

LETTERS TO THE EDITOR

To the editors,

We read with interest the fifth issue of the NZMSJ. We are impressed with the excellent print quality and high production standards of the journal.

We read with particular interest the article by Alistair Escott on 'Learning clinical skills'. The broad definition of the term 'clinical skills' worked out by the author was comprehensive. In our institution, the Manipal College of Medical Sciences (MCOMS), Pokhara, Nepal we have an international student body with students from Nepal, India, Sri Lanka and a few students from other countries including New Zealand.

At the department of Pharmacology, the students are taught to communicate drug- and non-drug information to simulated patients. Pharmacology is taught during the first four semesters of the undergraduate medical (MBBS) course in an integrated manner with the other basic science subjects (Anatomy, Biochemistry, Physiology, Pathology, Microbiology and Community Medicine).

Common diseases and problems like Malaria, Bronchial asthma, Tuberculosis, Leprosy, Acute gastroenteritis, Epilepsy, Diabetes mellitus are discussed with the students. The non-pharmacological and lifestyle modifications are emphasized. The choice of the drug, dose, frequency, duration, adverse effects, drug interactions, contraindications is emphasized. The students carry out the exercise in small groups of 7 or 8 students each.

We teach communication skills using simulated patients. Students themselves also act as patients and role plays are used during the learning sessions. The students are assessed in this skill at an objective structured practical examination (OSPE) station during the practical examination in pharmacology. The students are assessed using a structured check list.

Communication skills are also taught to the pharmacists in the teaching hospital. The department of pharmacy runs a medication counseling center and in the center trained pharmacists educate patients regarding the use of specialized devices like the insulin pen, metered dose inhaler, rotahaler, suppositories and pessaries. The center is attached to the outpatient pharmacy.

However, formal courses on communication skills are lacking during the clinical years of training. Physical examination and clinical reasoning are taught during the clinical years. Sessions on practical ethics, multidisciplinary teamwork and reflective practice are lacking. The pharmacology department does teach critical analysis of pharmaceutical drug promotion and optimizing time spent with medical representatives. Further emphasis on clinical skills training is required in our institution and in Nepal.

Yours sincerely

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To the editors,

I congratulate you on the successful production of yet another fine issue of the New Zealand Medical Student Journal. I am aware that since its inception in 2004, the journal has successfully obtained support from a range of funding bodies and that this has helped a dedicated and committed group of volunteer students produce a journal they can truly be proud of. Everyone involved deserves to be congratulated for their achievement and I would like to enthusiastically express my support for this admirable project.

This journal provides an excellent opportunity for this country's medical students to demonstrate their academic capabilities and to publish their findings from research endeavours, as well as express themselves on a range of topical issues in medicine. I am pleased to see that the journal executive has expanded rapidly over the last two and a half years, and is now truly a nationwide initiative involving students from each of the four schools of medicine in New Zealand. It is also pleasing to see the journal is now being distributed on a biannual basis.

I am pleased to offer a Ministry of Health grant in aid of this promising venture to allow the journal to continue to expand into the future. I wish it every success.

Yours sincerely,

Hon Pete Hodgson,

Minister of Health



In Issue 5 we published a letter from the New Zealand Resident Doctor's Association (NZRDA) regarding the 2006 industrial action taken by the country's Resident Medical Officers (RMO's) in response to the proposal by the District Health Boards to replace their Multi-Employer Collective Agreement (MECA) with a Memorandum of Understanding (MOU).

As promised in that issue, we have endeavoured to bring you District Health Board New Zealand's (DHBNZ's) response to this letter; however they have declined to comment given the amount of time that has now passed since this action took place.