' Associations (IFMSA) and AMEE, shared their experiences and reflections. I noted that there are stark contrasts between schools in their teaching content and style, student engagement, and opportunities for students beyond the curriculum. Based on these conversations, New Zealand appears to be doing well. In fact, a medical student from King's College, London shared what he knew about Otago's Rural Immersion Programme. I was surprised to hear that he knew about the programme on the other side of the world, let alone for him to be impressed by it. I have come away from the conference feeling proud and thankful towards our teachers and clinicians for the quality learning environment they have created. As students, it is important that we play our part, and continue to foster this learning environment when we are clinicians and teachers.

The AMEE Conference also hosts a Hackathon, and despite having never heard of it, I expressed my interest to partake any way. The Hackathon involved groups of medical students, developers, and designers banding together to produce innovative digital solutions that address challenges in medical education. The Elsevier publishing group sponsored the event and they had run an international competition to select medical students, developers, and programmers to participate. Medical students participating in the Hackathon came from every continent and brought with them challenges they wanted to address with digital solutions.

I was selected alongside Basil Badwan, a medical student from Jordan, to represent our STF in the Hackathon. For over 48 hours we brainstormed and conceptualised ideas, before producing a prototype with the help of our developers and designers. Our group worked on an application that aimed to improve clinical learning by providing tailored, personalised

information to students so they could anticipate and make the most of their clinical opportunities. Throughout the 48 hours we received mentoring from digital application and marketing experts so that we could design and produce an application that was both useful and marketable. Despite being very sleep-deprived and overloaded with caffeine, we were excited to be presenting our work to the judging panel, which consisted of Elsevier Directors and medical education experts. Eight prototypes were presented, from multi-media flashcards to chatbots that talked with the student user to improve their recall of study material, all of which were very impressive. We were filled with a sense of accomplishment for producing a prototype within 48 hours. The winning team designed Patient X, a chatbot using voice technology to improve clinical reasoning by using case scenarios.

Basil and I were asked to present our experience and learning from the Hackathon at the AMEE Symposium on Innovation, Creativity and Entrepreneurship. My learning was two-fold. Firstly, I learnt that focussed and dedicated problem-solving collaboration can yield promising results which otherwise may not occur in the normal routine of life. Secondly, I learnt that we must collaborate with different disciplines to find solutions to challenges we face in health-related areas. In the Hackathon, we worked with designers and developers to produce a learning application which none of us could have produced alone. It was a true team effort where each person's contribution was critical to the end outcome. Medicine is becoming increasingly inter-disciplinary, and healthcare professionals alone cannot solve the challenges we face. We must look beyond medicine to find our answers.

In summary, the AMEE Conference was an excellent opportunity to learn more in the field of medical education. This conference made me aware of the integral role that we as students have, to collaborate with our clinicians and educators to ensure quality is upheld through our ever-evolving education. Medical education is a speciality in its own right. As one of my co-supervisors, Professor Tim Wilkinson, said to me "Medical education is like a public health intervention because it has the potential to produce clinicians that will transform our health system, improve the care and outcomes of our patients, and who will become change agents of the future." Furthermore, medical students will undoubtedly find

themselves in teaching and mentoring roles, if not now, then in the future. Consequently, it is essential that we learn to teach and mentor. We can be involved in medical education by being engaged with our teachers and student representatives in developing our curriculum and by initiating and continuing mentoring and educational initiatives. It is also important that we celebrate the great work that our teachers and students do. I look forward to contributing and engaging with my peers and teachers in the medical education space in 2018 as Education Officer of NZMSA.

Conflict of Interest: None

Funding: Otago Medical School (OMS) and International Association for Medical Education Europe (AMEE)

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