



Learning from the professionals



By Jan Rusman
President of the Medical Students' Association of Notre Dame

There's something very surreal about stepping into a hospital. Maybe it's the long corridors.

It always reminds me of the part terrifying, part bewildering, and part enthralling sequence in the movie of Charlie and the Chocolate Factory, where Gene Wilder's rendition of Willy Wonka leads his visiting entourage into a boat that travels through tunnels along a chocolate river. His face reflects the colours of the sometimes harrowing journey as his eyes focus intently on the camera, while eerily singing, 'there is no way of knowing in which direction we are going'.

The scene is all about the possibility of what might happen next.

In much the same way that a second year medical student gets a look at the goings-on in a hospital, I find that each hospital corridor leads to a room, a person, and

a unique story. Each is an opportunity for learning something new, or getting a different angle on something I have already learnt in lectures.

One of the great things about studying medicine at Notre Dame is this early exposure to clinical practice. It's one thing to be taught about shifts between fluid compartments by a book; it's an entirely different thing to witness it in an intensive care unit guided by the managing physician. It makes so much more sense seeing it in practice. So too with oxygen management in ICU. I managed to sit through several lectures on metabolism, committing as much of the TCA cycle to memory as possible and even passing an exam on the topic. But it wasn't until I was quizzed by the ICU physician about why a person requires oxygen that I really recognised the impact of what I am studying, how I should

be studying it, and that ever-important dimension of remaining 'practically orientated'. I still surprise myself each time I relearn the age-old lesson of paying attention to, and learning from, the professionals who are actually doing the work.

I find I am eternally grateful each time I am offered such insight by the professionals. Those 30-45 minutes per week of direct intellectual exchange that I am offered in the hospitals at this stage of my education, makes all the difference to my digestion of the hundreds of facts that I receive for the rest of the week. It's incredibly motivating.

It's on those mornings as I look down those long corridors and re-arrange my student ID tag, that despite the sympathomimetics coursing through my arteries and veins, I find myself learning and loving every minute of it.



Getting the balance right



By John Zorbas
President of the West Australian Medical Students' Society

A few weeks ago, there was an article published in The Australian Newspaper entitled "Anatomy of a crisis" which critiqued the current level of anatomy teaching in medical curricula all over the country. In the days that followed, many comments were made regarding the fall in the profile of the basic sciences, during which I was asked to comment on what WA students thought about the current state of affairs. For those of you who don't know, we're doing just fine. You don't have to go far to get an appreciation for how quickly things change in the field of medicine. Any sixth year medical student can tell you the extent of the changes since they were in first year, but this is nothing new. It has always been the case, and for good reason too. Any course that doesn't evolve with the changes in

medicine is going to create sub-standard graduates and this poses a risk to patient care. With the greater standard of accountability that doctors are held to nowadays comes a requirement for much more knowledge of auxiliary sciences, such as biochemistry and genomics, and things won't be getting any easier anytime soon.

Having said that, sometimes we can tip the scales too far the other way. Here in WA we still receive a heavy anatomy load within our course, but several other courses across the country have slowly whittled away the hours of anatomy teaching until they are almost non-existent by comparison. So what does this mean for their students? Are we at risk of creating incompetent junior doctors who will force additional stress onto the already frantic health system?

From a student's perspective, we receive a very strong grounding in the basic sciences at UWA, which is augmented by our clinical contact in later years. While we can't remember every single detail, our knowledge base is strong enough so that with a little stimulation, it comes back to us in an hour of need. I feel that here in WA, we've managed to strike a neat balance between the new and the old.

While there is always room for improvement, the rate of change within our course is a sign that constant evaluation and revamping is taking place. Change is essential for keeping up with new knowledge and I would have no faith in any course that remained static.