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The International Federation of Medical Students’ Associations (IFMSA) is a non-profit, non-governmental organization representing associations of medical students worldwide. IFMSA was founded in 1951 and currently maintains 135 National Member Organizations from 125 countries across six continents, representing a network of 1.3 million medical students.

IFMSA envisions a world in which medical students unite for global health and are equipped with the knowledge, skills and values to take on health leadership roles locally and globally, so to shape a sustainable and healthy future.

IFMSA is recognized as a nongovernmental organization within the United Nations’ system and the World Health Organization; and works in collaboration with the World Medical Association.

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<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Editorial</td>
<td>Words from the Editor-In-Chief</td>
</tr>
<tr>
<td>5</td>
<td>Executive Board’s Message</td>
<td>Words from the IFMSA Executive Board</td>
</tr>
<tr>
<td>6</td>
<td>Prof. Erik Holst Fund</td>
<td>Read about the testimonial about the AM18 Awardee</td>
</tr>
<tr>
<td>9</td>
<td>Gender in Healthcare</td>
<td>Articles on the Theme for the March Meeting 2019</td>
</tr>
<tr>
<td>38</td>
<td>Rex Crossley Award</td>
<td>Articles of Contenders for the IFMSA Rex Crossley Award</td>
</tr>
<tr>
<td>54</td>
<td>SCOMEdy</td>
<td>The Guardians of Medical Education share their stories</td>
</tr>
<tr>
<td>76</td>
<td>PeriSCOPE</td>
<td>Travel with SCOPEans on their exchanges</td>
</tr>
<tr>
<td>95</td>
<td>The SCOPHian</td>
<td>SCOPHeroes save the day with Orange Activities</td>
</tr>
<tr>
<td>114</td>
<td>SCORAlicious</td>
<td>Welcome to the World of SCORAngels</td>
</tr>
<tr>
<td>127</td>
<td>SCOREview</td>
<td>Ever wondered what SCORE Exchanges are all about?</td>
</tr>
<tr>
<td>141</td>
<td>The SCORPion</td>
<td>Learn about Human Rights and Peace efforts worldwide</td>
</tr>
</tbody>
</table>
Dear reader,

It is with the utmost pleasure that I present to you the 39th issue of the Medical Students International. This issue arrives six months after my term as Vice-President for Public Relations and Communication started, and since then great things were accomplished. We managed to improve the IFMSA Brand and invest in vibrant publications. The result is visible in the following pages, so take a look at them.

For the development of this issue, a group of dedicated people worked in the development of this issue, ensuring the quality of the content and the design of our beloved publication. I would like to personally thank Iris Blom, Putri Azzahra and Margaret Ho, for the work developed in their function as Content Editors, and Mohammed El-Gohary, Akshay Raut and Khair Ul Barayya, for their contribution as Content Designers. Without this group of people, the MSI 39 would not have come to be.

This issue of the MSI reflects the work developed by medical students across the world. From awareness campaigns to exchanges opportunities, we showcase the work we do everyday to tackle the problems we see around us. By doing this, we prove ourselves and to the world that youth can bring the change, not only locally, but also globally.

Enjoy the reading!

José Chen
Executive Board’s Message

Dear Reader,

It’s our great pleasure to introduce to you the 39th edition of Medical Students International, IFMSA's official magazine, which will take you through a remarkable journey, in which you'll witness the amazing achievements and explore the creative minds of innovative and advocate medical students from all over the world.

Throughout this publication, you'll get to know about inspiring stories, productive and life changing projects, and out of the box ideas and solutions that relates to global and health topics, written by medical students from IFMSA National Member Organizations.

We are proud to continue witnessing the contributions of medical students to global health agendas, and their eagerness to share their thoughts and make their voices heard. It proves to us that the vision of our organization, which is a world in which medical students unite for global health, and are equipped with the knowledge, skills and resources to take on health leadership roles locally and globally, is indeed achieved.

We can not forget to thank the hardworking team who brought all these voices and efforts together, and made this publication a reality. In addition to all of our devoted members for their articles submission. We hope you will enjoy reading this edition, and get inspired by the emerging ideas and voices of medical students worldwide.

Warm Regards,

IFMSA Executive Board
Ahmed, Batool, Fabrizzio, Georg, José, Nebojša and Majko
Prof. Erik Holst Fund: The beginning of a great and difficult path of work in leadership, global health, research, and advocacy

Javier Asfura
IFMSA-Honduras

Dear readers,

My name is Javier Shafick Asfura Caballero, I'm 21 years old and I'm from Honduras, the heart of Central America. This past August, I had the great opportunity to attend the IFMSA General Assembly 67th August Meeting in Montreal, Canada, thanks to the Prof. Erik Holst Fund. If I can be honest, I think this has been the greatest experience in my life, full of incredible memories, lessons, friendships, and more. Currently, I am the National Officer on Research Exchange (NORE) in my country, a position that has encouraged me even more to work on research and health. So, I attended the SCORE Sessions in the event and represented my country in the Poster and Contract Fair. Also, I had the opportunity to present myself to the rest of the NOREs and SCORE International Team and also present my biggest achievements in my country, which are: 1) Making my NMO SCORE active and available for research exchanges (a huge opportunity for all the Honduran medical students) and 2) Developing national educational activities, such as a SCORE National Research Camp and a National Case Report Course. You see, unfortunately, in my country, there is almost no encouragement for students to do research and to learn and develop those necessary skills that a future doctor needs. So, I wanted to change that and developed these activities, as well as many more, in which we can teach the health sciences students the different methods and techniques necessary to do research projects. After presenting this in the AM2018, many NOREs from around the world had been contacting me asking for help on how to develop this activities in their countries, as well as congratulating me for being proactive in research in my country. I learned so much things about IFMSA and became so encouraged and empowered in global health and advocacy, that when I came back to my country, I sent my candidature for President 2019/2020 of my NMO (IFMSA-Honduras), position for which I became elect in our last National General Assembly in September. Adding to that, I knew I wasn’t done with SCORE and research, which are my passion. I saw the call to the new term’s International Teams, so I said, why not? I identified myself with the position of SCORE External Development Assistant, a newly created position to work with strong external representation and recognition for our exchanges with help of the Liaison Officer on Medical Education. After a big preparation of my candidature, I sent it, had the interview and, for my surprise, I was elected for the position. So, I am also member of the SCORE International Team as the SCORE External Development Assistant 2018/2019. I believe that these great achieve-
ments are thanks to the motivation, empowerment and skills I acquired during the event, event for which I wouldn’t had been able to go if it weren’t because of the help given to me from the Prof. Erik Holst Fund and from other people from my country. This is only the beginning of a great and difficult path of work in leadership, global health, research, and advocacy, and I hope that my example and work serves as motivation for future medical students from all around the world. I know what I want and I’m going to work extremely hard in order to achieve it, which is, one day, becoming president of IFMSA and creating and enormous impact in health and in the future of medicine in the world. So, I encourage each and everyone of you to fight for your dreams, to do anything available in your power to attend this kind of events and to always trust God, because even when you think there’s no hope or opportunities, He opens the necessary doors for your life.

Sincerely yours,

Javier Shafick Asfura Caballero
With **UpToDate**, you can easily access more than 11,600 evidence-based, practice-oriented topics covering **25 specialties**, that help you make the best possible **treatment and diagnosis decisions**.

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Gender in Healthcare

Theme Event
The right to identity is a right of the personality, based on human dignity, on the accountability of an intangible sphere of rights that can not be ignored and the recognition of the individual as a person. This right can be assessed from a personal, family and social perspective \[1\]. With this, Transgenderism is a current theme that has been increasingly recognized as an important factor that directly affects individual’s quality of life. Transgender identity is recognized and validated when it is allowed to express its psychosocial sex broadly \[1\].

Thus, Transgenderism puts into operation the values that structure the genders differently than normativity postulates \[2\]. In this way, identity is one of the first questions that the human being in the search of self-knowledge, because “the feeling of belonging to the masculine or feminine gender is intrinsically linked to the question of identity” \[2,3\].

In this way, according to these aspects, it is demonstrated that the desire for sexual adequacy is relevant, as well as its condition of being the only way to ease the pains of those who desire it. Thus, in 1997, the Federal Medical Council (FMC), through Resolution No. 1.4821, authorized gender reaffirming surgery in transgender patients in the country, claiming its therapeutic character. Surgical intervention has become legitimate in Brazil, provided that the patient presents the necessary criteria for the accomplishment of the same and the treatment follows a rigid program, which includes the evaluation of a multidisciplinary team and psychiatric care for at least two years \[4\].

In this sense, it was sought through this campaign to grasp the importance of having an education and knowledge about the transgender question, which involves an approach to humanization of care directed to the public as physiological and psychological issues. Thus, it can be said that society is more open when the theme is present in events large and open to society, because the deconstruction is in the most spontaneous attitudes of people. “The big question is to understand that gender difference is one more that exists among our many differences, just as we have skin color, for example,” concludes psychologist Leticia Rezende of the Center for Research in Psychoanalysis and Language (CRPL) \[5\].

The campaign was structured from

Lesley Ane Roks de Lima,
Larissa Yuri Suganuma,
Marília Tamamaru Santos Leite,
Rafael Mosconi de Freitas
IFMSA Brazil UniCesumar
Disclosure which occurred through social networks: Facebook and Whatsapp. The event was held on December 13th 2018 in the university’s own auditorium. It began with the accreditation, in which papers were given with questions for the participants, who answered and delivered it in the latter. The questions extracted the following information: (1) “What is the correct basic definition currently most used for a ‘transgender person’?"; (2) “Is access to gender reaffirmation surgery easy in Brazil?"; (3) “Why is hormone therapy important?"; (4) “Regarding historical aspects, transgender is:..." and (5) “Transgenderism is something that:...”. Thereby, the event featured the first lecture titled “Diagnostic Challenges in Gender Dysphoria”, which dealt with the psychiatric aspects related to the transgender patient. The second one was entitled “Hormonal Therapy in Gender Incongruity”. The third one was followed with plastic surgery, focusing on Sexual Rehabilitation and Facial Feminization and the last, the “Attention in Basic Care”.

Despite the attempt to promote a great discussion about gender and sexuality in schools, which is a recommendation of the Federal Government, through National Curricular Parameters since 1998[6], remains in such institutions a disturbing silence on the subject in schools. In Brazil, sex education still has little space in universities, teacher training and, consequently, in the school institution of basic education[7]. The campaign involving the transgender population carried out by the IFMSA Brazil UniCesumar Committee in partnership with the Vulnerable Populations League in October 2018 elaborated its data and concluded that the statement made by the supported article is true. When we asked about the correct basic definition for a transgender person, 13% of the public, whether the higher education student was finished or taking a course, pointed out the answer “someone who underwent surgery” of sex change ‘. “ In addition, when participants were asked about the historical aspects of transgender, 13% responded that it was a situation first encountered in the 1960s and 8% that it was something new.

In this way, it can be seen that the group questioned agrees with the already expected profile that affirms that it has much to learn about such concepts “in vogue”. In addition, 15% said that transgenderism has no specific origin and is a personal choice whereas 1.5% said that it originates only genetically. Finally, it is noted that although it is not a very significant percentage, it becomes worrying in the analysis of the university environment where such questionnaire was applied, leading to the questioning that if the public with access to higher education has such gaps knowledge and preconceptions, what requirements could be made to those who do not belong to such a group. Another example to be reported is that by questioning the importance of hormone therapy, 1.5% responded “to calm the transgender and give them time to think better and another 1.5,” just to give psychological comfort to the transgender”.

Thus, it can be stated that the campaign was able to clarify many doubts about the subject, about the correct and ethical form of clinical and surgical care for the transgender patient. Also, it was able to bring to the students an idea of the importance of discussing this subject as important little present in day to day.

Through this campaign, it was realized that solving doubts or even providing the integral knowledge are necessary points to improve the professional quality of each students and, especially, to those who are already exercising their craft. Without these skills, it is impossible to become an intellectual and politically mature person, since despite the fact that most of the correct answers were obtained, there were some shortcomings in
correct answers were obtained, there were some shortcomings in the participants' knowledge about the subject. Therefore, even though medical schools do not offer this kind of education, it is imperative that students know the importance of the subject and understand the basics about it, as they will become professionals, opinion-takers and empowerment figures.

References

1. Rocha, MV; Sá, IR. Transexualidade e o direito fundamental à identidade de gênero. RIDB, 2(3), 2013.
2. Sirotheau, MB; Pinheiro, MDC. Transexualidade: a vivência dos sofrimentos da pessoa que reivindica ser aceita pelo gênero que pertence, independente da realização da cirurgia de transgenitalização.

Balance for Harmony

Mahmood Al-Hamody
Laura Lalucat
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For any piece of music to be harmonious, composers spend days and nights, matching different combinations of notes, choosing a suitable pitch and ensuring that all music elements complete each other. In a quite similar manner, the world is an everlasting symphony, in which people with all their differences make up the notes, and health sector is one of its pieces. However, a stumbling block in the way of continuing this symphony in harmony is overlooking the variety and diversity of humans, of which gender is one.

Gender impacts the healthcare system on many levels including all organizations, people and actions whose primary intent is to promote, restore or maintain health as well as the recipients of the healthcare services. And now more than ever, it’s extremely important to tackle gender issues in healthcare system and explore this multidimensional topic from new perspectives, as it is an integral component of achieving universal health coverage.

Gender plays an important role both in the
incidence and the prevalence of specific pathologies, as well as in their treatment and prognosis. In addition to the biological differences, socioeconomic and cultural factors that affect the behaviour of women and men interact together affecting the accessibility to available healthcare services. [2] Gender also plays a significant role in shaping the provider-patient relationship, affecting both the quality of care given by the provider, and what care the patient receives.

A number of studies and evaluations show that patients may avoid seeking care or certain healthcare facilities because of the gender of the workers. There are many reasons behind this behaviour, among which is the social patterns and beliefs that gender X is more fit than Y for a given speciality; women are more likely to be pushed into specialities with light workload, and perhaps lower financial income, while men are pushed into specialities with heavier demands and higher pay, without considering the actual skills and interests of the individual. Another reason is the fear of patients that healthcare workers of the other gender might be judgmental of the medical condition for which they are seeking help (e.g. induced abortion, contraception, treatment for STI’s, infertility, HIV).[3] The gender of the healthcare workers also affects the way patients communicate with them, and this might prevent correct diagnosis of the condition, and also might affect patients' trust and compliance with the instructions and treatment prescribed.[3]

As for healthcare providers, lacking the culture of tolerance and a good understanding of the patient's background, affect the quality of the service provided. In addition, in most developing world, there are limited resources and overwhelming demands for healthcare services. facts impact the decisions of the service providers on whether a patient is judged worthy of particular treatments, or attention from certain ranks of healthcare workers, and unfortunately women are those who usually get disregarded.[3] Besides, as the gender wage gap is still not addressed properly in nearly all occupations, with women's median earnings remains lower than men's, this also affects human resources in healthcare and the quality of the services. [4] And talking about gaps, there's also a research gap when it comes to gender and many pathologies vary according to biological differences, thus affecting the accuracy of the results reached. Not only in research subjects, but there's also evidence of a gap on the funding for research projects received between men and women applications. [5,6]

Another critical issue is gender-based violence, having serious health consequences on women, affecting both physical, ranging from injuries to unwanted pregnancies to sexually transmitted infections (STIs), as well as psychological wellbeing.[2] Health care providers have an important role to play in responding to the needs of women who have been subjected to violence. In-service and pre-service trainings are directed for health care professionals in order to strengthen knowledge and skills to provide quality clinical care to survivors of violence. In addition, strengthening the public health approach and health systems response to violence against women is also needed and a WHO priority in Addressing Violence Against Women.[7] Integrating a rights-based approach in the healthcare system is also important to ensure a better response and provide a better care for survivors of violence.

Achieving full productive equality is a long process, that requires everyone collaborating to tackle the issues blocking further advancements. Equality is not only an end goal, but it's also an everyday approach, that's why the first step to achieve
it is by educating about false assumptions and wrong beliefs, and by spreading the culture of inclusiveness and thinking equal. As future medical professionals, it is extremely important that we acquire the skills to be strong advocates while also providing equal service for all. It’s also important to identify the source of the problem, and what needs to be changed or adjusted, so as to address these issues properly. Lastly, being creative and thinking outside the box with your colleagues to come up with new approaches to tackle gender issues and provide better quality and increased access to healthcare services for both women and men.

As we celebrate International Women’s Day, it’s necessary to “Think equal, build smart, innovate for change”[8] through our advocacy work, our projects and activities, standing for gender equity and creating a better world for all. There are many opportunities to tackle gender issues in the healthcare sector, and we’d like to encourage you all to move into action, take responsibility for change, and spread the culture of equality and respect to make the world a more harmonious place, adding more notes to the everlasting symphony that we are part of.

References


Before her engagement to Mr. Y she had planned to put a stop to childbearing immediately after her third issue, but there she was at the prenatal clinic with her fifth pregnancy, sad, broken and depressed not necessarily because of the pregnancy, but the untimely death of Mr. Y who had died of lung cancer 2 months ago. With no job and adequate formal education, her children would suffer, she would plunge into financial crisis, and would find it hard to experience good health in all states identified by the World Health Organisation. This is but one in a million situations where unconcern for gender in health care in relation to several other social determinants have resulted in poor health outcomes and wellbeing.

Gender in health care refers to how obvious or opinionated biological characteristics; otherwise known as sex, interact with social, economic and cultural standards within the context of health. The necessity of a fair and sustainable framework to appraise gender peculiarities in healthcare stems from the fact that health behavior and outcomes, usually depend on not only biological differences but also social and economic factors; as emphasized in the WHO definition of health, which in turn are dependent on cultural and political factors [1]. The sad lyrics of gender in healthcare have been sung very often under the headings of rigid and unreasonable sociocultural standards, gender inequality amongst health practitioners alongside numerical managerial underrepresentation, gender biased clinical research protocols and policy making process. Unfortunately these gender disparities are not adequately addressed, even by foremost health institutional bodies [2].

Sociocultural belief-systems are perhaps the greatest source of gender disparities in healthcare outcomes globally. This is because culture is as old as humanity and has been the guiding principle by which a group of people tailor the totality of their lives into health behaviour being no exception and often varying from place to place and from society to society. More so, since culture reigns supreme in most societies, it strongly dictates the socially constructed characteristics of gender, thus causing a ripple effect on the health status and general well-being of a disadvantaged gender [3]. The social structures of many cultures, particularly in developing countries perpetuate the marginalization and oppression of women in the form of cultural norms and legal codes making girls and women to have less access to or control over health care resources, resulting in higher vulnerability to health problems otherwise surmounted by their male counterparts who seek care.

Furthermore, in patriarchal societies where access to education and labour market is restricted to men, female life expectancy at birth, nutritional status and
diseases are often lower than those of men [4]. There have also been instances where males receive greater quantities of high quality nutritious food compared to the females as they are seen as the economic future of the family [1] and access to treatment is usually too difficult because females cannot go out without a male escort or due permission of a male authority figure especially in parts of the Arab world. Other cultural practices such as female genital mutilation, child marriage, polygamy, Chhaupadi (native to western Nepal), and widowhood mourning rites common among southern Igbo's in Nigeria[5] do not only have despicable gender perspectives but also as well perfect examples of the violation of human rights.

Globally, females account for the majority of the health workforce including doctors, pharmacists, nurses, midwives, laboratory scientists and other paramedics, boasting of a whopping 70% in the health sector as opposed to a wailing 41% in general employment [6]. However, a blatant gender inequality structure persists and have kept female healthcare providers especially at comparative disadvantage. This often manifests in the form of no or lower pays, discriminatory leadership appointments, workplace harassment and violence against women, and mistaking female doctors for nurses by patients [7]. Indeed, the future of healthcare workforce is likely to suffer more than it is suffering at the moment with incessant strike actions and poor service delivery as revolts to no payment or underpayment. More so, with few women in top managerial and decision-making positions, there is the risk of policies being made not reflecting gender peculiarities, for example, most family planning strategies may have failed because of this, as the burden of implementation is deposited on the females, forgetting that men play significant roles in initial inter-spousal communication. Also, hospital harassment and sexual violence could hamper better service delivery to ill patients and can negatively impact on the mental status of female healthcare providers. The issue of calling female physicians nurses reflects the propensity of patients to prefer a male doctor irrespective of competence, usually a very depressing situation for most female doctors[7].

Although facts and figures from several literatures on gender in healthcare show that the unsatisfactory statistics are very much skewed towards the females, this does not exclude the males as they often, fall out of favours or get bullied by superiors at work, are under pressure to suppress emotionally destabilizing life events, are exposed to greater levels of hazardous occupational chemicals, and generally have a poor health seeking behaviour.[8] The result of these risk behaviours is the fact that women generally have a higher life expectancy of roughly 5-8 years above the males.[9] Globally the health outcomes among boys and men continue to be substantially worse than girls and women, with no concrete local or global intentions on the part of health policy makers or health care providers to acknowledge it as one subtle and ugly speck in the vision field of the Sustainable Development Goal 3.

It is needful to state that, there is need for straightforward evidence-based health policies which are gender-friendly and, amongst others, incorporate the specific needs of women and men alike including those with disabilities and mental illness. Needless to say, few health policies have integrated gender concerns in their goals and strategies. Those that have, rarely create provisions to evaluate these policies systematically. As a matter of fact, most of the health policies that claim to integrate gender concerns rarely do so in aspects of service delivery, health services, managements, settings and organizations.
with little or no interest in gender-sensitive research, poised at generating necessary data for the evaluation of the progress of the policies.

In conclusion, a more compelling and nuanced understanding of gender in healthcare is needed to achieve health and well-being for all[10] however in a case where gender is missing from, misunderstood in and only sometimes mainstreamed into global health policies and programmes [2], we are obliged to make a case for gender in health care as a starved component of health for all.

References
66 honor crimes were reported in Lebanon between 1999 and 2007 [1].

What is ‘Honor’ and why is it found between a woman's legs?

An honor crime is a crime in which a male relative murders his female relative for ‘tarnishing the family’s honor’. Whether it was a situation in which the woman was caught with a partner or just simply not bleeding on her wedding night, a woman's life can be in real danger. It all comes down to one thing, the hymen. Considering how hymens are thin membranes and some are fragile, we can certainly enjoy the irony of realizing how fragile toxic masculinity can be.

A hymen is simply a membrane that partially covers the external vaginal opening and has no physiological function. Contrary to common belief, it comes in all shapes and sizes and some women are even born without hymens. Some hymens ‘break’ and are lost during certain activities like horseback riding and other day to day activities, some hymens remain despite multiple sexual relationships. Some are elastic and are completely unchanged after sex, and some are damaged and thus bleed. Taking this variability into consideration, it becomes easy to see how problematic it is to base an entire family’s honor on one hymen. Some men go the extra mile and take their soon to be wives to doctors to check on her virginity... based on a hymen. In extreme cases in a few Lebanese rural areas, the midwife goes home with the newly-wed couple on their wedding night, wraps a white handkerchief around her two fingers and proceeds to manually ‘break’ the woman’s hymen so she can bleed on the handkerchief; she then goes to present it to the entire family and some village members who would be waiting outside so they can celebrate. So many women have lost their lives on their wedding night because they simply did not have a hymen to bleed or had an elastic one.

And what if it's not a case of an absent hymen or an elastic one? What if the woman did not bleed because she indeed is not a virgin?

Honor killing is not only problematic because it might take away lives of women who are falsely ‘accused’ or are rape victims, but equally because it takes away lives of those women who chose to have sex before marriage. It is a yet another means of controlling a woman's sexuality and body; and it is not always as extreme as killing and crimes, it is also portrayed by judgments, stereotypes and slut shaming that the Lebanese patriarchal society perpetuates.

You might look at Lebanese music videos, TV shows, and movies and think it is contradicting with society since women's sexuality is not only evident but also
celebrated in the media; but in fact it makes perfect sense. Most of what you see on TV is not a celebration and expression of a woman's sexuality but a mere sexualization of women for men's pleasure. See, the actual problem is not simply women having sex, it is women taking control of their bodies and deciding for themselves, that's what drives society crazy – that a woman decides for herself to have premarital sex. Men have gotten used to control a woman's sexuality and portray it the way they want and for the pleasure of other men, be it in media, in the bedroom, or even within extended families. It's the autonomy and the recent paradigm shifts that Lebanese men cannot handle. In recent years, Lebanese women have been reclaiming their bodies, asserting their autonomy, and taking control of their lives; this change has been not well received by most Lebanese men and more importantly by the religious and governmental institutions – those that have spent years telling women what can and cannot be done.

Think about it, what other basis does this virginity obsession have?

- Religion? Religion does not differentiate between a man and a woman when it comes to sins, so why is men having premarital sex accepted and even celebrated in society?

- The fact that you can ‘prove’ a woman is not a virgin based on a hymen? We just talked about how a hymen and bleeding is not really a proof. The fact that some men need this proof is enough to show you how this is all about power and control, nothing more.

Prior to 2011, the Lebanese law mitigated the sentence of people who claimed they killed or injured women in their families to ‘protect the family’s honor’. This law was abolished in 2011; however, other countries in the Arab World still have these laws that rationalize and normalize violence and murder of women. Even though the Lebanese society has come a long way and change is still in process, we still have a long way to go. Yes, there are a lot of men who do not fall in the category I spoke of, yes there are families that respect their women’s autonomy and choices; but that’s not enough, we need to work on ourselves as a society. We, as a society, need to stop reducing women to a membrane between their legs. We, as a society, need to let go of the toxic double standard that has been implanted in generations for years. We, as a society, need to simply be and let be.

Let’s respect autonomy, let’s respect choice, let’s respect women.

References

The WHO defines health as “the state of complete physical, mental and social well-being and not merely the absence of disease or illness” [1]; health affect humans’ capability to reach their maximum potentials. Despite that, gender equity has made the greatest stride in different sectors like education and media representation but gender inequity in health is still a challenge for many communities.

When we start talking about gender in healthcare, we have to clear some points: Gender is the characteristic that goes with how the person views themselves, i.e. the expectations that go with how he/she feels of being male or female [2]. While gender identity is how the person defines himself or herself and how they express it. Social, biological, and environmental, factors play an important role in gender.

Healthcare involves a group of basic services that offer treatment for medical conditions, in addition to disease prevention, and improve the related health behaviors. It is expected to be provided by the country to its citizens via public, private, educational, and/or military sectors. It includes all hospitals, pharmacies, clinics and centers; and a lot of human resources work in it, such as doctors, nurses, pharmacists, dentists and all who work in medical fields or medical researches. [3]

After clarifying the meanings of the main topics in the title; we have to ask ourselves a question; what is the relationship between healthcare and gender?

It is obvious that healthcare systems in many countries have multiple problems, several of those problems are discrimination and inequality in many regards, that include, but not limited to, gender, race, religion, in addition to previous medical conditions, such as having an STDs. So as there are gender representation problems in the healthcare systems, there are also problems in gender representation in almost all sectors: politics, education, and entertainment. In this article, we will try to highlight some gender discrimination problems that are common in healthcare.

**Gender in Healthcare providers:**

Healthcare providers play a vital role in the healthcare systems; they take their medical education in universities and apply it with proficiency, and unlike representative in nursing, dental, and pharmacy schools, where most of the students are females, studies show a good gender representation in medical schools [4]. This is due to how society looks at those jobs as “females’ jobs” which makes many male students think of other specialties. On the other hand; when it comes to medical specialties, we notice that most of doctors in some specialty as orthopedics, urologists, plastic and major surgeons are men. This is supported by a study by the American Heart Association which found that, though 55% of registered medical practitioners are male, women GPs outnumber male ones (52% to 48%). However, the majority of specialists – 66%
– are men [5].
All this affects the profession’s salary, as we can notice that most of the well-paid specialties are led by males, despite the fact that women are more in number of healthcare providers. Gender representation is also not taken into consideration when it comes to healthcare leadership as most of healthcare institutes leaders are males. An American study shows that despite the fact that women outnumber men in the healthcare workforce by 3 to 1, they represent only 1 in 5 executives and board members at Fortune 500 healthcare companies. In fact, of the 125 women who carry an executive title, there’s just one single woman CEO [6].

Gender diversity at hospitals is not much better. At the top 100 U.S. hospitals, women make up only 27% of hospital boards and 34% of leadership teams. Only 97 of these women carry a C-level title at these hospitals, and 10 women serve as hospital CEOs [6]. This gender gap discourages some people who fit in some positions from attempting to progress, which could lead to having the possession filled by a less capable candidate. Moreover, what we have to point here is that this gender gap also affects males; most of the assaults reported on healthcare providers in Middle East shows that males get harmed more than females. We should highlight how these assaults are dangerous, and that we have to find solutions to prevent such actions.

**Gender and Patients:**

Discrimination does not only exist within healthcare providers, but it is also present amongst healthcare receivers and patients. In developing countries, women have higher mortality rates. In 2008, despite that only 1900 deaths were reported among maternal women in high-income countries, India and Africa –especially sub-Saharan countries- had 266000 maternal deaths [7]. In Somalia and Chad, 1 out of 14 pregnancies ended in maternal death due to bad maternal conditions. Also, many of the female deaths in Africa are HIV/AIDS related. In sub-Saharan countries, 60% of HIV/AIDS patients are female [8]. All these statistics are due to the poor healthcare that provided to the females in these areas.

Surprisingly, this issue is not exclusive to developing countries; a study funded by the American Heart Association and the National Institutes of Health, found that only 39% of women who have cardiac arrest in a public place were given CPR, versus 45% of men. Men were 23% more likely to survive and that maybe because the rescuers may worry about moving a woman’s clothing or touching her breasts. [9] One idea mooted was more realistic-looking practice mannequins to account for the female torso.

For patients, the stereotype runs thus, men are less aware of health problems than women, less attuned to symptoms and they don’t visit the doctor as often as women. In other words, men are silent stoics; women are hysterical hypochondriacs. There is evidence for this, to an extent – government statistics published in 2010 showed that women were more likely than men to say they were in poor health, but less likely to die over the following 5 years [10].

Most studies show inequity towards women, however, there are cases where men also have the same effect. One of these cases is war, most of the direct war victims are males. A study concerning conflicts in 13 countries from 1955 to 2002 showed that 81% of victims were male, and besides war-zones, areas with high-violence rates, such as drugs mafia areas, have higher death rates amongst males [11].

**The Effect of Gender on Healthcare in the Middle East:**

Gender is one of the most important factors...
that affects women’s health in this region. Traditions and gender do not only influence the relationship between males and females within the same family, but also affects the bylaws, policies, and structure of institutions of countries, institutions such as the healthcare system. Healthcare systems of countries that have great gender inequality show discrimination while dealing with women, whether she is a healthcare provider or receiver. All that is based upon a wrong cultural or religion rooted assumptions. This problem leads to so many other problems such as a flawed health culture, that cause the adoption of wrong health precautions that affect the reproductive, sexual, and psychological health of females in a bad way. The limitations imposed on women in some areas of the Middle East, result in limitations to access to healthcare, even emergency care in some situations, as well as using what’s known as “the alternative medicine” and female circumcision. One of the most important limitation that women face are the written laws that draw a hard distinction between males and females. Gender also affects the chances of women obtaining a high-ranking position in her institution. It is much harder here in Jordan due to the cultural differences that give her more obstacles. Health inequality refers to differences in the health status of different groups of people. Some groups of people have higher rates of certain diseases, and more deaths and suffering from them, compared to others. However, the presence of health inequity indicates the presence discrimination within healthcare in many parts of the world. Health equity indicates that every person has equal access to their full medical needs. Through this writing, we hope that one day we are able to achieve health equity for all genders.

References
The lesbian, gay, bisexual and transgender (LGBT) community has been more visible while it has been more widely accepted in society [1]. Despite this, transgender people often suffer from stigma, discrimination and abuse during their lives, being able to engage in risky situations and behaviors because they often live on the margins of society. [2] Homosexuals and bisexuals, on the other hand, are at greater risk of developing mental disorders than the general population, [3] which can be attributed to the great stress usually suffered by the homosexual and bisexual population in relation to their sexuality. The reduction of stigma and the greater acceptance by society are, therefore, shown as fundamental factors in the reduction of these risk factors in these populations.

When their identity is not respected or when they are denied the expression of this identity, transgenders may present with discomfort or distress. [2] Lesbian, gay and bisexual people may also be more likely to have compromised health and well-being, as well as prone to increased risk for alcohol and tobacco use problems. [4] Across the world, transgender people are constantly victims of violence and are at high risk of acquiring HIV. [3] This should alert health professionals to the need for individual and humane care of these diverse populations.

The understanding of the concept of transgender has undergone quite relevant changes in the last decades, having been seen before by the medical community as a mental disorder and today being considered a variation of normal, [5] a type of sexual identity not shared by majority. Today sexuality can be considered as a human aspect inserted in a spectrum, presenting diversities that manifest in a unique way and independent of ethnicity or social class, for example. Many individuals who consider themselves to be transgender seek help from the health system for bodily changes compatible with their identity, [3] which makes it essential to approach these patients correctly by health professionals.

Although there is still much to be done in relation to education and the reduction of stigma in the field of health, it can be recognized that the medical field has made considerable progress in the care of transgender, homosexual and bisexual individuals. [6] However, there is a need for more studies to investigate and correlate the social determinants of health in relation to transgender people, which includes a more precise identification of their vulnerabilities. [7] It is also essential to establish more interventions that aim to promote the continuing education of health professionals about the approach to LGBT individuals, thus improving the care of these patients. [6,8]

In this sense, the Minority Health Course, idealized and carried out by the IFMSA Brazil members of the University of Fortaleza,
highlighted the transgender, homosexual and bisexual people’s health as an essential discussion for these populations. Thus, the main objective of the classes that approached these subjects was to promote the discussion between different social groups to increase the knowledge about the subjects and consequent decrease of prejudices.

After some debate in an ordinary meeting, the Standing Committee on Human Rights and Peace – SCORP – from the Local Committee IFMSA Brazil Unifor had noticed a lack in the medical academic curriculum: the approach and caretaking of many segregated and minority groups was very poorly explored in the regular medical education. Prior to starting the “Minority Health Course”, members from SCORP joined members from the Standing Committee on Medical Education – SCOME – and idealized some alternatives to supplement the education process’ shortcoming. The main plan was to host a month long course that had the foremost goal to promote discussion and dialogue among the scholastic environment about the healthcare of the most vulnerable or least represented groups in Brazilian society.

The making of the course was divided in steps: planning the educational design and methodology, selecting and narrowing down the course’s themes, selecting and contacting specialized professors, logistics management, marketing release, and finally, the course itself. The organizers decided to use a traditional educational approach, with classes taught mainly by health professionals. The course was hosted on the night shift with two themes per night. The classes happened from 6pm to 10pm and had the cost investment of fifty reais. University of Fortaleza – Unifor – provided certification for participants that met the minimal attendance of 75% of all classes. As of the themes, the selection occurred on the months of February and March of 2018 and utilizing literary research, the organizers established the most in vogue and pertinent subjects to the students based on the current geographical, political, and economic context. Alongside it, members also decided on professors, health professionals and persons with notorious knowledge of the presented topics best equipped to teach the classes. In the end of the two stages described above, twenty themes were selected, among those themes, the health of the LGBT community. The organizers divided the subject into two themes for educational purposes: the first theme being the health and healthcare of transsexual and transgendered people and the second theme being the health and healthcare of homosexual and bisexual people.

The logistical aspect included, among others, the allocation of adequate auditoriums and purchasing snacks for the recesses between classes. As of the marketing, the course was directed toward college students and was extensively communicated on social media. The course took place in Fortaleza, capital of Ceara state in Brazil, commenced in May 7th, and ended in May 30th of 2018. The highest attendance day was May 9th, when the topic was the combined themes of LGBT health.

The lesson commenced with a known medical doctor and endocrinologist who work with hormonal therapy, transitioning and gender dysphoria. The technical lesson raised questions from the audiences as the doctor explained surgical transition, hormonal changes, and the diagnosing of gender dysphoria. After the technical aspects of the speech, the organizers invited a local woman who is transgender and an activist for LGBT rights. She spoke about her personal experience with gender dysphoria, prejudice inflicted by society and her own family, and her journey toward
self-acceptance. She also explained the difficulty of going through the Brazilian public healthcare system to acquire surgical, hormonal and psychological care.

After a passionate yet clarifying class, there was a quick snack break, and the course restarted with the topic homosexual (gay and lesbian) and bisexual health. A psychologist spoke of the taboos and internal conflicts that can afflict someone who is not heterosexual and briefly discoursed about sexuality on Psychology’s point of view, since Freud to the current beliefs associated with neuroscience developments.

The repercussion of the two topics raised great interest from the audience, resolved many doubts and deconstructed previous prejudices and taboos. The participants expressed their satisfaction and complimented the idea of bringing such relevant topics to the university.

From this perspective, there was great interest from students about the health issue of LGBT, shown by the number of participations in the discussion, proving to be a matter of the present time, in which it is still little seen by the authorities due to the great taboo that unfortunately exists. In this sense, we perceive that there is an inclusion of the LGBT society, in which it makes it more vulnerable in health aspects. This minority is more likely to report psychological distress, which can be influenced by the stressful social environment caused by social stigma, prejudice and discrimination. In addition to mental health, the sexual health of the LGBT community is also highly compromised, many hesitate to disclose their sexual orientation to a health care provider for fear of discrimination, and many never go to the doctor.

It is concluded that there is a need for a focus on health directed to the LGBT population, in addition to a need in the training of health professionals and academics of the courses in this area, in order to reduce stigma and improve health access. Therefore, this activity has generated important personal reflection on those involved that contributes to a more efficient exercise of inclusive medicine for the LGBT population, resulting in a more humanized medical practice, as well as demonstrating the need for future similar actions for an effective and required.

References
Introduction
According to medicine, the sexual identity of the individual is determined by the biological sex, being considered as a disorder any deviation from that norm. The term transsexualism was used in the medical environment to refer to such a deviation, with the publication of DSM V, the term was replaced by Gender Dysphoria (GID). This misalignment between psychological and biological identity occurs from the non-acceptance and discomfort to the name which was recorded at birth. It is also possible to perceive from childhood behaviors that refer to this disorder.

On the other hand, within the social sciences, gender identity has been discussed based on the subject's relationship with one's self and the social and cultural environment of which the person is a part, giving importance and prominence to the construction of identity and not to the biological nature of bodies. In a broader sense, transgender (as the person with GIDis popularly known) represents individuals, both male and female, who do not identify with socially constructed cultural definitions about biological sex.1

Following this view, transgenders cannot be confused with homosexuality and transvestism, after all, they identify with biological sex. In the case of homosexuals, individuals belong to their biological sex, yet they relate lovingly to people of the same sex. In relation to transvestism, the subject is pertaining to their biological sex, but makes use of clothes and props of the opposite sex with intention to feel good or by erotization. However, transgender also differs from transsexual, whose differentiation starts from the choice and / or opportunity to undergo transitional procedures, which would be physical changes, through surgeries and hormonal treatments in search of the body to which it is identified.

This article discusses the prevalence of depression in transgender individuals, based on a brief bibliographical review about this topic.

Methods
This work was carried out through a review of the literature, articles and journals of different nationalities published until the year 2017. The following databases were used: PubMed, SciELO and LILACS; using keywords, “depression”, “transgender community” and “epidemiology”. Thus, a recapitulation was made about the epidemiological issues involving the transgender population and the comorbidity it faces in today's world, depression, and its present socio-cultural aspects.

Results and discussion
Children and adolescents with gender dysphoria, when compared to other children, have extreme vulnerability to physical health, a greater tendency to mental disorders such as depression and
anxiety disorder, as well as social vulnerability, such as a tendency to exclusion, depression, prostitution, self-mutilation and suicide.\textsuperscript{1,5} According to this perspective, depression is a syndrome characterized by a set of humor-related symptoms, which includes loss of interest or pleasure, feelings of guilt or low self-esteem, disturbed sleep, appetite, lack of concentration and even thoughts of death and/or suicide.\textsuperscript{2}

International studies have shown a high prevalence of depression among trans (transgender, transsexual or transitional), with estimates varying from 21% to 55% among those identified in the female to male spectrum.\textsuperscript{2} In this sense, it is observed that society do not have the understanding of such a condition, as Sampaio and Coelho bring, society expects the body to externalize who you are and to what gender it belongs - male or female - through the “gender norms” that are determined, in the form of dress and behave; As a consequence, transgender individuals are socially excluded, entering into a condition of social vulnerability that brings them various problems such as transphobia, bullying, impeding access to the labor market, contributing to marginalization, having as comorbidities prostitution, risk of sexually transmitted diseases, in addition to several psychological problems such as depression, which stems from all these factors in addition to the lack of family support.

The rates of depression, suicidal ideation, and suicide are higher in transgender Americans than in the general population of the United States. It was observed that the prevalence of major depression was 5 times higher than when compared to estimates of the general population of New York. Such risk factors have been identified for the risk of committing suicide, such as low self-esteem, sex work, social stigma, bullying, rejection, and abandonment.\textsuperscript{5}

Adequate social support provided is seen as a protective factor against depression in transgender, with family support being more important than that offered by friends in the prediction of depression.\textsuperscript{3} However, the study points out that it is not the time that this support has been offered to the individual, but degree of satisfaction with such a factor.\textsuperscript{3}

Studies show an association between violence and increased depression among the transgender population. Transgender women suffer about 2 to 3 times more violence than non-transgender women.\textsuperscript{3} Physical violence was associated with suicidal ideation and attempted suicide, while sexual abuse increased the risk of substance abuse.\textsuperscript{3,4} Of the studies studied,\textsuperscript{3} showed an association between age and depression, with younger transgenders being at greater risk of depression. Two other studies did not show any relation between these two variables. However, studies related to the abuses suffered by transgender women and the onset of depression, there was a 3 times greater association of major depression in young people (19 to 30 years), when compared to the older age population (31 to 59 years). This has been explained by the resilience gained over time.

As for sex work, a percentage greater than 60% of transgender women studied between the ages of 15 and 24, got involved with this type of work at some point in their lives. In view of the above, analyzing the abuses related to sex work, and the outcomes in the mental health of the individual, it was noticed that the penetration in this branch was associated with the indices of depression. In addition to the probable physical and psychological abuse, this work entails the use of illicit substances as a way of alleviating all the stress involved. Thus, there is a greater incidence of depression in this transgender group.\textsuperscript{2} From this perspective, the acceptance of the nuclear family to the gender transition has proved to be beneficial, especially for transgenders of middle age, differently from the stress
generated by a family divergence gender exchange, which is also a forerunner of clinical pictures related to mental health. In addition, the meeting of a sexual partner and the acceptance and support of this, mostly in adulthood, in relation to gender transition, has proved to be a protective factor against the symptoms of depression.

Gender Dysphoria commonly does not act alone, often expressing concomitant with other syndromes. There was, within the literature, a worsening relationship in individuals diagnosed with other disorders before or after the transition. Within the clinical conditions, the studies bring the disorders of anxiety, borderline personality disorder, dissociative identity disorder and schizophrenia. These comorbidities were linked to aggravations in transgender mental health, and an increase in the onset of depressive syndromes. These are associated with decreased sexual interest, due to loss of libido, which leads to impairment in the socio-affective interaction of the individual.

One of the most notable contributors to the emergence of depression in the transgender population that stands out predominantly in a significant portion of society is discrimination based on fear and hatred, transphobia. This form of phobia was added in a greater probability of the appearance of the depressive symptomatology, and the increase of a point in the scale of transphobia was associated to a 12% increase in the chances of depression. Thus, those exposed to a lower degree of transphobia, that is, less related to hostile and stressful environments, full of stigma and discrimination, were less likely to develop depressive symptoms.

Conclusion
The frequent simultaneous expression of other syndromes, such as anxiety and depression, in individuals with Gender Dysphoria reinforces the need for more adequate access to health services for these subjects, as well as greater social and psychological support. Many of these syndromes develop as a result of the emotional and social vulnerability to which this population is exposed. Dealing with the fact that you do not identify with biological sex is already, in itself, a factor that can trigger an emotional breakdown. By virtue of the commonly non-family and social acceptance, the risk for the development of other syndromes becomes even greater. Based on this assumption, it is imperative that gender identity be better discussed in the different social environments, in order to provide a greater clarification to the general population about this theme. Ignorance about this issue is one of the major factors that contribute to the non-acceptance of transgenders, both in the family and in the social sphere. The respect, understanding and support, especially family, in the process of gender transition is of fundamental importance to avoid clinical conditions related to mental health.

References
The Link between Violence against Women and HIV

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Sub-Saharan Africa has the worst rates of HIV incidence and prevalence globally, with an estimated 66% of all people living with HIV being found in this region [1]. Women are affected more than men, making up 52% of the population of adults (15 and older) living with HIV [2]. In Malawi, my home country, HIV prevalence is higher in women than in men (10.8% vs 6.4% respectively) [3]. These disparities exist due to a number of biological, and social reasons. Malawi as a country has made significant strides in HIV prevention, treatment, and care, with programs like Option B+ being adopted by the WHO [4]. Despite this progress, more effort needs to be made to address sociocultural factors, if we are to reach the 2030 3rd target of the Sustainable Development Goals of ending the epidemic of AIDS. One social factor key that contributes to HIV rates being higher in women than in men is gender based violence, more specifically, violence against women (VAW) [5].

About 1 in 3 women worldwide have experienced either physical and/or sexual intimate partner violence (IPV) or have experienced sexual violence by a non-partner at some point in their lives [6]. In Malawi, 34% of the women reported having experienced physical violence since the age of 15, and 20% reporting sexual violence since the same age [3]. Research shows that there is a link between VAW and HIV infection. This plays out in many ways, with VAW being both a cause and result of HIV infection. Violence or fear of violence makes it difficult for women to negotiate for safe sex practices, or they may be forced to have sex with an infected partner. Moreover, these women are more likely to indulge in risky sexual behaviour, more especially in
the cases of sexual violence in childhood. Evidence also suggests that men that perpetrate IPV are at a higher risk of being HIV infected. On the other hand, in some cases revealing an HIV seropositive result may make the women subject to various forms of violence from their male partners [5,7]. The WHO developed four strategic approaches to prevent HIV and VAW. Two of these approaches are empowerment of women through integrated, multi-sectoral approaches; and integrating VAW and HIV services [8]. Empowering women can be done in different ways. Promoting education for women, teaching them vocational skills, or supporting their small businesses all go a long way in dismantling the power imbalances in their relationships with males. Both the government, and non-governmental organizations are working towards this, advocating for women’s participation in politics, changing laws (raising of the minimum marriage age from 15 to 18 years old), empowering female farmers, and helping women conduct income generating activities. Integrating VAW and HIV services are important, because more often, women will not actively report physical or sexual violence. This is due, in part, to cultural norms that tend to work against women in these situations, and an inadequate formal reporting system to support these women. In Malawi, the society will accuse the woman on somehow triggering the violence, and will rush to justify the man’s actions. Additionally, most of these women will be financially dependent on their male partners, usually not receiving financial support from their family. Also, women are taught that it is normal to endure violence and abuse in order to preserve their marriage, and reputation in society. At a system level, there is not enough funding that is being put into providing a safe, and reliable continuum of care for these women. This is highlighted when women who have experienced violence do not have any family or relatives. As a nation, we lack the capacity to care for these women, and prevent them returning to the same abusive environment. All these factors play a role in keeping women silent, and not reporting abuse. The WHO looks at integrating care as addressing violence in HIV risk reduction counseling, in HIV testing and counseling, preventing mother to child transmission (PMTCT), treatment and care services; providing comprehensive post rape care, including post exposure prophylaxis; and addressing HIV in services for survivors of violence [7,8]. If fully adapted at primary and secondary healthcare levels, integration may lead to the reduction of risks associated with both HIV and VAW. It will also help reduce the stigma that comes with violence, and empower women by helping them understand their rights, and the VAW services available. Women who are unable to come forward on their own and seek help when experiencing violence will be greatly served by this integration. To do this successfully, the skills of the health workforce have to be improved. Counseling skills, right attitudes towards violence and women’s empowerment are fundamental in ensuring that the women are receiving the care they need [7].

As SCORA Malawi, we participated in ‘Thursday in Black’, a media campaign designed to raise awareness, and advocate against all forms of sexual and gender based violence (GBV). We understand that fighting GBV is everyone’s duty. We also hosted the SCORA Africa Boot Camp, which included a training on Violence to Victory (V2V). The training addressed the multi-pronged effects of GBV, cultural practices that perpetuate GBV, socioeconomic determinants, and laws on GBV. The training also looked at how as young people we can advocate against GBV, using social media, engaging men, and engaging stakeholders.
In Uganda, a study was done to assess the effectiveness of an integration of intimate partner violence (IPV) and HIV prevention. Four intervention group clusters were provided standard of care HIV services plus a community-level mobilisation intervention to change attitudes, social norms, and behaviours related to IPV, amongst other things. Seven control group clusters (including two intervention groups from the original trial) received only standard of care HIV services. A number of 11,448 individuals aged 15–49 years were enrolled. The findings showed reduction in self-reports of past year in physical IPV (16% in the control groups vs. 12% in the intervention group), sexual IPV (13% in the control group vs. 10% in the intervention group). The intervention was also associated with a reduction in HIV incidence (1.15 cases per 100 person-years in the control group vs. 0.87 cases per 100 person-years in the intervention group; p=0.0362 ) [9]. This model, named the SHARE model, should be an example to countries especially in Africa, on how to integrate VAW and HIV services. More data are needed on how to effectively implement integration of VAW and HIV, to guide clinical care and policy making.

I hope more countries, including Malawi, will take bigger steps towards implementing this integration into the health care system. These actions will surely contribute to ending AIDS epidemics, and promoting health for all.

References
Birth of a child is one of the most monitored events where one cares about everything: the growth, the proportionation of different body parts, and most importantly, the sex.

Scientifically, we are well aware that the gender of a child is not in the hands of its parents. It’s entirely the choice of God which sperm whether X or Y He commands to fuse with the ovum. Even in the present age of modernism, there are some backward villages where there is a tradition to thrash wives for not giving birth to the sex her husband or her mother-in-law chooses. In the present era, giving birth to a transgender is considered a sin, and the child is snatched away from his mother’s lap and made to spend the entire life on the streets with other transgender mates in a so-called “The Transgender Society”.

Their parents refuse to accept them as a part of their family, and isolate them from other children, supposing the transgender will make others filthy or affect them in an undefinable way. Transgenders are deprived from the basic necessities of life. Since transgender children are segregated from families, and in Pakistan, vaccinations are based on family system, most of them are not vaccinated. As transgenders are not allowed health amenities, they have become a reservoir of HIV infection in Pakistan. As Pakistan tries to fight polio and a TB havoc, a semi nomadic transgender community poses a major threat. Pakistan vows to digitize its healthcare system. The transgender community still faces a question mark since government issues limited transgender identity cards.

Departing from their families in the beginning of their lives is where their eternal retribution starts. If a transgender somehow manages to make it to school, they are thoroughly bullied, laughed at, looked down upon, rebuked, and whatever injustice you can think of to an individual. If they choose to spend their lives on roads, other citizens find it their duty to ridicule them, tear them apart emotionally, and torture them mentally [1].

According to the Human Rights Campaign’s 2014 State Equality Index, only 18 states and the District of Columbia prohibit employment and housing discrimination based on gender identity; only 17 states and the District of Columbia prohibit discrimination based on gender identity in public accommodations; and only 15 states and the District of Columbia prohibit discrimination based on gender identity in education [2].

Moreover, a legislation was specifically designed to prohibit transgender people from accessing public bathrooms that correspond with transgender identity. Without being given proper vaccinations, it is supposed that transgenders can be the source of spread of infectious diseases by using public toilets.. In too many cases, lack of legal protection translates into unemployment for the transgender people. The National Gender in Health

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Transgender Discrimination Survey (NTDS) found that 15 percent of respondents were living in severe poverty (making less than PKR 100,000/year). As anyone who has experienced poverty or unemployment understands, being unable to afford basic living necessities can result in homelessness or lead people to engage in underground economies like drug sales or survival sex work, which can put people at increased risk for violence and arrest. Their poverty is the main reason why transgenders cannot afford expensive treatments for their diseases. They are unable to access competent doctors for better health and therefore suffer from medical problems. This makes their disease goes unchecked and it keeps on proliferating which results in death usually.

The transgender community faces considerable stigma based on over a century of being characterized as mentally ill, socially deviant and sexually predatory. Transgender people are often met with ridicule from a society that does not understand them. Thus they are vulnerable to lawmakers who attempt to leverage anti-transgender stigma to score cheap political points; to family, friends or coworkers who reject transgender people upon learning about their transgender identities, and to people who harass, bully and commit serious violence against transgender people. Being characterized as mentally retarded, they find it difficult to make it to the hospital. They are preferred to be sent to a mental hospital rather than a public health hospital.

At least 27 transgender women were murdered last year in Pakistan and the recent years are on track to see even higher numbers. These women were stabbed, shot, strangled, burned, killed violently by intimate partners or strangers, but killing is no way of eradicating diseases, or getting rid of this transgender community.

According to the 2013 National Coalition of Anti-Violence Programs (NCAVP) report on hate violence against lesbian, bisexual, transgender, queer and HIV-affected (LGBTQH) communities, 72 percent of the victims of LGBTQ or HIV-motivated hate violence homicides in 2013 were transgender women, and 67 percent were transgender women of color.

Transgender people have only a few options for protecting themselves from violence or seeking justice.

The NTDS found that 22 percent of transgender people who had interacted with police experienced bias-based harassment from police, with transgender people of color reporting much higher rates. Six percent reported physical assault; 2 percent reported sexual assault by police; and 20 percent reported having been denied equal service by law enforcement. Nearly half of the transgender people surveyed in the study said that they were uncomfortable in turning to police for help. This uncomfortable approach to the police was recorded to be because the police refuses to listen to them. Police considers these people as a hub of untreated diseases and prefers staying away from them. Thus these people are rebuked and made to leave without their complaints being considered.

Data collection on health disparities among transgender people is very limited. Beyond facing barriers to obtaining medically-necessary health services and encountering medical professionals who lacked transgender health care competency, the NTDS found that almost 20 percent of respondents had been refused medical care outright because of bias. The widespread lack of accurate identity documents among transgender people can have an impact on every area of their lives, including access to emergency housing or other public services. To be clear, without identification
one cannot travel, register for school or access many services that are essential to function in society. Many states require evidence of medical transition, which can be prohibitively expensive and is not something that all transgender people want as well as fees for processing new identity documents, which may make them unaffordable for some members of the transgender community. The NTDS found that among those respondents who have already transitioned, 33 percent had not been able to update any of their identity documents to match their affirmed gender.

While advocates continue working to remedy these disparities, change cannot come too soon for transgender people. Visibility, especially positive images of transgender people in the media and society, continues to make a critical difference for them, but visibility is not enough and comes with real risks to their safety, especially for those who are part of other marginalized communities.

Thus, it’s neither the sin of the mother who gave birth to a transgender, nor the fault of the transgender that they were sent to the world. Such people are sent to testify our humanity, and what’s worse is that we forget to differentiate between right and wrong, and end up being even worse than an illiterate.

The need of the hour is to inculcate in the minds of the younger generation that transgenders should not be felt pity upon, but should be respected on the basis of their individual existence.

A special school for transgenders in Pakistan is a step of surety that these people might be respected in the near future. But just opening schools isn’t the only thing needed. The acceptance of transgenders and to respect their self-esteem is all that must be taught to young minds for a brighter future, not only of other students, but also of this dejected transgender community.

References


Women in surgery: Breaking the glass ceiling

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The importance of having diverse teams is already well recognized among different areas. In several areas, critical diversity - defined as the inclusion of people from various backgrounds on a parity basis throughout all ranks and divisions of the organization (not only embracing cultural differences that exist between groups and appreciating those differences, but also examining issues of parity, equity, and inequality in all forms) - is shown to produce positive outcomes over homogeneity because growth and innovation depend on people from various backgrounds working together and capitalizing on their differences [1].

In medicine, improving gender diversity can lead to better science and patient assistance. Despite the fact that the number of female medical students has grown in the last decades and now is similar to the number of male medical students in many western countries, men still significantly outnumber women in a number of procedural specialties, most notably surgery, showing that we’re still far from the diversity expected.

In Brazil, women are a minority at all surgical specialties, and even in General Surgery, a basic speciality, they represent only 20% of the residents. This inequity is even more expressive in some areas, like urology, where female urologists correspond only to 2,2% of the Brazilian surgeons. Statistics from the Brazilian College of Surgeons show that only 11,9% of members are women and in the United Kingdom, the Royal College of Surgeons show an even lower percentage of female surgeons, 11,1% [2]. Also, data from the United States show that even if half of the medical students are women, only 15% of the female students chose a surgical speciality. [3] The lack of gender equality, therefore, is a worldwide problem.

As female medical students, we habituate with a teaching staff mostly formed by men, especially in the surgical field. This male-dominant and frequently hostile environment contributes to discourage women, who commonly give up on surgery prompted by the negative experiences on the operating room. [4] Besides, women are interrupted more frequently in the classroom, are called by the name less often, receive less eye contact, and are given more praises for their appearance than for their work. Also, female students are more easily deterred by the perceived “surgical personality”, [5] which is associated with abilities and qualities perceived as
female ones, such as physical strength, fast thinking, and objectivity. Probably because of that and the lack of female surgeons role models, among others, 96% of the female medical students saw surgery as unfavorable to their gender, whereas no male student claimed that.

Some studies suggest that gender bias contributes to the lack of advancement of women in academic medicine and also, women are less likely to be promoted. This could be associated to the fact that more than half of female surgeons responding to a survey felt that they were excluded from mentoring, informal networking and collaboration in ways that hindered their advancement. Besides, female surgeons are disproportionately burned by administrative assignments, and these administrative roles are often underappreciated in terms of promotion or salary and also takes away the time that could be used to be academically and clinically productive.

The perception of underappreciation in terms of salary is supported by data showing that the average salary gap in the same specialty is 33.6%, corresponding 29 thousand dollars per year, a fact doesn’t treat with transparency by the institutions. In 1963, the equal pay act defined this gender pay gap as a crime, and even after half a century of social-political changes we still see this kind of practice in almost all professions worldwide. Other aspect of this prejudice which contributes to the lack of female advancement is the gender based judgement of their skills, not only by patients, but also by colleagues. Data from a medical referral system at the US show how this bias occur: when a female surgeon has a bad outcome their referrals drop by 54%, while referral to male surgeons barely changed.

We can exemplify the low presence of women in academic and surgical spaces by their publication rate. In a cohort spanning 50 years, a study showed that the productivity of female surgeons, as based in the number of publications, is lower compared with male surgeons at assistant and full profession ranks, even if the proportion of original research articles with female first or senior articles has increased. However, when examining some specific journals, this increase is more sharp for ObGyn and Pediatrics but remained low in Annals of Surgery.

The lower productivity, not only in the publication rate but also in the work hours, is directly influenced by the familiar functions traditionally held by women. The social pressure to be a mother is one of the possible reasons why female doctors avoid areas which require them to leave home more often, leading to a speciality choice guided by the lifestyle it allows and not for passion. This affects directly the female surgeons’ family planning, who tend to reduce the number of children or postpone the first pregnancy, elevating the complications risk. Women often prefer surgical residency programs where parental leave, on-site child care and part-time residency are available, and the growing number of programs who offer these show a growth at female surgeons support to have children during their residency. Even though, gender bias can still be found at residencies, when sometimes female candidates are asked if they are planning to have children, what make the evaluators start to have second thoughts even if their performance at cognitive tests are high, what isn’t being questioned to male candidates.

In face of all the gender bias that women have to deal, it’s important to reassure the quality of the female performance. Evidence shows that female doctors perform equally as well as their male peers measure of medical knowledge, communication skills, practice-based learning, and clinical
judgment and even perform slightly better on early postoperative outcomes. [2] The gender gap in academic surgical publications existed in all cohorts except the ones who examined the younger professionals and we hope this is a sign that the so long expected equality is a dream starting to come true.

As told by Jo Buyske MD, as events repeat themselves, they become more familiar and less anxiety provoking, so even though absolute numbers are still small, there are significant positions held by women like Kathryn Anderson, MD, president of the American College of Surgeons on 2015. [7] One of the factors that keep female students away from the surgical field is the lack of role models, we hope that the growing number of female surgeons inspire others to follow the same path, gradually changing the atual paradigm.

Phyllis L. et al. told that discrimination events take a cumulative toll, becoming a ton of feathers. [4] We like to take this metaphor to a bright side. Every woman who, despite the weight that holds her back, become a surgery is a feather. Every woman who achieve a leadership role is a feather. And step by step, we'll form a ton of feathers that will break the glass ceiling and allow women to fly as high as they can.

References


Rex Crossley
Awards
Message from the Vice-President for Activities

Dear IFMSA members,

It gives me a great pleasure to present you the final 10 activities of Rex Crossley Awards for the IFMSA March Meeting 2019. With over 60 submitted activities it was very difficult for the Team of Officials, Standing Committee International Team members, Program Support Assistants and Program Coordinators to choose the best activities. The work of our members on local, national and international level is truly inspiring and it was a pleasure for us to read through all the proposals. In the end, based on the activity management, outcomes and article proposal, we chose top 10 activities, ensuring representation of all Regions. We are very excited to present these activities through the articles written by the Activity Coordinators themselves.

The final decision will be made by a jury made of Team of Officials and Standing Committee International Team members during the Rex Crossley Awards session in the March Meeting where representatives from the NMOs organizing these activities will be presenting their work. If you’re attending the General Assembly, you’ll have a chance to hear them there and ask any questions you have after the presentations.

I would like to thank all Activity Coordinators for submitting their Activities and wish the top 10 Activity Coordinators the best of luck for the final presentations.

Warm regards,

Nebojša Nikolić
Vice-President for Activities 2018/19
Climate change refers to the alteration of the world's weather systems brought about by human activity. It is our responsibility to "Clean-up and Green-up" our planet. Equipped with a cadre of highly motivated volunteers, we, at SCOPH, MSAI-India, decided to act on the burning need of the hour.

Our ongoing campaign, Cleanup Greenup, addresses the local community and aims to focus on:

1. Raising awareness about the threat of climate change on the health of humans and other organisms on the planet and discuss common markers of impending climate change
2. Conduct cleanliness and tree plantation drives to create a sustainable change
3. To share knowledge and create awareness about the threats of climate change and the role of an individual in preventing it.
4. Promote awareness among medical students through intra-college poster making/best out of waste competitions and through a social media campaign.

Our event is divided into three phases followed nationwide. The first phase comprised of an awareness session for the local community; this was followed by the second phase which involved cleaning up tree plantation drives. The third phase was a series of intra-college competitions with awards for the best poster and/or essay written on waste. Since its start in August 2018, we have been able to successfully reach more than 350 people of the target population, organize 5 intra-college competitions, plant 68 saplings and collect over 7 kgs of waste in 10 different regions of India. The project has been able to achieve all its objectives and has had a consistently positive impact in the past four months. The evaluation from our follow-up sessions suggested that 66% of the population now knew what climate change is and were able to identify its signs. 94% of the population could identify the link between climate change and the threat to public health. 94% stated that they could now take steps at the individual level to aid in reducing climate change and hence protect public health. These steps included reducing plastic consumption, using public transport, reducing use of electricity, trying to recycle, and more.

One of the most important influences of the event was that it was structured in a way as to actively help medical student volunteers to become informed, sensitized and confident advocates for climate change and health. As of 25th December 2018, 180 medical student volunteers have been responsible for the success of this project by enthusiastically organizing cleanliness and tree plantation drives, conducting intra-college competitions and delivering information sessions. The Project resources used, such as the toolkit and the post-event questionnaire were all developed by SCOPH-MSAI and
approved by registered medical practitioners. Currently, our project is in its implementation phase, with every event being followed by an immediate and independent impact assessment. The event is self-sustaining with minimal costs (i.e. €5-6 per event). It is the need of the hour, highly viable and undoubtedly to be implemented for years to come with a yearly assessment.
Badan Penyelenggara Jaminan Sosial (BPJS) is a government organization that has a program to provide health services to all Indonesians through the National Health Insurance Card by the Jamiman Kesehatan Nasional Kartu Indonesia Sehat (JKN KIS). The Center for Indonesian Medical Student’s Activities Sebelas Maret University (CIMSA UNS), as a medical student organization, hoped to participate in realizing the government’s target by increasing public knowledge about the benefits of KIS as well as the services that are provided to communities with barriers to having KIS. We feel that this government program has helped improve the health of Indonesians, especially for underprivileged families.

Project ANTIBIOTICS is an activity conducted by SCORP and SCOPH CIMSA UNS under the topic of Universal Health Coverage. To prepare our background knowledge for this project, we took data from BPJS to choose a target group where there was still relatively little participation in the National Health Insurance Card programme - this was a neighbourhood in Mangkubumen Village. Then, we visited the neighbourhood to confirm our data findings, and also met with stakeholders to organize the event. We asked for permission to host our activity from the Head of the Village, and received a lot of direction on how to proceed including an overview of the local area. Furthermore, we conducted a survey for local residents inquiring about their reasons for not having KIS even though BPJS is quite popular nationally. It turned out that majority of the local citizens objected to paying the monthly premiums for KIS, given that this was a poorer or slum area as shown by national data. As recommended by officials of the Mangkubumen Village, we provided information on the new BPJS program which makes it easier for underprivileged families to pay the fees for KIS by the Surakarta Regional Budget (APBD).

The project was held at Sasono Krida Warga Mangkubumen on December 18, 2017. The event was attended by 34 residents of Mangkubumen Surakarta. Residents were very enthusiastic about the free examinations of cholesterol, uric acid, blood sugar, and blood pressure. The event began with the opening of the Antibiotics Project Officer and remarks by the Mangkubumen Village Chief, and then continued with a presentation. The speakers for this presentation were the Head of BPJS Membership Division, who was authorized to register citizens for JKN KIS, as well as the Head of the Surakarta City Health Department. During the presentation, the community could raise their thoughts on BPJS - JKN KIS, which led to a very fruitful discussion. The program ended with the delivery of certificates and gifts for speakers as well as free medical examinations for residents. After the residents received their check-ups, they were presented with small gifts as tokens of appreciation. Hopefully, this event can open up the public’s views on BPJS programs to facilitate access to public health!
‘Health Compass’ is an activity that is aimed at increasing awareness of the general public of Akwa Ibom, Nigeria towards common illnesses and ailments as well as encouraging them to take more active roles in their health. Carried out by medical students of the University of Uyo Teaching Hospital (UUTH) who are also members of the Nigerian Medical Students’ Association (NiMSA), this activity is enrolled under the Health Lifestyles and Non-Communicable Diseases program of the International Federation of Medical Students Association (IFMSA). Today’s youth are active change agents and tools for societal reforms because of their progressive mindset. Hence, this activity essentially seeks to ensure greater participation of young doctors and medical students in raising awareness on the importance of healthy lifestyles for the population of Akwa Ibom, ultimately working towards community building and human capital development.

Upon realising the urgent need for a solution to tackle the lack of knowledge in the general population, medical students of UUTH Uyo carried out awareness campaigns and social media programs aimed at bettering their health as well as informing them of unhealthy lifestyle habits and early red flags that may point to a more severe underlying ailment. The objective was to educate the public about several tropical ailments with greater emphasis on NCDs.

Our activity had four major points of action:

1. Radio shows discussing a different non-communicable disease every week; each was an interactive show where members of the public could participate in the conversation.

2. Weekly blog posts raising awareness to readers on important issues and matters pertaining to their health.

3. Monthly community outreach programmes featuring free routine health checks, consultations, and community health education.

4. Social media posts to improve the visibility of our work.
“A health education summer camp? Is it necessary?” That is exactly how people reacted when they first heard of the Orange Health Rural Health Education Summer Camp, the national SCOPH activity of IFMSA-China. Whenever I got these questions, I would simply reply: “Have you ever been to the rural areas in China? Have you heard of the issues of left-behind children in our country?”

The left-behind children in China refer to the children who remain in rural regions of China while their parents leave to work in urban areas. In many cases, these children are taken care of by relatives, usually by grandparents or family friends who remain in the rural regions. Often, these caretakers have low levels of education and cannot provide sufficient support to the children. As a result, many left-behind children face developmental and emotional challenges because of limited interaction with their biological parents. In 2017, approximately 69 million children were left behind in their rural hometowns. The low-resource rural settings that the children grow up in have led to them having poor performances in terms of physical and mental health. For example, they were more likely to have unhealthy diets and lower levels of physical activity, as well as greater probability in having poor lifestyle habits such as smoking and alcohol consumption. They were also more likely have psychological disorders compared to children who stayed with their parents.

In response to this issue, the SCOPHeroes of IFMSA-China initiated this summer camp, with 60 medical students from more than 5 local committees coming together to volunteer. A diverse range of health education courses were held during the two-week camp, comprising of lectures and featured activities. The topics covered included oral health, first aid, sexuality, and healthy diet habits (i.e. Nutrition 1-0-1). There were also introductory presentations given on common communicable diseases such as HBV and HCV, as well as on depression (i.e. Let’s Talk About Depression) and HIV/AIDS. Featured activities included adapted versions of Teddy Bear Hospital, Epidemic Simulation, and the SCORA knowledge contest. To better address mental health issues, a mentor system was introduced. Every volunteer was paired with up to 5 children. The mentors had weekly one-on-one briefings with each of their mentees, as well as a weekly group briefing.
With the help of Ministry of Education of Henan Province and local primary schools, we successfully recruited 300 students into our summer camp. Both the volunteers and the children had a great time. Our volunteers observed changes in the participating students: from knowing very little about health and who would shy away from teachers and classmates, they gradually became young experts on health who were unafraid to speak out and share their views. These positive changes made all the hard work worth it!

IFMSA-China believes every child deserves equal access to education, equal access to healthcare, and equal love and support from society. The trust is, reality is not perfect, and there are inequalities everywhere we go. However, this is also our motivation as medical students to stand out and make a difference. A tiny spark can start a prairie fire. Stand out and be the change you want to see in the world.
Imagine waking up with a stomach ache, suffering from severe pain. However, you cannot see a doctor, because the hospital is too far away, and the local doctor only visits twice a week. This is life for millions of people -- specifically, for 36% of the Moroccan population living in remote areas. They lack knowledge of healthy lifestyles and prevention, which leads to propagation of many unhealthy lifestyle practices. Another challenge is the lack of healthcare professionals in these areas as many avoid working in these places with poor working conditions.

As medical students, we decided to take the lead with medical caravans. Our goal was to offer these populations access to healthcare in both the short- and long-run via medical caravans. It is our hope that in the long-term, this project would be carried out at least once a year by every LC of our NMO.

Each visit took up to three months of preparation, with another three to four days to carry out the actual trip. The preparation phase consisted of gathering the working team, offering them the necessary skills and knowledge to make them well-prepared for the trip, and dividing the team into smaller working groups to work on tasks such as obtaining materials/equipment, confirming transportation, contacting health professionals, local authorities, and partners.

Once there, we separated our work into several stations: screening, check-up and diagnoses, treatments and pharmacy, and finally an awareness booth where we held awareness and education sections for the population on different health-related topics. We divided the population by target groups to tackle different topics such as maternal and child health, family planning, children’s health, men’s health, women’s health, sexual and reproductive health, healthy lifestyles and other important issues in order to ensure relevant knowledge on health. We worked with the Ministry of Health to ensure proper follow-up for those suffering from certain diseases -- they would benefit from free national social service and further medical support.

Another aspect of work in some caravans was social work: we would sometimes take basic necessities such as clothing for those living in the mountains,
as well as study materials and stationery for children.

At the end of every trip, we evaluated our work by counting the number of completed check-ups, screening procedures, prescribed drugs, awareness sessions, and people reached. We also evaluated our program by surveying the satisfaction of participating students and healthcare professionals.

We believe that everyone deserves access to health services regardless of where they live, and this is precisely why we will keep working on ensuring better health access to our brothers and sisters in remote areas by medical caravans.

**Mental Health Lectures for Middle and High School Students**

In Estonia, suicide is one of the leading causes of death in the age group of 15-29 years; according to WHO, a significant portion of people who commit suicide have a diagnosable mental disorder. It is estimated that about 60,000-70,000 people, or 6-7% of the total population of 1.3 million, are suffering from depression. Of those, an estimated 45,000 do not receive the appropriate treatment. We believe that this issue stems from lack of education about mental health in schools, lack of knowledge on searching for help, misconceptions around the treatment of mental health disorders, and the stigmatisation of issues surrounding mental health.

Coordinated by EstMSA, Mental Health Lectures for Middle and High School Students is our contribution towards improving the situation in Estonia. In 2018, we held 36 lectures nationwide for more than 1,000 students. The project is designed to teach students how to talk about mental health without stigmatising these sensitive issues, how to search for help, and how to take care of their own mental health. Each interactive lecture are 75 to 90 minutes long, and are given during school hours to 25 to 30 students at a time, with ample opportunity for them to discuss and engage in small tasks on the topic. Every year, we hold a two-day intensive training for these mental health lecturers over the weekend; there are around 70 participants who are mainly medical or psychology students and members of Estonian Youth Movement for Mental Health.
During the training course, they learn about different mental health disorders, such as depression, bipolar disorder, anxiety disorders, phobias, panic disorder, eating disorders, suicide and self-harm, exam-related stress, and schizophrenia. They also learn about use of psychoactive substances and their impacts on mental health, how to encourage help-seeking behaviour, how to address the stigma surrounding mental health, and how to talk about mental health. There is a short course on public performance skills and interactive methods. We also give a mental health lecture at the end of the training just as we would in schools to give future lecturers an idea of what a lecture should look like. Every group of lecturers creates their own presentation and delivers a sample lecture to experienced lecturers in order to ensure the high quality of all lectures.

In the past two years, our project has grown and advanced significantly as we started giving lectures in Russian-speaking schools; our lectures are also available to order on the EstMSA website. We received grants from Tartu City Government and the Estonian National Youth Council, as well as an award of The Youth Project of The Year of 2018 from the Estonian National Youth Council. In addition to this, we are currently collaborating with the Estonian Youth Movement for Mental Health, Estonian Psychology Students’ Association, Lahendus.net, Peaasi.ee and the Psychiatry Clinic of Tartu University Hospital, to further expand our project.

Ultimately, we hope to reach at least 1000 students annually and train 30 active mental health lecturers each year. One of our main objectives is to reach as many different groups as possible, which is why we have planned to expand our lectures for those in specialised schools for loss of sight and hearing in 2019.
Scientific research is the most important factor in the progress of modern medicine, because it can provide extended knowledge on a wealth of topics, including pathologies. It can lead to the discovery of new and more efficient drugs, medical devices, and the improvement of the healthcare system. So far, in medical education curricula, there lacks a discipline that teaches students the basic principles of conducting a study or writing a scientific paper, one that paves the way for medical students to embark on scientific research. Research training has a real contribution in the education of future doctors because of the qualities that can be acquired such as prolonged focus, high learning capacity, analytical thinking and gaining practical skills. Moreover, it has been suggested that being involved in research activities helps doctors to become better physicians. Therefore, not experiencing research during university actually implies a gap in the professional education of young doctors.

With the hope of bringing research closer to medical students, Medical Research Education was started as an initiative in 2013 in Cluj-Napoca and was brought to Bucharest in 2017. This programme aims to develop a thorough training program designed for medical students that will allow them to become passionate and capable team players in research groups. The project consists in several activities: conferences, training sessions, and workshops. Through these activities, a comprehensive research learning programme is provided, opening the doors to opportunities to engage in meaningful research projects and informing students about the limitless possibilities. The style of learning combines theoretical aspects with practical application to boost understanding.

As scientific writing is a crucial aspect of research, we also covered technical topics such as article reading and writing, oral and poster presentation techniques, interpretation of statistics, as well as how to come up with a good research question. We created an online database with all the necessary information on available research projects for students, including eligibility criteria, necessary requirements, and student responsibilities. Furthermore, we encourage students to make applications to projects that they are interested in; these applications are evaluated and students will be interviewed by the coordinators of the project. This process allows for a fair selection process so that collaborators are happy and satisfied with their team. Last year, Medical Research Education introduced 30 students in Cluj-Napoca and 40 in Bucharest to work on various research projects; we hope to continue expanding.

The field of medical research is rapidly growing, and improvements in medicine very much require good and proper research to be carried out. We hope that this project will be able to allow more medical students to get involved with medical research.
In this day and age, medical students, who are the major stakeholders of medical education, are either often excluded from participating in the design of their education system or they quickly become unmotivated to do so.

In examining the issue from the core, students are both insufficient in knowledge and understanding on how a medical system is organized. They may also be ignored by faculties in the processes of curriculum development, monitoring, and evaluation. Most importantly, students are unaware of their rights and responsibilities, which leads to their indifferent attitudes towards student representation and decision-making in medical schools. What started with a simple survey on this topic ultimately led to the formation of the Towards Better Medical Education initiative; this survey was presented by IFMSA-Egypt to the Ministry of Higher Education two years ago. The analysis from our survey results was the final push that the Medical Education Sector of the Supreme Council of Universities needed to establish a new, more integrated and outcome oriented education system that is being implemented for the first time in Egypt this year.

IFMSA-Egypt subsequently led the initiative to orient both new and old students with the new system and what their roles would be in the “Towards Better Medical Education” project; this was introduced in the first ever Medical Education Forum hosted in September 2018. This forum gathered stakeholders in medical education in Egypt to discuss existing challenges with the current system as well as to present the new one. The outcomes of this forum led to the creation of a national policy on “Students Involvement in Medical Education” that will be adopted at the next national general assembly.

Two years ago, when this survey was created, the project and the forum were faraway dreams that a team of highly determined students strived to achieve. Yet, here we are today, presenting to you the outcome of years of tireless work and endless motivation.
The Bone Marrow Heroes: The Potential of the Medical Student in Raising Awareness on Bone Marrow Donation

Given the little to no awareness of Paraiba Federal University (UFPB) medical students towards the importance of bone marrow donation, it was imperative that efforts be made to address this issue. In response to this, we established “The Bone Marrow Heroes”. Presentations on the importance of bone marrow donation were given by members of the committee in all classes from grades one to seven. These were supplemented by audiovisual resources in addition to the data exhibition by the National Cancer Institute (INCA).

According to INCA, the National Registry of Bone Marrow Donors (REDOME) currently has 4 million registered donors, which is still a low number compared to the total Brazilian population of more than 200 million inhabitants as estimated by the IBGE. This has resulted in an extremely small chance of finding a compatible donor -- 1 in 100,000 people. Therefore, it is pertinent to advocate for bone marrow donation. In addition to encouraging members of the general public to register for bone marrow donation at the volunteer bank as part of this activity, there were also presentations clarifying the donation process as well as recounting the life-changing experiences of recipients. There was also an introduction to IFMSA Brazil and its academic and social roles.

During this event, which actually exceeded the capacity of the UFPB Medical Sciences Center, we found that 43% of the total 382 participating students were enrolled. Of this number, 21% had already registered previously with the bank of bone marrow donors. This meant that there was, on average, approximately a 65% increase in the number of registrations compared to previous months at the Blood Centre of Paraiba.

A questionnaire was used to assess the public’s knowledge and awareness on the theme. Prior to the activity, it was reported that 71% of the participating students claimed that they intended to donate but had not done so yet. After the experience, many cited our “The Bone Marrow Heroes” event as a major push factor towards their later enrolment. It is also worth mentioning that before participating, more than 80% of the students did not know what REDOME was and had not been exposed to actions to encourage bone marrow donation; 63% believed that the screening and/or donation processes were painful. These results reinforce the validity and importance of raising awareness of bone marrow donation and encouraging registration!
Last year, I was sitting in one of the physical examination booths in the Orphanage Health Day when Ahmad, a 9-year-old orphan, walked up to me and said, “I want to be exactly like you when I’m older.” This simple sentence was the spark that drove me and all the SCOPHian volunteers to host the elevated third edition of Orphanage Health Day.

According to a 2006 study by the Consultation and Research Institute published in collaboration with UNICEF, around 23,000 children are placed in the care of orphanages in Lebanon. The majority are greatly disadvantaged, and many are not even true orphans to begin with. The study further showed there was a high rate of drop-out from school for these children, and that there was very little support for this group due to scarce funding from the ministry as well as corruption of some orphanages. To quote the study: “[m]ost employees [at the orphanages] are working part-time, and a significant segment of them are not trained to deal with children, and not adequately qualified...”. In other words, these children do not receive the attentive care and support that they need to grow and thrive.

In response to this challenge, we as LeMSIC SCOPHeroes aimed to improve knowledge on healthy lifestyle habits, prevent non-communicable diseases, and perform appropriate screenings for these orphans. This activity would not only reduce financial expenses incurred by the healthcare system, but also hopefully better the futures for this lesser privileged group in our society.

From there, “Orphanage Health Day” idea was born, and it was proven to be a true one-of-a-kind national activity due to its huge medical, emotional, and psychological impact on the target community. Through this event, we were able to reach over 700 orphans and provide them with basic awareness sessions dealing with topics such as hygiene, nutrition, mental health, and smoking. In addition, we taught them basic screening techniques as well as provided a full cycle of physical check ups. One of this event’s other aims, which was fulfilled, was to motivate medical students to become advocates for better healthcare and education systems for orphans across Lebanon.
“Our only marker of a successful lifetime is how we leave our mark for the future generation.” This is not a famous quote by any known individual; instead, it is the words of a lesson that Ahmad opened my eyes to. As LeMSIC organisers, we hope that this event will move our new volunteers one year later in the same way it moved us previously. This is the third edition of this activity, but I guarantee you, it will not be the last.
Message from the SCOME Director

Catarina Pais Rodrigues  
Director on Medical Education

Dear SCOMEdians,

The scope for Medical Education is endless and the articles shared for the MSI show exactly that. From activities aiming to improve clinical skills, to research education or bringing humanity to healthcare, we are shaping the future health workforce and that will have the ultimate impact in our health systems and the delivery of healthcare worldwide. To all the readers, we hope you get inspired by these examples, to take on action by yourself and share your examples with us.

This MSI call had almost 30 articles submitted from 2 out of our 5 regions. We are sure there are more inspiring, great activities out there and we look forward to seeing more articles, more different approaches to Medical Education and all the regions represented in the next editions. Meanwhile, enjoy and take your time to analyse these ideas, how they are implemented and assessed to make sure we are continuously improving our work.

Love,

Catarina
Bad News Communication Workshop

Paloma Herranz de Souza, Bruna Laginski Passos, William Rafael Malezan, Rebecca Fiorelli de Lima e Ana Beatriz Lisboa Almeida.
IFMSA-Brazil

When communicating bad news, the doctor is under an obligation to transmit news that will negatively affect the life of the patient and their relatives(1). The professionals are reflective and show concern about how bad news will affect the patient(2). Based on these professional difficulties, Buckman published, in 1992, the SPIKES protocol, which is the most adopted in international literature at the present time. This protocol refers to an acronym in English that recommends six steps (Setting-up, Perception, Invitation, Knowledge, Emotions and Strategy and Summary) to be followed to facilitate the moment of transmitting bad news(3).

Humanized training in medicine is an increasingly necessary and emerging event in our academic environment, and it can be inserted into different modes of teaching(4). Added to this, a didactic way becomes necessary to facilitate knowledge. Thus, the simulation methodology is a pedagogy that uses one or more strategies to promote, improve or validate participants’ knowledge through experiential learning(5).

The workshop happened at Unicesumar and was open to anyone who wanted to participate, so there were participants in various health courses (medicine, nursing, psychology), as well as graduates. The event was held in two days, the first being a theoretical training with two lectures: the psychological aspects of communication and the SPIKES protocol.

On the second day, the participants went to Simulab - the realistic simulation laboratory of Unicesumar -, and were divided into 4 groups, which were sent between the simulation rooms. Then, they met one of the four cases previously elaborated. They were: 1) Communication of brain death and organ donation of a young man to his parents, 2) Communication of chronic disease to a partner (of same gender, and that was a scene surprise), 3) Communication of living will of an old woman to her granddaughter (who was raised by her), 4) Communication of diagnostic to an adolescent, with possible leg amputation. Each case was made by one of the organizers and was attended by an actor offered by Simulab, previously mentored. Thus, after the simulation and debriefing, the organizers and the actors were rotating so that each participant could experience each scene. In the rooms, a volunteer academic professional assumed the role of a health professional, using the acquired knowledge and creating an environment as close as possible to ideal to communicate what was proposed.

The event ended with a final scenario with all participants watching, while one of the organizers acted. The scene continued the case 3, approaching the professional’s conduct in palliative home-care of terminal illness.

As impact assessment, besides simulation, briefing and debriefing sessions, a bad news knowledge questionnaire was applied.
before and after the event. Before the event, 78% of the participants had no previous training and 81% needed to give bad news, which shows the need for training in this public. After the event, there was a 30% increase in responses to difficulties in informing the end of treatment and beginning of palliative care and difficulty in recognizing one’s own and patients’ emotions, which shows the need for continuous education addressing emotions and realistic simulation. 100% of the participants reported the importance of using the protocol, and 97% of them stated that the use of strategies facilitated the communication of bad news.

The realistic simulation prompted participants to report bad news in a safe and controlled environment, being free to use the SPIKES protocol and the teachings of the previous day in a way they felt comfortable. In the end, the participants presented a real reflection on their attitudes through scenarios that require communication of bad news. Communicating bad news is something that everyone will need to spend some day, and preparation has proved essential. This perception made participants recognize that identifying and dealing with emotions and feelings ends up being the most important part of the scenarios – and so with real life.

REFERENCES:
The study of the functions of the human mind and of psychiatric disorders is complex and fascinating, intriguing enthusiasts throughout history to provide current knowledge and also still myths. The contemporary age represented a major leap forward for the biopsychosocial and clinical conception of people with some form of psychiatric disorder. However, psychiatry has not yet been able to disassociate some of the disturbances from false beliefs rooted in society, one of the great challenges still facing. Among such disorders are personality disorders, mood disorders and psychotics.

Personality disorders represent a dysfunction in the character traits including emotional and behavioral traits of an ordinary individual. They include disorders such as psychopathy or antisocial personality disorder, characterized by indifference to other people’s feelings, disregard of social norms and obligations, inability to maintain relationships and low tolerance to frustration, with aggressive responses and inability to feel guilty.

On the other hand, mood disorders consist of loss of control of affective expressions and experience of great suffering, marked for example by bipolar disorder, ranging from depressive, normal and manic intervals. Besides, psychotic disorders are characterized by behavioral alterations and distortions of reality, presented as incomprehensible speeches, delusional ideas and hallucinations. A telling example of this is schizophrenia, which involves genetic, neurobiological and psychosocial factors.

Thus, it was considered necessary for there to be an approximation between the students of the health courses and other areas on the current conceptions of the psychiatric disorders, based on scientifically consolidated knowledge, which would encourage the demystification of the disorders of the mind, aiming at the psychiatric treatment being easier, fairer, more secure and humanized.

The event took place in Maringá/PR and was structured by three lectures with professionals of the area (psychiatrists and psychologists), including the themes Mood Disorders (emphasizing Bipolar Affective Disorder), Personality Disorders (emphasizing psychopathic disorder), and Psychotic Disorders (emphasizing Schizophrenia). At the end it was opened to questions from the public about the theme, aiming to make the event more dynamic and more successful.

The event was attended by 119 people, including academics and professionals of medicine, biomedicine, and psychology. In order to evaluate the impact, a questionnaire was given to the audience.
was applied at the end of all, gathering information about the usefulness and evaluation of the event.

Only 78 participants answered the questionnaire. Among the questions, five were multiple choice and subject specific, all of which were answered correctly or within the expectation of the majority of participants, except for one on schizophrenia that received an unsatisfactory response (only 24% of the questionnaires had the expected response). There were also qualitative questions about the level of satisfaction about the event, where most participants gave positive feedback and offered more in-depth suggestions on some topics or specific critiques to some speakers, leaving some points to improve for later events.

In this way, the event presented a satisfactory result about its initial objectives. Unfortunately some lectures and points were diverged under the lecturer and between the level of significance and depth. Also the questionnaires were pretty important to see the knowledge brought to participants of the event. Subsequently, the organizers still received positive reviews and compliments made by the presents, highlighting again the repercussion of the event and the ideal to follow in the elaboration of lectures and activities in the mold of proposed for the next years.

To conclude, as Elie Cheniaux points out in his book ‘Manual of Psychopathology’, most psychiatrists are little interested in descriptive psychopathology and consider it a waste of time to distinguish a delusional idea from a ‘deliroid’, or a true hallucination of a pseudo-hallucination, since the antipsychotics act on the symptoms in the same way, which reflects the importance of the themes proposed so that there is an individualized approach to each patient in order to contemplate the best treatment or better conduct. In addition, there was an awakening of public interest and curiosity in the debate on mental health, its importance, understanding and need for humanization.

REFERENCES:
Since 1999, the WHO has included the spiritual scope in the multidisciplinary concept of health [1], seeing the individual as a bio-psycho-spiritual being. In view of the current concept of health, which includes physical, mental and social well-being, not only the absence of disease or infirmity, it is fundamental to understand the role of religion in order to better comprehend the individual.

Having said that, it is worth noting that Brazil is a religious country, with different types of beliefs that approach health in different ways. Some have their own form of treatment, which sometimes ends up conflicting with medical treatment. Several studies have been published demonstrating the importance of spirituality in the medical profession [2]. However, although Brazil is one of the most religious countries in the world, it has few medical schools that presents disciplines covering the spirituality/health relationship.

On the other hand, the foreign reality is a bit different. According to the American Medical Association, in 1992, 2% of all US medical schools offered courses related to spirituality [3]. In 2004, this number grew to 67%, which means that a 100 of the 150 medical courses in the country included in the curriculum some content related to medicine and spirituality.

The purpose of teaching spirituality in medicine in these courses was, above all, (1) to understand how the patients’ spiritual beliefs interfere with their health; (2) to understand how the personal belief of academics influences the assistance provided by them; and (3) develop the ability to obtain a patient's spiritual record. The methods used in these courses included: lectures about this subject, small group discussions, standardized patient interviews, readings and questionnaire applications.

Unfortunately, Brazil doesn’t have satisfactory data in this subject. Although some universities offer the discipline as elective, few include it as a mandatory part of the curriculum.

In addition, it is worth noting that there is a student’s fear of moving away from what they consider a ‘real medicine’ [2] - focused on biology above all. The importance for the health professional to be aware of this issue, is try to understand his patient in a better way, to obtain maximum effectiveness in his treatment. There should be no denial of the patient's religious view of the disease, the professional should know how to value this belief and promote its medical treatment with it.

The anthropologist Claude Lévi-Strauss discusses the power of belief proposed in
his work The Sorcerer and His Magic [4]. According to him, the strength of the sorcerer is given by three factors: the belief of the sorcerer in his techniques; the belief of the individual who is treated by him and the trust and belief of the people around in the power of the sorcerer. Thus, is possible to do a parallel with religious practices and medicine. Within Strauss's metaphor, the sorcerer would be the doctor, the individuals the patient and the people around, the family and his trust group. In this context, it is perceived that if one of the three parts is neglected, the effectiveness of the treatment may be compromised. In another interpretation, it can be said that the patient’s confidence is not only in the medical professional - who will treat his health - but in the spiritual belief that he has that a greater power will positively or negatively influence in his treatment.

In this way, it is extremely valid that the doctor respects and understands the patient’s beliefs, using it as a way to gain his trust and obtain better results. Therefore, the study of spirituality in medical courses is relevant, once the future medical professionals will be able to know the most diverse religions, respecting their followers; understanding the differences between religion, religiosity and spirituality, and also learning techniques such as spiritual anamnesis and some forms of praying with a patient when it is requested.

Although it seems simple, there is some resistance for spirituality to be implemented as part of medical courses in the country. As already mentioned, there are students and professionals who think that dealing with such subjects during the course, is being distanced from “real” medicine. However, the doctor’s benefits of knowing about spirituality are evident, because it helps him to reach his goal more effectively, with less problems. Therefore, the discipline of spirituality linked to medicine allows students to understand more about the spiritual aspect of health and also have a better understanding about the patient and, thus, a better future care.

REFERENCES:
1. Filho JCG, Beraldi GH, Nunes MPT, Gannam S. The Teaching of Spirituality on the Medicine courses in Brazil and in the world.
INTRODUCTION

According to a survey conducted in the United Kingdom, only 13.5% of the 607 respondents who completed their suture curricular training expressed that this gave them the confidence needed to provide unsupervised care to patients. This same study shows that students who sought additional training were more confident in the areas examined (p <0.001). [1]

From these results, it is possible to note that a considerable part of the medical students, even when near the end of graduation, do not feel confident about their ability, either to perform suturing or in other aspects. Thus, the possibility of extracurricular training, such as a workshop, is useful in expanding the practice of students, complementing their curricular formation.

Therefore, the Suture Workshop aimed to instruct, in a didactic and cohesive way, academics in techniques that will be present in their professional life, which may not have been sufficiently practiced during graduation.

METHODOLOGY

The event was organized in two periods (morning and afternoon), each lasting three hours. Initially, a theoretical class was presented, then the students were distributed in groups for the practical activity with the supervision of a monitor. The impact assessment was performed from pre- and post-event questionnaires based on the Global Rating Scale (GRS), an internationally validated scale, in which it is possible to analyze the students’ performance in eight areas of surgical practice. [2]

RESULTS

According to the post-training questionnaire, 91.9% of the participants agreed that the content was organized and possible to be followed and 89.2% agreed that the workshop was a good way to learn. In relation to the evolution of the students, the recognition of the sutures was better in all the questions, as presented in Table 1:

<table>
<thead>
<tr>
<th>Suture Name</th>
<th>Percentage of correct answers</th>
<th>Evolution in relation to the previous questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous subcutaneous suture</td>
<td>100%</td>
<td>+21.6%</td>
</tr>
<tr>
<td>Ford interlocking pattern</td>
<td>94.6%</td>
<td>+37.8%</td>
</tr>
<tr>
<td>Simple interrupted suture</td>
<td>94.6%</td>
<td>+46.0%</td>
</tr>
<tr>
<td>Continuous horizontal mattress suture</td>
<td>94.6%</td>
<td>+67.2%</td>
</tr>
<tr>
<td>Vertical mattress suture</td>
<td>97.3%</td>
<td>+73.0%</td>
</tr>
<tr>
<td>Simple continuous suture</td>
<td>94.6%</td>
<td>+91.1%</td>
</tr>
</tbody>
</table>

During the practical activity, each monitor assigned scores from 0 to 10 according to aspects such as needle holder grip, knotting and dexterity in performing the suture. Based on these criteria, the results described in Table 2 were obtained:
DISCUSSION
As a Medical Education committee, we aim to encourage participants to adopt a more active stance in their graduation, since we know - and experience frequently - the weaknesses of curricular education, so that they seek to improve their training and formation. Thus, the Suture Workshop exemplifies well that a simple project is able to encourage active learning of students and stimulate them to continue improving. In this sense, the workshop escaped the usual vertical model of learning, trying to familiarize students with the practice, in addition to making them gain more confidence during the procedures.

CONCLUSION
It is known that suture skills require long periods of training for academics, which should increasingly aim to improve their techniques. Based on the data obtained, the Suture Workshop proved to be adequate and capable of meeting the objective of helping participants to develop surgical skills, creating a learning environment where theory could be reconciled with practice. Finally, we would like to reinforce the message and encourage colleagues to “Think globally and Act locally” in order to achieve a better medical education from an active posture in their learning, assessing weaknesses during graduation and seeking ways to attenuate them, contributing to the formation of more skilled professionals. After that, spread your ideas around the world, make articles, publish in magazines, present at events. Surely your project, even if simple, can be of great use around the world.

REFERENCES

“Education is the passport to the future, for tomorrow belongs to those who prepare for it today” - Malcolm X

Continuing medical education (CME) has existed over many years, serving to maintain knowledge, skills, and critical thinking in physicians across the globe. Through educational activities, CME helps to foster high-quality health care by disseminating newly relevant information to the scientific community, including health professional institutions and health care facilities. Thus, this technique aims to homogenize health care by addressing gaps in professional practice [1].

The scientific community has taken an active role in demonstrating the importance of research in undergraduate medical education and its impact on postgraduate research involvement. Imafuku et al. (2015) qualitatively examined changes in how undergraduate students perceived research as they participated in it. Findings revealed a significant change from baseline to the end-of-course reflections. At the baseline level, students demonstrated limited knowledge of research, focusing more on the project content and outcome rather than understanding overall methodological approaches. By the end-of-course level, students’ reflections showed a broader scope of knowledge, including research autonomy, purpose, and contribution to the scientific community. At the end of the study, students were more interested in the research subject and wanted to actively participate [2].

Research involvement by undergraduates is a powerful tool to enhance the skills and knowledge necessary for better professional practice. Nowadays, modern clinicians are required to understand the principles of research and the application of evidence to practice. Even if the experience in research as undergraduates does not lead to direct postgraduate research involvement, it can certainly improve student’s ability to: formulate relevant research questions, critically appraise medical literature, apply findings to answer specific clinical problems, and to recognize best research evidence.

Bearing in mind the importance of engaging medical students in health research, students of the Standing Committee on Medical Education (SCOME), supported by the Dominican Medical Student Organization (IFMSA-Dominican Republic, ODEM), developed and delivered many activities during 2018. As they aimed to promote scientific knowledge for members and other interested persons, two notable events were the Scientific Publications and Poster Workshops.

First, the Scientific Publications Workshop, facilitated by physician-scientist Helena Chapman and physician Yessi Alcántara, aimed to promote high-quality scientific writing focusing on avoiding plagiarism, recognizing reliable scientific information,
and fostering curiosity and creativity among ODEM members. The seminar was designed to help build the skills and knowledge necessary to maximize publishing opportunities as well as emphasize the importance of publications within the medicine and public health fields. By combining lectures, discussions, and team exercises, participants learned in a friendly environment that promoted confidence and motivation to publish independently as medical students. At the end of the workshop, interested ODEM members were provided the opportunity to work on specific peer-reviewed articles, under the guidance of Dr. Chapman, for future submission.

Second, the Poster Workshop was designed to introduce the concept of scientific posters to ODEM members. Scientific posters are used in the academic community as a means to summarize scientific research or information by using a mixture of text, graphs, pictures, or other presentation formats. These posters represent a highly effective way to display and convey information while having an immediate interaction between each author and audience member. This workshop, facilitated by physician Yessi Alcántara, and coordinated by medical student Ana Patricia Gómez (ODEM Supervising Council), aimed to introduce participants to the steps on how to design and develop an illustrative scientific poster and highlight the relevance for the target audience.

As ODEM members, we believe that medical students will make a positive impact on the growing scientific culture of the Dominican Republic. By preparing a paper for publication or scientific poster for a conference, medical students can expand their knowledge on a subject of interest beyond the classroom curriculum as well as contribute these findings to the scientific community. In the Dominican Republic, where scientific research is limited and often not directly incorporated into medical curriculum, medical students can promote the crucial role of research in improving health care within any nation. Continuing education activities, such as these two described workshops, aim to strengthen medical education, stimulate medical students’ interests in research, and enhance research capacity within developing countries like the Dominican Republic.

In the upcoming years, SCOME members hope to continue organizing and delivering educational activities to reach a larger target population. By joining efforts with the newly established Standing Committee on Research Exchanges (SCORE), ODEM members have the potential to lead research efforts and develop research objectives that focus on understanding population health indicators and risk factors in the Dominican Republic.

REFERENCES:
The therapy initiated by the doctor through a treatment program for the patient cements the accomplishment of the medical act as one of the pillars of the practice alongside the clinical reasoning. It is through a prescription that we can improve the doctor-patient relationship, increasing the chances of therapeutic success which also depends on adherence to the treatment (1). Given the importance of this step in medical practice, medical students seek to acquire and consolidate this ability but often find themselves disoriented in their fields of practice, especially when they observe that prescriptions do not follow a standard. Indeed, there is no national or international standard of prescription writing, in addition, most universities do not have a concern with this subject in their curriculum. However, it is possible to find in the literature some studies concerned with providing instructions for a rationalized and efficient prescription, such as the World Health Organization Guide to Good Prescribing (2).

Each patient requires a particular therapy, including not only pharmacological recommendations but also information related to possible adverse effects of medications, hygienic-dietary guidelines, among other measures of health education. The prescription must be written to be understood by the patient. The professional should be concerned with preparing a document that has transparency in its content, allowing the patient to follow his instructions in daily life knowing the daily dosages and the time of treatment, which decreases the chances of therapeutic failure. It also includes, as an aspect of good transparency, the graphic legibility of the physician, who is prohibited from prescribing illegible prescriptions or without proper identification of the professional according to the Brazilian Code of Medical Ethics (3).

It is crucial that physicians make good prescriptions of outpatient and in-hospital procedures for the proper management of patients in order to avoid errors and damages and reduce the hospitalization time for the patient. The medical education introduces students to the theories and practices that constitute the knowledge foundation and skills necessary for this performance. However, some knowledge is
acquired only at the internship or after the conclusion of the graduation, often in the practical and empirical approach.

Since the majority of universities do not have a prescription teaching program and given the importance of this tool, the IFMSA Brazil UPE-ST Committee has mobilized to carry out a mini-course about the subject, trying to cover it both in theory and practice. At the end of the course, students were expected to become more sensitive during outpatient and in-hospital prescriptions and with more knowledge about the construction of a medical prescription.

The course was held on September 28, 2018, at the University of Pernambuco in Serra Talhada, Pernambuco, Brazil, approaching an appropriate construction and structure of an outpatient medical prescription and examples of in-hospital evolutions, demonstrating the existing medical conventions for clear and objective writing of these documents. The practice was performed with clinical cases using copies of prescriptions and records of hospital admissions adopted at the hospital used by the university for practical classes, allowing to the students at the mini-course a contact with the structure of these documents, and conferring better resourcefulness when faced with a real situation.

Thirty-eight students were present in the event, of which more than 90% reported that the event achieved its objectives and that the theme will be very useful in their practical life and more than 80% mentioned a good personal use of the course. Linked to this, the organizers' perception also corroborated the result that the main objective of the course was achieved, showing that the intervention was beneficial not only to the participants but also to their promoters since this strengthens the SCOME on the local committee.

The listeners were allowed to discover how to improve the understanding of the patients and the multi-professional team about the medical prescription, thus showing the facilitating characteristic of the communication in the health environment that this instrument provides. Therefore, the benefits are evident both for the students and for the population, considering that the understanding of the model and the correct interpretation of prescriptions culminates with more appropriate therapy and with fewer iatrogenesis, which improves the quality of life of the patient and the interprofessional communication. Essentially, this course proved to be a great option, with good effectiveness and low cost, to work on some themes that sometimes can be deficient in medical training, thus opening for the occurrence and improvement of the next editions based on suggestions from the participants themselves.

REFERENCES:
Cardiopulmonary resuscitation: why should we talk about it?

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According to data from the Brazilian Society of Cardiology, a person in a cardiorespiratory arrest loses, every minute after the onset of the sudden arrhythmic event without defibrillation or cardiopulmonary resuscitation, about 7 to 10% of the chances to survive [1]. In this context, it is noticed that in Brazil a significant number of cases of cardiorespiratory arrest occur with no one skilled or knowledgeable enough to perform the cardiopulmonary resuscitation. This is one of the reasons why 50% of deaths happen before the victim receives first aid or arrives at the hospital. [2]

In view of this, the Brazilian government has created an act requiring that public places where more than 2,000 people circulate per day need to have a defibrillator available, such as bus stations, airports and shopping malls (3). Despite these advances, there are still few people trained to use this apparatus in case of urgency.

The major challenges, especially in Brazil, are to convince people about the importance of the cardiopulmonary resuscitation (CPR) and to increase the access to the learning of this ability. As such, a continuous improvement process of learning can be established to make the wait time for assistance in cases of cardiopulmonary arrest becomes lower.

Considering all these aspects, several IFMSA Brazil committees in partnership with the Academic League of Trauma and Emergency of Maranhão state and other academic leagues of the country came together to hold the National Cardiopulmonary Resuscitation Day on August 18, 2018, establishing training points in several places with great circulation of people in Brazil. (4)

In the Federal University of Rio Grande do Norte (UFRN) committee's of IFMSA Brazil, the campaign was widely publicized and it has counted with the participation of medical academic volunteers from UFRN and Potiguar University (UNP) selected through a public announcement. The training of these students, together with the coordinators, was carried out by the Resgate das Dunas Team - a group that develops training and assistance in urgency and emergency situations in the region, mainly in the city of Natal/RN.

The event, in Natal city, took place in the Partage Norte Shopping mall on August 18, 2018 from 11:00 a.m. to 9:00 p.m. Two stations were set up inside the mall containing each a team of students; a professional from the Resgate das Dunas Team; some training mannequins; and indoor banners. In total, 30 students had been trained and divided into a scale system. The campaign followed the desired programming with quality throughout all the day.

The impact assessment method consisted
of two questions: Did you already have prior knowledge of CPR? Did the campaign add something to your knowledge? The survey was answered by 184 people.

From the data collected, it was shown that most of the interviewees (53.81%) did not know how to proceed in the event of cardiopulmonary arrest or even what a cardiopulmonary resuscitation was. It is important to note that all the participants stated that they had been benefited from the action taken by the students. Among the interviewees who had some knowledge about cardiopulmonary arrest and CPR (46.19%), there were also health professionals who stated that they had learned something more from the training, such as the correct position and the ideal conditions to perform the CPR or about the rhythmicity of movement.

There is also a perception of the campaign's importance for future doctors, since medical practice requires the ability to know how to spread knowledge through dialogue - an important aspect of preventive medicine. Likewise, students had the opportunity to practice and improve their communication skills as they needed to talk to people about resuscitation and convince them of the importance of spreading that knowledge in their community.

It can be concluded that the campaign carried out on National Cardiopulmonary Resuscitation Day was extremely relevant, since community empowerment allowed the dissemination of basic knowledge about how to act in an urgent case. The participants were able to learn how to identify an emergency situation and how to act correctly, always calling, first, the emergency mobile service (called SAMU), through telephone 192, and then performing the maneuvers necessary to increase the emergency probability of survival. In addition, the students realized that small actions can make the difference for society, because the simple knowledge passed on in the campaign has the power to save lives.

REFERENCES:
INTRODUCTION:
According to data from the Pan American Health Organization (PAHO), Cardiovascular diseases (CVD) are the leading cause of death in the world. It’s estimated that, in 2015, 17.7 million people died of CVD, representing 31% of global death toll [1]. In Brazil, mortality due to CVD accounted for 28% of the total mortality rates from 2010 to 2015 [2]. In this context, cardiovascular pathologies represent a major challenge for physicians in many different areas, since these diseases have become incredibly prevalent among the population and represent one of the main causes of death in Brazil [3].

Among the methods of early diagnosis of CVD is the electrocardiogram (ECG). This test detects cardiovascular dysfunctions or pathologies with remarkable ease and speed, which provides accurate early diagnosis to ischemic events, rhythm and conduction anomalies, among other heart problems. Additionally, it has the advantage of being a low cost procedure, which makes it a defining element in the diagnosis of several cardiac abnormalities [4]. Thus, prior knowledge is necessary for the medical professional as a mean of effectively guaranteeing a good prognosis for patients under his care. Therefore, through the “I Journey of ECG” of Universidade de Caxias do Sul (UCS), we aim to make the ECG test simpler and more accessible to the institution’s medical students, by improving interpretation and overall knowledge of this important clinical tool.

EXPERIENCE STORY:
The event “I Jornada de ECG”, hosted by Universidade de Caxias do Sul, in the city of Caxias do Sul, RS, Brazil, took place on September 3, 4, and 5, 2018, from 6:30pm to 9pm. In total, eight forty-five minutes lectures were presented by cardiologists, linked or not to the university. The subjects addressed were focused on the cardiac and ECG physiology, normal ECG reading, main pathological alterations revealed by this exam (such as bradycardias, tachycardias, bundle branch blocks, atrioventricular blocks and heart attacks) and emergency ECG reading. In addition, on the event’s third day, a practical activity was proposed, in which the public, based on their knowledge acquired over the three days, interpreted an ECG result and defined their own diagnostic hypotheses. At the end, to measure the project’s impact, a survey, elaborated with objective and subjective questions about the ECG, along a blank space for criticism, comments and compliments about the event, was applied.

RESULTS AND DISCUSSION
The impact of the event was measured through the questionnaire answered by forty participants at the end of the event’s final day. When asked about their greatest difficulties in interpreting the test, the most frequent responses were: identifying
arrhythmias, atrioventricular blocks and supraventricular tachycardia; dealing with the wide range of possible diagnoses and the complexity of the examination; correlating the test's results with therapeutic options. These notes met the expectations of the organizers and lecturers. It’s important to note that the event had a very heterogeneous group of participants, with students from different levels of medical and nursery courses, which justifies the differences of specificity between the presented answers. One of the recurring comments written on the surveys was the request for new editions of “Jornada do ECG”. In addition, many participants reported that the event contributed not only to complement and simplify what was taught in the cardiology class, but also to develop greater curiosity and interest in the subject, which meets the objectives of its idealizers. On the other hand, the greatest obstacle faced during the event was the low participants’ adherence on the event’s third day, since the extensive length of the lectures and the high density of content discussed were tiring for the public. This shall be considered when developing upcoming editions of the event.

CONCLUSION
From the analysis of the surveys’ results and reports of the event’s participants, it's concluded that the “I Jornada de ECG” improved the student's knowledge about electrocardiographic interpretation, simplifying cardiac pathologies' diagnoses and assisting in the choice of therapy to be followed. All this experience brought to light the importance of events that expands upon academics’ previous knowledge and arouses their interest on issues of great relevance in the medical field, thus guaranteeing greater quality in patient care.

REFERENCES:
Social life is part of every individual's life, being fundamental for the formation of ties and personal relationships. However, some people with neuropsychiatric disorders, such as autism, have difficulty establishing it, being marginalized, either because of the lack of knowledge or because of the prejudice they suffer. Both options lead to social exclusion, worsening the sense of incapacity and frustration that they feel. In this context, we can note the lack of information about autism and the need to hold a greater debate about its inclusion. [1,2]

Despite the evident need for debate on the topic, it was shown by Hamer in 2014, that the number of data and research on several important factors in the approach to autism is still low. It is discussed that there is scarcity of works in Brazil that portray interventions for parents of children with autism, favoring social isolation, vulnerability, suffering, the onset of mental disorders and the maintenance of chronic stress. More research is needed in the area aimed at the psycho-affective development of the child with autism, based on the family contribution. [3,4,5]

Against the foregoing, autism needs to be debated and its knowledge must be disseminated, especially to students in the health area, those who will later have greater contact with these patients. [4,5] Thus, the objective of this work is to reach the greatest number of people and train individuals who can understand not only what autism is but also its difficulties and its impact on the social nuclei.

The activity consisted of a discussion guided by a neuropediatrician, a psychologist, a physiotherapist, a journalist and a mother of an autistic child, in the auditorium of the central collection of the University of Fortaleza (UNIFOR) in a round table format on April 5 2018. Aspects such as pathophysiology, social insertion measures, psychic therapy and family dramas about this condition were approached, then the floor was opened to solve doubts of the public.

In addition to the contribution of the individuals mentioned above, we also heard the public’s impressions, mainly composed of students from the health area and relatives of ASD patients, during the discussion on the subject. Several people participated actively in the debate, which proved to be touching, enriching and able to clarify various questions on the subject.

The activity had an unusual outcome due to a personal report of a mother of a marginalized region of Fortaleza, telling the life story of the daily struggle to provide a better future for her son, dedicating a large part of the income and time for his development, Tatiana, the aforementioned mother, even told that she sought to learn...
learn English alone to be able to know the medical literature of other countries that have more details about his condition. After that moment, an impact questionnaire was applied to the listeners through the Google Forms tool.

In fact, the work was pleasantly rich in the debate of this important topic. At the end of the discussion we performed an evaluation through a questionnaire. In terms of the profile: age ranged from 17 to 45 years, with a majority up to 22 years; there was a prevalence of female gender (73.1%); of course, most of the answers were from students in the health area (88.3%). In addition, when questioned whether this topic was already addressed in their course, 61.5% answered negatively, and if there was already participation in another action addressing TEA, 65.4% denied. Therefore, we can say that the impact was as expected, considering that effective learning was carried out through the debate promoted.

The activity in question was very effective and necessary, having in view of the fact that it provided a debate on a topic that is considered by many to be a taboo, disseminating more knowledge about Autism.

The action fostered a debate with university students, teachers and mothers of autistic children, in order to promote a more interdisciplinary discussion and with different perspectives. The students were able to present several doubts and discuss about them, giving also the opportunity for teachers to learn with the students.

REFERENCES


2. SCHWARTZ, Marci et al. Transtornos do espectro autista e a importância de estrutura. Altitude: Partnering with Families. 2010

3. HAMMER BL, MANENTE MV, CAPELLINI VLMI. Autismo e família: revisão bibliográfica com busca de dados nacionais. Revista Psicopedagogia. 2014; 31(95);169-177.


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INTRODUCTION
Art and medicine have always been allied as a relief to the human sorrows. Both, anchored in the technique, seek to develop thinking skills, as well as improving the capacity to understand our pain and the pain of those who are in front of us. According to the ideas of Becker “what our concepts allow us to see in principle, not really appears in what we observe”[1]. Therefore, for the proper development of the doctor-patient relationship and the formation of a humanized professional, it is necessary to promote identification of the physician with the other person, so from his perspective he will be able to understand the patient beyond his pathology [2].

In this aspect, the cinematic exhibition model accompanied by a “talk wheel”, adopted by the Cinema Paradiso project, allows the public to share ideas and emotions - aroused by the film - among other participants. In this way, the session becomes a free expression, discussion and catharsis moment. Also, this model amplifies the potential of sensitization of cultural projects in medical schools [3].

The activity Cinema Paradiso’s proposal is to bring the public and film closer together, through themes pertinent to the social, political, cultural and professional context in which students are inserted and of which they are agents of change. The activity is anchored in the mediation of a specialist on the topic addressed, a fundamental step for the construction of a critical reflection based on facts of reality and theoretical propositions that go beyond the subjects contemplated in the undergraduate curriculum [4].

REFLECTIONS
The Documentary “The Rebirth of Childbirth” has brought us questions about the autonomy of women over their bodies and the cases of violence they suffer in a moment of extreme vulnerability. The role of the doctor in this situation is just supportive because since many years the delivery was seen as a natural process of the female body, medicine was inserted later in cases where intervention is required. So we must think about our role and commitment.

The film “The Suffragettes” is basically about women’s struggle for the right to vote in England in the twentieth century. However, other aspects that women have faced have been perpetuated to date: harassment, abuse of power, wage inequality, spouse’s authority, violence and social stigmas linked to sexuality and moral norms of the time. This reality does not differ much, since we are still part of a patriarchal, sexist and in some parts extreme, misogynist system.

The third feature, “How much is it worth or is it for a kilo?” Makes an analogy between the Brazilian colony and contemporaneity, showing the sequels that colonial and enslaved period brought to the black population and how this still affects non-whites psychologically and socially.
It provides evidence that racism is a structure and institution that seeks to keep the black individual at the base of the social pyramid and affects it internally and externally[5]. At all the movies the public identified themselves with the scenes or recognized a close someone that went through a similar situation. This fact generated feelings of empathy, sorority (among women) and representativeness [6]. It created a unique moment and allowed the creation of new affective bonds between people who until then were unknown and started to share the same feeling of welcome and hope, that yes, there are still people who care.

Analyzing the project we found that its great asset was the purpose of being a democratic and inclusive place. This activity supplies a demand for integration from the universities, the growing heterogeneity of students that composes the modern universities - with different experiences and difficulties.

Projects that focus on the promotion of culture, education and leisure must inspire personal, politic and social changes because art helps to heal humans and fight against the ills of society, and so the doctor has the duty to do the same.

REFERENCES

PeriSCOPE
Dear Exchange lovers around the world!

I am very happy to welcome you in this part of IFMSA annual journal. If you are reading this it means that you believe in the power of exchanges and know how impactful they can be.

This section will show you experiences of exchange people all around the world and present different topics starting from diversity of Social Programs, Educational activities and ending up with Intercultural Learning, Global Health education and the importance of Academic Quality. You will not only get to know about what is shared by general embers, but also have a chance to know a little bit more about the life of SCOPE International Team.

Try to be outcome oriented and while reading the articles think about what you can do in your Local Committee, National Member Organization or in the society surrounding you. We hope that you will find the experiences shared here very interesting and will get inspired by the ideas mentioned in these pages. In the end we always say that sharing is caring. Implement what you have learned about and share with us your experiences in the next issue of MSI and exchanges around the World will become slightly better.

Now without further words I encourage you to relax and move into the amazing world of letters and words. May they bring some magic into your mind!

Director on Professional Exchanges,
Tatiana Zebrova
Italy, in my opinion, is the most charming country in Europe, because it accommodates the lovely Rome. Rome is not only a city, it is also a cultural monument. Every street, every corner, every little detail has its relevance in the history of the world. It is crazy to think that the construction of the 37 meters high walls that make up the Colosseum [1], began in 70 BC. This great monument was commissioned by the emperor Vespasiano, and later completed by his son Tito. It was created with the intention to entertain the population that was revolting because of cruelty from the ancient emperor Nero.

My stay in this beautiful city occurred in October 2018. I had the privilege of accompanying the general surgery department at the Sant’Andrea Hospital Sapienza Hospital Rome on the IFMSA SCOPE Exchange. Sant'Andrea is in contact with the hospitals of central Italy, as it has a surreal physical structure, as well as an excellent medical team. I will always be grateful for this team of professionals, who had the willingness to explain the day's procedures and opportunities, such as feeling the pulsation of the abdominal aorta or an abdominal metastasis.

However, what struck me most in this exchange was having the opportunity and the privilege of having a companion in the department - Nadia, from Sierra Leone. Besides being able to improve my English, something that had worried me, it was also possible day by day to compare the reality of the health systems of the three countries (Brazil, Sierra Leone, and Italy). It was during a conversation with Nadia and the doctors that I remembered something of the utmost importance that we sometimes lose during the college years. On that particular day, one of the doctors asked Nadia if she already knew some laparoscopic techniques, she replied peacefully that she did not. The doctor thought it was very strange, since she was in the last year of college. He asked her why. It was then that Nadia answered calmly, something that later made me reflect a lot. She said that she had not learned because simply this is a technique which was only implemented recently, thus it will take a long time to be a common practice in your country. She added that if she really wanted to save lives or give the best opportunity to her patients she should be very good at open surgery.

Her answer echoed in my head for a long time, and after a lot of reflection, I came to a conclusion about my exchange. Sometimes...
we choose countries that provide us with “the best medicine”, that is, new techniques, drugs or equipment, but some of these things are still very far from our own reality [2,3]. Of course, we should look at them, admire them and crave for a health system of quality and fairness, but it is also necessary to put our foot down and take advantage of the best we have. I sometimes look at my colleagues, and future professionals, and see them neglecting themes, such as communication of bad news or even influence of religion in the process of health and illness. I wonder why we turn away from something so accessible which can teach us how much to practice, and in that way completely change the life of the patient. In the end, all that we, as future healthcare professionals, and our patients want is that we can develop a good doctor-patient relationship [3]. That means seeing them beyond the illness, beyond the treatment, beyond the procedure to be performed. All they want is to be seen as people.

So if you asked me to give a tip to those who are going to do an exchange now, first of all, I would say go, you will never regret it, and do not worry, with the language, with or without friends, or the exchange as a whole. Your positive and negative points will be part of a great experience that will transform you completely. But if you decide to go, choose to go with an open mind to get to know the type of professional you want to be. And when you go back to your country, be the Vespasian. Build your career as big as that of the Colosseum, but do not forget to be grateful to those who give you the title of Emperor.

References:


#CulturalDay, one of a-must from SCOPE CIMSA for the Incomings

Syifaurrahmah ft. SCOPE MSCIA UB
CIMSA-ISMKI Indonesia

Cultural Day was one of the incomings' activities besides their clinical clerkship, welcoming-farewell party, and social program. The purpose of this event was to provide a forum for Incomings and the Local Committee MSCIA UB members to interact and share with each other about their respective cultures. In addition, what distinguished this year's Cultural Day from the previous concept lies in the concept of the event where this year we did not only introduce the culture of Malang city, but we also introduced the Incomings to the Independence Day celebration of the Republic of Indonesia.

The Cultural Day event consisted of two major Agenda points named Amazing Race and Cultural Night. It was held on Sunday, August 26, 2018. Amazing Race began at 10 am in Tugu Malang City Hall. The first activity that we did was a food race where the incomings were divided into two groups and they had to guess what food they were eating based on the characteristics of that food that we had previously written in the guidebook that we gave them. They had to compete with each group to be the fastest to finish. They really enjoyed the traditional food that we gave them even though they had never tried it before. They tried a wide variety of traditional foods, from the sweet to savory like klepon, wajik, pukis, lemper, and pastel. But their favorite food was lemper and klepon. After we finished the food race we moved on to the next agenda point which was to go to a splendid animal market. There we told the incomings to ask the Indonesian name of 5 animals of their choosing. They were supposed to ask the shopkeeper with the help from an MSCIA member. After they got to know the Indonesian names for the animals they were also supposed to take a selfie with that animal. In the splendid animal market, the incomings were very excited because there is no place like splendid animal market back in their country. They took pictures of the animals there and some of them even wanted to buy the animals. After going to splendid animal market we rode the macito bus to go around malang. The bus ride was very fun even though we had some obstacles. For example, we rode the bus on the second floor and we had to avoid branches and street cables because the street of malang are not used to having
a double-decker bus. After the bus ride was finished we gathered back in Tugu Malang and the incomings went home to prepare for the Cultural Night.

At night, we had one big agenda point called the cultural night. The incomings arrived at the venue at 6 in the evening. The event was opened by Vice Project Officer of Cultural Day, Aysha Emeraldine Utama, followed by words by the Vice President of MSCIA UB, Tama Ilyas. Then, the event continued with a “Bumi Pertiwi” dance, performed by one of the MSCIA members, Annisa. Because the Euphoria of Indonesia’s Independence Day can still be felt in that moment, after the Incomings presented their culture, we decided to do some Lomba 17 Agustusan such as “Lomba Makan Kerupuk”, “Lomba Lari Kelereng”, and then “Lomba memasukkan Paku kedalam Botol”. The enthusiasm of the incomings was very big in this competition. They really did not want to lose to each other. Next is the food journey, where we shared each other’s foods and tasted special cuisines from several countries. Pantumaca – bread with tomato, Arroz Doce – sweet rice, Pasta Al Pesto - pasta with basil and Parmegiano Sauce, Leite Creme – cream milk caramelized. And from us, we served sate, soup, fried banana, Bakwan Jagung, dan Mie Goreng. The incomings favorite Indonesian cuisine was sate because they thought the chicken tasted good; it was sour but could be sweetened with the peanut sauce. After the food journey was done, we continued with listening to words and thoughts from the incomings about Indonesia, especially Malang. And finally, we took pictures together.
Dear readers,

Today you will get to know your SCOPE International Team and your Liaison Officer for Medical Education issues better. You will be given a sneak peak into their daily programs. In addition, we believe that mental health within our team is very important. Therefore you will also learn how we try to ensure good mental health amongst our team.

Because we are different as people, backgrounds, culture, and preferences, our daily program differs accordingly. This illustrates itself in the fact that we have different habits. What we all have in common is that we work in SCOPE tasks. Since we are an international team most of these tasks consist of emails and online work. These include tasks such as problem-solving, responding to database reports, preparing for upcoming meetings, being in contact with NEOs, providing our input and even something responding to random emails from students.

We listed a lot of our tasks and to our readers this might seem like a lot of tasks, especially combined with our medical studies. Indeed, our tasks can sometimes be overwhelming and cause stress. This is why we, as a team and within IFMSA, try to put our efforts in prioritizing mental health. Because taking all things into consideration, if we would not then on a long term basis, it can be expected that our mental health status is affected.

How do we try to take care of ourselves, of our mental health? We all have our own mechanisms of protection, such as reading, sleeping, watching movies, doing sports, spending time with family and friends, playing some games and even eating or knitting. Some say IFMSA is a relaxing factor itself. Sometimes it’s easy for us to just disconnect but many times we need other close people to stop us and turn us away from stress and anxiety.

It is also vital for us as a team to be checked up by our SCOPE-D, Tanya. We are asked to fill in a monthly report for the Mental Health Watch which evaluates in detail how we are feeling. For some of us, the survey is the moment of truth, we feel better when filling it in because we feel safe that someone is taking care of us. Others consider it neutral. Our plan is now to expand the MH Watch to the NEOs as well since we want to evaluate and then help them.

At the end of the day what truly matters is for each of us, of you, of everyone to take care of their own health, to be happy and able to do everything with passion and commitment. And this is what we, as SCOPE IT, promise to do.

Greetings from Russia, Romania, Jordan, Nepal, Burkina Faso, Brazil, Italy, Honduras, Estonia and Greece!
Backgrounds and Exchange

Laurie Sayuri Kumano
IFMSA - Brazil

After being a Local Exchange Officer in my committee for around 2 years, it was finally my time to go on my exchange program with IFMSA. Unlike what many people thought, I decided to go to a different place, a relatively unknown place for us South-Americans: Poland. And to make it even more distinct, I stayed in Bialystok, a city closer to the border of Belarus than to Warsaw, Poland’s capital.

When I was still in Brazil, I started to second guess myself and ask whether I was doing the right thing going there. Whenever someone from my faculty or my family asked me where I was going for my exchange they reacted surprised, not quite understanding why or even just where it was. But as it was already settled and I knew deep down that I had to go there, I kept planning my first time in Europe, my first time in that country, my first professional exchange.

On the first day on that new land, while going around the buildings of Old Town of Warsaw under the sun of 9 pm, it hit me: I was where I needed to be. But my time in Poland was not all sunshine and rainbows. On the next days, this feeling faded away as three things happened: first, I felt a little lost on the surgery gallery when I could not even guess the subject of the talk when they spoke in Polish, second, my LEO’s spirit, which is something you get after being LEO for quite some time, started to compare the way our SCOPE worked in my faculty with the way it worked there and lastly I started to compare my exchange with the other students from my university that were in other countries.

Even though I was already expecting those things and had made the same mistake of comparing my exchange with others’ during my high school exchange in the USA, it did not prevent me doing so again. Fortunately, just as it happened 6 years ago, in America, I found most the meaningful support from people. During that time, my host family played a big part in this. During this new exchange, my new family was the other exchange students that were on the same dormitory. We were a diverse group of 7 people, from Catalonia, Indonesia, Oman and Macedonia. To my surprise, in each and every one of them I found things in common or things that enchanted me: scouts, nice laughs, passion for IFMSA exchanges, good-humor and passion for food or photos.
Another difference from my previous exchange was on the professional side. As I am still in the beginning of my clinical years, I haven’t had the opportunity to see much of the practice of medicine itself. Therefore, standing many hours on my feet watching so many pediatric surgeries was a new thing for me. The experience itself was good but the highlights for me were seeing in the doctors’ faces and through their actions that this was what they loved to do and seeing women on the staff being great references on the field. All of these definitely made me eager to find the area in medicine I will be thrilled to keep up to date with and to do my job in the best way possible, technically and humanly.

In other words, this whole time in Poland made it clearer for me how an abroad experience can allow you to see the bigger picture, the similarities between cultures, approximating the global to the local. Besides that, I could grow not only on the personal side but also on the professional one. Personally by understanding that every individual has its own experience and that comparing paths is not the best way to seize all opportunities that you come across. Professionally by reinforcing my plans to become the best version of a doctor I can be.

And when it comes to the future, my hopes are to not to forget this exchange, to have other moments that I can feel that I am where I need to be and finally, to not forget my beliefs from my previous background of being a scout and a LEO, which means, thinking globally acting locally and being the change we want to see in the world by being always prepared and doing things the best way possible.
Germany Experience

Anastasia Abăitâncean
FASMR-Romania

My experience in Germany took place in September 2017 in the beautiful city of Dusseldorf. At first, I was scared. I found out that there were only going to be two exchange students, and I got a place in the oncology-hematology department. But it turned out to be one of the best experiences of my life!

In the hematology department, I met my tutor. She was not only a great teacher, but she also became a dear friend. She let me assist her in everything she did. But the most importantly, she taught me. From how to insert port catheters, to how to do bone marrow aspirations to how to apply any other medical knowledge that I needed to learn, she was there with me step by step. By the second week of the exchange, I was doing these procedures on my own under her supervision. I was grateful to her that she understood her role as my teacher and that she was always there for me.

What I enjoyed about this exchange was the multicultural aspect. My tutor was from Bratislava and we had the chance to discuss several aspects of global health, public health and how the healthcare systems work in our countries compared to Germany, and many more.

Working in the oncology-hematology department, I had the chance to learn about the physical and psychological impact of cancer on the human being. As a future healthcare professional, I learned the importance of health interventions when it comes to preventing cancers and raising awareness about the screening methods. Moreover, I understood the importance of soft skills in a healthcare profession, and I left with the most important one in my mind and heart: empathy. I was also impressed by the ethics of the doctors, the way they were treating patients, the way they were communicating with them, and how their presence would improve the mental health status of the patients.

I believe that SCOPE and SCORE exchanges are one of the most important opportunities as medical students in order to learn and to grow. After taking part in three IFMSA exchanges, I can say that it is truly a life-changing experience, a chance to make friends from all over the world, and an opportunity to challenge yourself and to be part of the change that the world needs.
Osijek, Croatia: beyond your expectations

Panagiotis Feidogiannis  
HelMSIC Greece

I knew that Croatia was a beautiful country and as a consequence my chances of having an enjoyable time there were increased, but I would never expect my IFMSA exchange to be such a fulfilling experience. The whole visit exceeded my expectations. The SCOPE program is not only about enriching your medical knowledge and skills, learning how another healthcare system works and finding out how it is to live as a doctor in a foreign country. It’s also about feeling welcome by people you don’t even know. It’s about realizing how much you have in common with people from other countries which are thousands of miles away from yours. It’s about learning how to cooperate with others. It’s about discovering that you are able to connect with patients only through body language and that language gaps can be bridged. It’s about “liberating” yourself from the comfort of your own home.

From the moment I stepped foot in Osijek, I knew that the ensuing month was going to be a great one. Fellow colleagues from CroMSIC welcomed me in the greatest way possible as they picked me up from the bus station and then took me for a walk around the city. The local officers and members of CroMSIC were really helpful, well-organized and so eager to show us around. They arranged all sorts of excursions like city tours in Osijek and other nearby towns, as well as other activities like canoeing in the city’s river and barbecuing afterward. Despite the fact that Osijek is a small city of approximately 100,000 people and one could say that it is not a metropolis of any sort, the locals made sure that we always had something to do either during the afternoons after our clinical clerkships or during the weekends.

Osijek is a really charming and quiet city which, due to the fact that it is not a touristic place, has kept its character through time and its historical heritage untouched. It is truly a melting pot of cultures as it is in close proximity with three other countries and combines cultural elements from Southern, Eastern, and Central Europe. The fact that during the month of July the summer cultural festival of Osijek was being held made it even more of a pleasant experience.

Now, regarding my clinical clerkship at the University Hospital of Osijek, it was utterly eye-opening. All the doctors at the
Neurosurgery department were extremely friendly, supportive and generous about teaching me everything they could and made sure that I got the most out of this experience. Towards the end of the clerkship I also scrubbed in frequently and I got a deeper understanding of what it is like to be a Neurosurgeon. The support staff of the department was also really warm and keen on making me feel welcome.

Croatia and the whole exchange program left me mesmerized; I’ve made so many new friends; I’ve gained deep and valuable professional knowledge; I’ve had experiences that I’ve already been and will be sharing with my friends; I got a good glimpse of a beautiful country which I look forward to going back and exploring further. After all, it’s not only books that are needed to be a good doctor. You have to develop your whole personality first and this exchange program is exactly fit for this purpose as it will broaden your mind and make you “richer”.

Development of Medical Students’ Transnational Skills Through Case Reports in Foreign Language

Lucas Nogueira Lemos, José Roberto Gomes Francilino Filho, João Marcelo Botelho, Mariana Saldanha de Oliveira, Vitor Carneiro de Vasconcelos Gama

IFMSA - Brazil

Due to the outbreak of globalization, several types of flows were enhanced - pathogens, people, data and finances-, which have led to direct and indirect impacts on global health. This new conjecture implies in the failure of a biomedical and national health model, notably giving rise to a global health model [1]. The everyday intense mobility makes it possible for new or eradicated diseases in one region to spread to the furthest regions of the earth. In the last decades, the transcontinental transmission of Avian Influenza and swine flu were examples of that panorama [2]. In South America, the arrival of Zika Virus Disease, from Africa, represented a great human and financial burden to countries like Brazil, especially due to birth defects, such as microcephaly, caused by the disease. The UN estimates that the costs to Latin America may come to US$ 21.3 billion, in the worst scenario [3]. Those examples show the importance of the interaction between health professionals and multicultural communities, which requires the development of cultural skills to deal properly with patients, as an attempt to avoid a superficial or stigmatizing approach [4]. Khoen says that it is necessary to develop five skills to reach what he calls “Transnational Competence” (TC): Transnational analytic skills, Transnational emotional skills, Transnational creative/imaginative skills, Transnational communicative facility, and Transnational functional adroitness. However, he highlights the inability of the
inability of the current medical curricula to attend this demand [2].

Taking into account these needs to increase the integration of the Medical College of Federal University of Ceará (UFC) in the international scenario, the local exchange team of IFMSA Brazil UFC Fortaleza, along with the board of directors from the Medical College have developed the “Clinical Sessions.” The project consists of the monthly presentation and discussion of clinical cases, usually, endemic in Brazil, given by the professors of the Medical College, who collaborate with this activity. Two UFC and two foreign students are selected to elaborate on the case presentation together, performing a case study and discussing its clinical and epidemiologic implications. The activity happens in English and it is open to anyone interested, sometimes in the presence of the professor who handed the case over. The activity tries to foster the participation of everyone present and the use of English language, allowing better learning of Brazilian endemic diseases by the students.

### TABLE 1

<table>
<thead>
<tr>
<th>Theme</th>
<th>Number of students who presented the case</th>
<th>Approximate number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1</td>
<td>Tuberculosis</td>
<td>2 Canadians and 2 Brazilians</td>
</tr>
<tr>
<td>Case 2</td>
<td>Leptospirosis</td>
<td>2 Italians and 2 Brazilians</td>
</tr>
<tr>
<td>Case 3</td>
<td>Paracoccidioidomycosis</td>
<td>2 Serbians and 2 Brazilians</td>
</tr>
<tr>
<td>Case 4</td>
<td>Neurosyphilis</td>
<td>1 Mexican and 2 Brazilians</td>
</tr>
</tbody>
</table>

The project, implemented in 2018, has already had four clinical cases (Table 1), about tuberculosis, leptospirosis, paracoccidioidomycosis, and neurosyphilis. Having the goal of fostering a better integration of UFC students and exchange students, and stimulating the use of English language and knowledge sharing, the project “Clinical Sessions” serves as a complement to Medical Education. It makes the students able to act on the concept of Global Health, developing overall three of the five skills which Khoen considers important to a Transnational Competence [2]. Those skills are:

- **Transnational Analytical Skills:** The presentation of an endemic case in Brazil by a foreign student allows them to learn, within their experience during the exchange, about the relation between the social, sanitary and climatic realities and the disease. It makes them able to analyze better their future patients who come from other countries with similar realities. That is possible to be noticed, for example, in the Leptospirosis case, which is endemic in Brazil due to the deficient infrastructure [5].
- **Transnational emotional skills:** The presentation and the discussion by students from different countries, foster that skill because during the experience they share specific aspects of their own country.
- **Transnational communicative facility:** The communication in English among students with so many different mother languages, allows the development of communication skills, enriching their medical vocabulary, what is especially important in Brazil since a relevant number of its population does not speak English.

Therefore, the reality of the current health scenario indeed requires medical training at a global level and the Clinical Sessions project has proved to be a tool that can help in this purpose, allowing greater contact between students from different countries. The project depends on the presence of exchange and UFC students and a minimum level of proficiency in English,
and although this may at first represent a barrier to the realization of the activity, because of the limited amount of attending students, the partnership between UFC and the IFMSA Local Exchange Team (LET) may allow the expansion of the project, with the presence of more exchange and UFC students, making the activity more frequent and spreading the use of foreign languages within the medical school.

REFERENCES:


5. Parreira IM. Epidemic aspects of the infection for Leptospira spp in domestic felines (Felis catus) seemingly healthy of the metropolitan area of Goiânia, Goiâs [Internet]. 2009 Mar 26 [cited 2019 Jan 2]; Available from: http://repositorio.bc.ufg.br/handle/ri/7680
In 1951, in Copenhagen, the world laid witness to launching of a great ship, they agreed to call it SCOPE. Since that moment this ship has been the backbone of IFMSA, and what makes this ship special is its remarkable growth throughout the years.

Year after year, SCOPE’s captains charted new seas for the ship to sail on by creating new initiatives; we do this in order to open new opportunities that allow us to fuel our SCOPE passion. Although we share the creative seas with others, no one else can follow our sails, and this is what made this ship endure and thrive all these years - the continuity of creating new initiatives.

This year, SCOPE ship will set sail to new shores: Exchange in Multiple Departments (EMD), Longer Exchanges, IFMSA-IADS Exchanges, SCOPE-SCORE Exchanges and Trilateral Exchanges.

In this article I will talk in brief about SCOPE initiative for this year:

1. **Exchange in Multiple Departments (EMD):**
We believe in improvement of exchange experiences by giving the opportunity to a student to attend a professional exchange in 2 departments within a month. The periods spent in each department should be equal to 50% of the whole period of exchange not less than 2 weeks. This will not only let a student see 2 different departments, 2 different specialities, but also will help to better understand the Global Health aspect of a country they are attending. Now we have begun with the trial implementation phase and will keep you all updated.

2. **Longer duration of Exchanges:**
Striving for academic accreditation and recognition from universities has always been a huge part of SCOPE IT’s work. So, an advancement in that regard is having a Longer Duration of Exchanges, which is sending students off for exchanges that could last for 6 or 8 weeks. The main goal for the extension is increasing the learning opportunities that might be acquired by a student during an exchange, as well as the chances of getting academical credits and recognition from Universities.

3. **IFMSA-IADS Exchanges:**
This IFMSA-IADS Exchanges Initiative comes as a collaboration with the International Association of Dental Students and would allow medical students interested in a speciality in Maxillofacial Surgery or other similar areas to get a bit of understanding of the dentistry departments and specializations. Meanwhile, IFMSA will allow dentist students to be involved in medical areas such as Traumatology, Otolaryngology, Emergency Medicine, Oral-maxillofacial surgery and others. We hope that this collaboration will be fruitful not only for both organizations but also for the students who want to specialize in these areas.
4. SCOPE-SCORE Exchanges:
The SCORE and SCOPE ITs are continuing this successful initiative and want you to keep reviewing your interest in participating in the 2019 SCOPE/SCORE exchanges. This type of exchange would involve two NMOs in which one would send a student on a research exchange (SCORE) to the other NMO while receiving a student on a clinical exchange (SCOPE) from that other NMO.

5. Trilateral Exchanges:
In 2015, SCOPE IT built the cornerstone for this initiative which is supposed to help in decreasing of the amount of the unused AFs. To make the long story short, a Trilateral exchange gives the chance to offer the NMOs unused AFs to other NMOs which can use them, and in return, they get other AFs that are desired by their outgoing students. In the end, increasing accessibility and sustainability of our exchanges. The concept of Trilateral Exchanges is quite complicated, that’s why we are changing it. The updates are coming very soon!

To sum up, we in SCOPE are maybe taking a step into the unknown, but we always keep our eyes focused on where we want to go, which is creating new exchange opportunities.

Fear’s greatest purpose is to alert us to potential danger; however, the greatest trap is allowing fear to prevent us from sailing our ship forward. Most fears are irrational and crop up when we try something new and our ego is threatened by a possible change; so we take note of any real danger. Acknowledge the irrational fear that is trying to protect our ship, thank it, park it, and move on. Then we use our motivation, power, and time to advance our initiative and take the next step. So in the end, the real thing that matters is moving forward, and we are ready to do this and hope it will be beneficial for all of us, all of you and all the students around the world.
Be the change you want to see in the world!

John Lennon, in one of his sayings, mentioned that it is a lack of responsibility to expect someone to do things for us. In this text, I come to reaffirm and demonstrate to the IFMSA interchange coordinators that all the dedicated effort is worth it.

I have been the local exchange coordinator in IFMSA Brazil for six months, and I can say that during my short experience, being an LEO was one of the best choices I made within the opportunities that the undergraduate curriculum offered me and I am sure that other IFMSA exchange coordinators also share the same opinion.

It all started when I entered medical school, listened to and read stories of people doing exchange programs. I always believed that in order to do it, it would require lots of money. It was utopian for me. However, through friends, I heard of IFMSA, which aroused my immediate interest, an international organization that makes it possible to perform clinical/surgical exchange and also exchange research at an extremely affordable price!

I was informed about the organization, and I looked for ways to be a member. That was when I had the surprise that my college was affiliated! However, along with this incredible news, it also came with a negative aspect which was that the exchange committee of my institution was about to be shut down! It was no longer receiving incomings, nor was it capable anymore of sending outgoings. It was about to stop being a full committee.

It was challenging to accept that situation, but there was an alternative: to be the person responsible for changing all those problems. However, the condition was extremely critical. In addition to the personal effort, I would have to be lucky enough to be able to reverse the case, because my knowledge about IFMSA was minimal, and I did not have what it took to take on this role. However, what choice did I really have? I accepted the challenge without thinking twice! I took over the post, and within a week, I already received a database notification of an incoming intended to come.

It was one of the strangest feelings I’ve had in those six months; I had the chance to do, in one week, what the committee had failed to accomplish in a year. However, the despair came soon after; this chance would be wasted because I did not have enough knowledge to understand and use the database!

It was then that I realized the power and strength of the union of all the members of IFMSA Brazil. They welcomed me and gave me all the necessary training to receive this incoming and modify the situation of the committee of my college. I had the opportunity to talk to other medical students from several colleges in Brazil, students from different states and with entirely different cultures, people that I would never imagine meeting and sharing experiences with.

I am sure that other students have already
gone, or will one day go, through a similar situation. It is with great pleasure that I share this experience because all the effort we make in the committee, one day the benefit will come back to us, besides being immensely gratifying to receive a person and have the opportunity to know a new culture. Thus, I know that there are several obstacles to achieving a dream, whatever its obstacle, know that IFMSA will always be willing to help you overcome it!

**Two Is Better Than One: How SCOPE and SCORE ITs are working together for mutual development**

Gabriela Dias Silva Dutra Macedo, Ashmeet Sachdev
IFMSA Brazil, MSAI India

Exchanges are a brilliant way to live a different experience while learning about medicine and other cultures. The two siblings, SCOPE and SCORE, are quite similar when it comes to bureaucracy, documents, contracts and database, in addition to the main objective: making thousands of medical students dreams come true. In the past year, over 14000 students have taken part in IFMSA exchanges. And if it wasn't for those two siblings working together, the success rate wouldn't be that big.

But why should those two Standing Committees work together if they are very well established? The answer is simple: two is better than one! Two minds working in solving an issue or developing a new idea flow much faster than only one. Therefore, help each other developments increases the progress rate. And that’s what we keep on doing!

Few of the many Examples of the two Sibling Committees, working together to further expansion of the Blue Family can be seen below:

1. Combined Capacity Building:

The two main Exchange related Trainings are the TNET (Training new Exchange Trainers) and the PRET (Professional and Research Exchange Training). These two workshops sensitize and rain exchange officers or enthusiasts to help run exchanges in their NMOs and also help foster the soft-skills required to do so! Such trainings are held throughout the year, all over the world as a joint attempt by the two standing committees. The SCOPE and SCORE International Teams work together to help Organising Committees develop and hold their own trainings. Together, Intercultural Learning, Global Health, Leadership and managerial Soft skills and other such virtues are celebrated and discussed in this amazing environment of knowledge, growth, global respect and lots and lots of Blue Love!
2. ExWeek:

If you are an Exchange Enthusiast who's obsessed with the colour blue, then the ExWeek is probably the best time of the year for you! The ExWeek, is one week in the year dedicated solely to the promotion of exchanges using various social media platforms along with local events and activities. All the NMOs come together to promote, celebrate and learn about the many aspects of exchanges dealt with in various NMOs. Topics such as academic quality, social programme and team spirits between all the exchange officers all around the world are widely discussed! What is more interesting and important, this year we are going to direct our ExWeek a lot towards external representation, so that we won't only discuss exchanges within exchanges people. So, stay tuned!

3. Advocacy:

Definitely it is not a mystery that this word has a huge meaning in IFMSA Exchanges life. Daily the SCOPE and SCORE IT receive messages and/or e-mails from National Officers struggling with and sometimes even succeeding in this topic. Advocacy is the ability of transmitting your idea, vision and message, fighting to get what you want or need. Therefore, this is important for us. As said before: together we are stronger! The two Standing Committees have been working together on ways to improve the Advocacy skills of the Exchange Officers all around the world. How? During TNETs, PRETs, Regional Sessions, Online Meetings and Webinars about it. Why? To have even better exchanges and to empower local officers to get more motivated and willing to teach tutors/hospitals. To make people's dream even more special. And, most important, to make those students get in touch with Global Health and advocate for it. Advocacy is not just a simple word in exchanges daily life. It's a feeling of a better future to come.

4. SCOPE-SCORE Exchanges:

This is a relatively new project initiated by the SCOPE and SCORE ITs. This type of exchange would involve two NMOs in which one would send a student on a research exchange to the other NMO while receiving a student on a clinical exchange from that other NMO. The main goal of this type of exchange would be to offer our medical students from countries without research infrastructure access to scientific research. This would not only help spread opportunities and bring about equality in experiences, but also increase the impact and sustainability of our exchanges.

Working together for the various projects mentioned above gives the exchanges family a strength that no other committees in IFMSA have. The strength of having Two Better than One! The work, mutual love, and collaboration not only helps leading to a more productive outcome, but also helps to instill a sense of family, support and love that makes the whole working process all the more nurturing and fun! We are very proud of all the work the two SCs have done in the past and can’t wait to see where the mutual love and collaboration will take us!
Message from the SCOPH Director

Katja Čič
Director on Public Health

Dear orange-hearted public health enthusiasts,

I am very happy to share with you the 39th edition of our MSI and it is my greatest pleasure to welcome you to the Standing Committee on Public Health section.

In the past few years, I have had the amazing opportunity and the incredible privilege of discovering so many activities that are being organized worldwide, as well as seeing the orange threads that bring us together to learn, explore, build skills, and share ideas to address different public and global health issues. It is heartwarming to see all the wonderful SCOPHeroes making an impact in the world, one activity at a time.

What makes being a SCOPHero even more special is that international collaboration is always within reach. Watching the outstanding efforts of our members taking the unique chance to develop as healthcare students and as future healthcare professionals by building capacity, taking part in community-based and peer-to-peer learning, managing activities and actively advocating for their beliefs, is immensely inspiring.

In this section, you will have the opportunity to gain much insight into the lives of members on this amazing orange Standing Committee. The MSI is like a mirror, reflecting our work and offering us a little glimpse into the captivating endeavours of SCOPHeroes and their various public health initiatives. Through this looking glass, we are able to share the best practices, growth in knowledge, and experience as individuals; this will ultimately prepare us to face global health issues together.

I would like to express my gratitude to the authors of the contributions found on the following pages - your efforts represent the spirit of SCOPH and it is wonderful to see how the orange energy translates into words.

I also invite the readers to pay close attention to the stories of SCOPHeroes who contributed towards our vision and lived the reality of “think globally, act locally.” The articles you are about to read reflect a wide range of different activities and experiences from our members around the world.

Wishing everyone an inspiring read and lots of enjoyment perusing these following pages!

Lots and lots of orange hugs,
Katja

On behalf of the SCOPH International Team: Tarek, Anna, Omnia, Sarah, Michelle, Natasha, Ghaidaa, Blanca, Vicky, Teddy and Charlotte
Non-communicable diseases (NCDs) represent a significant and often overlooked challenge when it comes to public health. Noncommunicable diseases (NCDs) cause 71% of all deaths globally. Each year, 15 million people die from NCDs between the ages of 30 and 69 years; over 85% of these “premature” deaths occur in low- and middle-income countries. The situation has become so grave that many NCDs have been declared as epidemics in these countries, including Pakistan.

Despite being such a drastic issue, there exists a lack of initiative when it comes to combating NCDs primarily due to a reluctance of public participation. The only “cure” for NCDs lies in a lifestyle change, yet people remain woefully ignorant of the threat of NCDs and turn a blind eye to the simple fact: our greatest weapon in our fight against disease is not our ability to cure them, rather, it is the foresight to prevent them. To prevent NCDs our efforts need to be directed towards raising awareness and the bulk of these efforts need to be directed towards the part of the population that can make a significant difference in the future, adolescents and young adults between 13-25 years of age.

This is precisely the reason why we initiated Schools 4 Change, which is a youth-centered program that aims to sensitize schools about NCDs and their risk factors. Schools 4 Change is an intervention that aspires to; (1) Educate students about the risk factors that contribute to non-communicable diseases; (2) Guide them to protect themselves from these risk factors through extensive workshops; (3) Empower students to disseminate the knowledge received in this program to their peers through peer-peer training. The Schools 4 Change program is a Training of Trainers (ToT) to Training of Peers (ToP). A set of medical students were selected as volunteers and trained by professionals in early November 2018. These volunteers then delivered a two-day training module to 34 high-school students on 15-16 November 2018. In the first phase, they were informed of the risk factors of NCDs and how to prevent them. In the second phase, the program enabled these students to disseminate their knowledge and teach their class fellows through classroom discussions. We believe that more than 500 students became more aware of these issues through group discussions. According to the data collected by the evaluation officer after a month, we found that:

More than 10% students reduced the consumption of the following food groups: bakery items, soft drinks, solid fats, packaged snacks and fried foods. 2. 67% of the students said that they were now better able to read nutrition labels on packaged food items. 3. 20.3% of the students said that they started taking up moderate forms of exercise within their lifestyle. 4. 91.4% of the students agreed that the activity was relevant for their age bracket.
and 94.7% wanted more activities like so to continue. The activity was deemed an absolute success from our side, considering the results of our evaluation and the subsequent impact. The results derived from the project can be passed onto other schools to help them design and implement policies that can prevent NCDs and promote a healthy lifestyle among its students. The trained students can be utilized for further training within their school or in other schools. A set of guidelines was developed by the organizing team that consisted of interventions that the school can adopt to develop an environment which will promote the overall health of its students, such as introducing healthier foods in the school cafeterias, promoting physical activity and sports in schools, and ensuring there are no shops selling cigarettes in the school vicinity. These guidelines were developed with the help of relevant data and reports of international organizations, best practices from other countries, the guidance of public health experts and data collected by the evaluation officer.

The training was conducted by the organizers and volunteers, all medical students from Army Medical College. The entire program was conducted in Army Public School & College, Rawalpindi and we are extremely grateful to the school administration for letting us carry out the project. The project was successfully conducted in collaboration with the Together We Can Foundation that provided technical and administrative support, volunteers and resource development. The project was sponsored by the United States Embassy through the Kennedy-Lugar Youth Exchange and Study Alumni Program.

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**Smiles Mail: Taking Action to Promote Mental Health for Medical Students**

Priscila Pegoretti
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Alice Tabita
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IFMSA Brazil

There is a high rate of suicide among medical students and physicians; according to Simon and Lumry [1], this may be because they suppress feelings and have more effective methods to carry out the act of suicide. In the case of medical students who usually have long hours of class, they may turn to alcohol as an escape. Another point to consider in this issue is that according Centro de Valorização da Vida (CVV), students rarely share their feelings or express compliments to each other [2]. In response to this issue, IFMSA Brazil - Fundação Universidade Regional de Blumenau (FURB) carried out a simple yet powerful campaign to raise awareness on suicide prevention; the Yellow September campaign [3] reached students from the 1st to the 8th phase of medicine at FURB. This programme was developed so that students could anonymously express their thoughts and feelings in the form of yellow tickets, which was the symbolic color of the month. The campaign aimed to strengthen ties between medical students and to convey messages of love and affection.
addition, the action aimed to show how important it is to give value and attention to the people with whom we share precious moments, which is especially important given the stress of medical school. We held this activity for a week during Suicide Prevention Month; during this time, students could write yellow cards to their peers and colleagues. This was held at the entrance to the Health Center block, where all classes from the first to the eighth period were held. The academic representatives who assisted in the organisation of the campaign were divided in pairs to supervise. Specifically, the activity was held during lunch period giving ample time for students to participate. At the end of the week, the cards were delivered in classes from the first to the eighth periods of the medical course. There was also publicity carried out which aimed to encourage participation -- this consisted of posting flyers on social media before and during the week of the campaign. Furthermore, it is important to note that participants of this activity were also exposed to these issues on mental health through reading articles on this topic, in addition to attending lectures to broaden their understanding and encouraging action to be taken.

As mentioned previously, we must understand the difficulties that medical students face, such as limited leisure time and contact with friends or lack of time and inclination for social life. Their hours are being consumed by the desire for better grades, places in extracurricular leagues, international internships, and the concern with the imminent medical residency. These factors may contribute to a hypothetical tragic solution: suicide. One factor that accounts for this is the high rate of suicides - 39 per 100,000 suicides - at Faculdade de Medicina da Universidade de São Paulo (FMUSP) medical students each year. This number, which is similar to the highest global coefficients, is almost five times higher than the rate in the city of São Paulo which has an average of 8.8 per 100 thousand inhabitants each year [4]. Through the “Correio dos Sorrisos” project, we hope that we can relieve, even momentarily, the pressure on our fellow students. The happiness felt in the classrooms at the moments when the cards were delivered, the cheerful countenances, and the hugs as a result of this activity were what demonstrated the immediate success of the action promoted. During a conversation with some of the participants, it was reported that they would not deprive anyone in their respective rooms from receiving a card, that is, it was common to see the students asking for information about who had not received a card so that they could write these people a warm message. This attitude demonstrates a significant increase in the empathy, which hopefully trumps the competitiveness and indifference that were previously identified among students.

References:
You are a physician at your private clinic when your 3 p.m. appointment arrives looking scared and worried. He informs you that he is “worried people would find out he is seeing you.” You assure him of your clinic’s confidentiality and begin with the consultation. However, the only information that he will divulge is that he is “fine”, and that there’s nothing wrong. With that, he leaves. As a physician, you wonder what you can do to help him because in your culture, talking about physical illnesses is taboo, and seeing a physician is seen as shameful.

To the few of you that would say that these things don’t exist in our world, replace the word “physician” with “psychologist”, the word “physical” with “mental”, and then ask yourself again, could this situation happen in our world today?

In the Eastern Mediterranean Region (EMR), mental health is a prioritized concern. Therefore, the Standing Committee on Public Health (SCOPH) in the Lebanese Medical Students’ International Committee (LeMSIC) is currently hosting a mental health awareness campaign tackling this stigma specifically. Between November of 2018 and January of 2019, LeMSIC - SCOPHeroes are coming together to raise awareness on mental health issues among their collegiate peers, provide basic trainings on how to detect those in mental distress, and to encourage the general public by telling each one to speak up and “Free Your Mind.”

This national event, hosted at five universities, aims to raise awareness about mental health and the importance of a healthy mental well being. This three-day campaign is being held to put emphasis on the stigma that revolves mental health issues and try to absolve it by encouraging the general university population to seek guidance to speak about their triggers. In addition, this campaign hosted a variety of soft skills workshops and talks that allowed medical students to be more clinically introduced to mental health issues and how to be able to emotionally manage their stressful medical education.

EMBRACE, a Lebanese NGO dealing with mental health and an external collaborator for this activity, has declared that 1 out of 4 people in Lebanon [1] will experience a mental health problem throughout their lifetime; EMBRACE also reports that 26% of Lebanese adults met at least one of the criteria for diagnosing depression with 10.5% having more than one disorder in 2008 [1]. The latter highlights the prevalence of such illnesses in Lebanon which explains the great need for an activity like ours.

Through this mental health campaign, we aimed to increase the knowledge revolving around basic principles of mental health such a stress, anxiety, depression, and eating disorders. By holding awareness booths, distributing flyers and bracelets,
and introducing the university students to EMBRACE as an NGO with free guidance and counseling, LeMSIC - SCOPH was able to impact around 500 students per Local Committee. Following this, huge emphasis was placed on educating and enabling medical students. By creating this capacity-building opportunity, medical students were able to receive help, detect, and help those with mental health problems mainly depressive disorders and anxiety disorders.

The LeMSIC - SCOPH Committee held workshops with 60 medical students each to discuss mental health topics. Following so, 5 subgroups discussions were opened with 12 people in each to learn how to provide basic guidance and encourage them to get guidance if needed themselves. After so, we organized an open lecture to highlight the triggering events related to a medical student’s lifestyle and how to overcome them. The usage of experienced facilitators such as clinical psychiatrists and the Dean of the Faculty of Psychology from one of the LCs gave credibility that was essential for this activity.

However, all of these details revolving around the event will never mount up to seeing first hand the impact this activity has lead to. Students from the faculties of pharmacy and dentistry have approached LeMSIC requesting a chance to be a part of this workshop. It is at moments like these when you truly appreciate the intrinsic humanistic element in people. It is when people unite - despite their difference - to fight the stigma created by past toxic generations whose repercussions still affect us today. By empowering members of our society and providing a safe space, this is the greatest goal any IFMSA activity could achieve; we hope that this will inspire others to be their own triggering spark for change.

Reference
When a child is ill, it is also up to the family and medical professionals to not just examine the pathology but also care for the mental and emotional health; sometimes, the latter is regrettably forgotten. Their mental health may be worsened if the child needs to be hospitalized [1].

In response to this challenge, IFMSA Brazil founded the Teddy Bear Hospital Project in 2003, which aims to reduce pediatric patients' fear of the hospital environment, medical professionals, and the often-daunting procedures of their specific treatments. [2] To achieve this goal, play therapy is used, which is a therapeutic method that happens by the creation of joy and fun through the use of toys. [3] With this in mind, medical students role-play by pretending that the teddy bears are the patients and that the children are the care providers, so that the children can in turn care for their “patients”’ anxieties and insecurities regarding hospital treatment. [4] Furthermore, the Teddy Bear Hospital Project contributes to the development of empathy and communication abilities of the medical students, which is very important, so the best course of treatment can be chosen and the patient’s anxiety is relieved. [2]

Another way to care for the mental health of the hospitalized children is clown therapy. Clowns interact with the patient spontaneously, with humor and creativity, relieving the stress caused by hospitalization and providing sick children another avenue to emotional expression and social interaction.[5,6]

With this in mind, the local committee IFMSA Brazil Fortaleza University (UNIFOR)’s SCOPH decided to honor the Children’s Day with an action with hospitalized children. The committee chose to host the Teddy Bear Hospital with clown therapy and make a joyful and reconforting visit, while also aiming to reduce the fear for procedures and professionals necessary for their medical care.

At first, there was a meeting with the head of the hospital where the programme took place. The details of the event were discussed, including the date that the event would be held on, the materials that would be needed, and how the programme would be carried out. Then, various institutions were contacted, and donation spots to collect teddy bears were set up across the city. The idea was to gift each kid with the teddy bear that the treated, avoiding reuse by other children and preventing potential risks of infection transmitted by the teddy bears. Over 100 teddy bears were raised, however, when the committee arrived for the activity, the Hospitalar Infection Control Committee did not allow the entrance of the teddy bears in the hospital. Initially, there was a lot of disappointment on part of the organizers of the programme, however, it was decided that the opportunity to honor Children’s Day should not be wasted.
Members of the committee visited the children, with clown clothes and instead of the bears as patients, they became the patients while the children acted like their doctors. And then, the children interacted intensely with all of the ‘clown patients’. They applied fake injections and bandages, measured the clown’s temperature, and also performed other procedures that are usually performed on them. Although these procedures are often the cause for fear and stress among the children, in that situations, they were amusing and fun. It made their day brighter and taught us how to deal with adversities as medical students and future health professionals.

This activity reinforced the importance of psychosocial interventions to decrease the injure in hospitalized children, as Garcia describes. [7] The play therapy was successfully applied in that environment, that accordingly to Zannon [8] is capable of depersonalizing the infant being and reinforcing depressive behaviours. With this in mind, the children were sometimes found to be bored, angry, or in pain; after our visit, these negative feelings gone or relieved. Therefore, the Clown Hospital activity was very relevant because of the need to give the children an opportunity to act like children even under the most adverse circumstances, relieving pain and stress from the hospital environment. Activities like this one should happen more often, in order to keep reminding the students about the importance of caring for the mental health of hospitalized children, and to keep offering those children an outlet for their negative feelings.

Bibliographic references:


Joy for an island: Local impact of community service

Lilian Teresa Pimentel
Mariand Mendez
ODEM - Dominican Republic

Service to others is the rent you pay for your room here on earth.
-Muhammad Ali

The Dominican Republic (DR) is an upper middle-income country located in the Greater Antilles of the Caribbean and shares Hispaniola island with the country of Haiti. Although globally recognized as a luxurious touristic destination with dancing and beautiful beaches, it is not an affluent paradise for all residents. The Central Intelligence Agency estimated that 30.5% of the Dominican population fell under the international poverty line (US$1.90 per day) in 2016 [1]. Low socioeconomic status has been linked to health disparities and limited access to basic necessities, such as proper nutrition and housing, which directly affects the overall health status of individuals.

In order to address this challenge and fulfil the mission of training health providers committed to community service, the Standing Committee on Public Health (SCOPH) of the Dominican Medical Student Organization (IFMSA-Dominican Republic, ODEM) created Joy for an Island, a medical outreach campaign to support vulnerable communities of the Dominican Republic. Most communities are located close to bateyes, which are shanty-town camps where sugarcane laborers live with limited resources and access to health care services. Joy for an Island is a one-day campaign that offers gratuitous medical services to all community members through five simultaneous stations. These stations include: 1) triage areas, where third- and fourth-year medical students register patients and take vital signs; 2) medical consultations, where eight physicians complete patients' medical histories and physical examinations, diagnose, and prescribe the appropriate treatment; 3) medication areas, where physicians distribute prescribed medications based on availability; 4) dentistry areas, where dentists perform dental prophylaxis, extraction, or other procedures (e.g., root canal); and 5) pediatric activity areas, where medical students coordinate the My Body is Mine activity to identify child abuse.

Since July 2018, the Joy for an Island initiative has been held twice. The first campaign was coordinated in the Batey Cinco Casas community of Sabana Grande de Boya, serving a total of 250 patients. However, we acknowledged that this community did not
did not have the minimum levels of sanitation conditions, leading to residents living in precarious states. This observation motivated us to return and implement a second campaign a few months later. The second campaign had 40 volunteers (6 physicians, 4 dentists, 30 medical students), serving a total of 225 patients. The most frequently reported diseases were malnutrition, gastroenteritis, vaginal infections, and dermatologic conditions, which can generally be prevented and treated with existing medical interventions. Therefore, these ailments are linked to the consequences of poverty, such as poor nutrition, overcrowded living conditions, and limited access to health care services.

Furthermore, by working closely with community leaders, we have developed strong relationships and rapport with community residents, learning their priorities and health needs. ODEM members are determined to help more underserved communities, like Batey Cinco Casas, and expand Joy for an Island as a quarterly community initiative. Consequently, as ODEM members are active participants in these community service activities, their medical education will be advanced beyond providing traditional health care services in hospital settings but also low-resource communities. This will also train medical students to be competent physicians with strong interpersonal and teamwork skills, empathy and listening skills, and commitment for direct patient care.

Lastly, we believe that 21st century physicians should not only develop medical skills and aptitudes, but also be able to empathize and understand patients’ health needs through strong physician-patient interactions. Joy for an Island offers an opportunity to train empathetic physicians who provide patient-centered care, which can lead to improving overall health status and quality of life.

References
As a wise man once said: “Antibiotics are a double-edged weapon, always use it the right time, and in the right way.”
With an estimated 10 million deaths in 2050, antimicrobial resistance (AMR) is the public health problem of this century. Taking a closer look at AMR, we found that the leading cause is the uncontrolled consumption of antibiotics either by humans or animals.
In Morocco, antibiotic use is not controlled: people readily buy over-the-counter antibiotics from pharmacies, pharmacists sell them without requiring proof of prescription, and even when prescribed, doctors do so without adhering to the rules and regulations; this is not limited to just human use -- farmers give them to their animals.
The unregulated use of antibiotics is a major issue that is not limited to Morocco, but to many other countries around the world. During World Antibiotic Awareness Week this year, medical, pharmacy, and veterinary students of Morocco joined forces to raise awareness on the issue of antimicrobial resistance and to start a national campaign against improper bad antibiotic use. They started by organizing the first “National Congress of AMR” in Morocco, a two-day event which took place in the two biggest cities in the country - Casablanca and Rabat. The event was attended by more than 250 participants, with presence of national stakeholders such as the Ministry of Health, the World Health Organisation (WHO), the National Office of Food Security, the National Council of Veterinarians, and the National Congress of Pharmacists; there were also specialists and professors from various related domains, as well as reporters who covered the event in the media. The congress discussed the consumption and use of antibiotics in Morocco, including different strategies that could be used in and out of our country to combat this threat. There was also dialogue on the influence of antibiotic resistance on both human and animal health, and the most suitable ways to prevent antibiotic resistance.
Our members then started a national awareness campaign in collaboration with the WHO: they worked on designing posters and flyers with clear messages and points to remember regarding antibiotic use and reached out to schools, universities, and primary healthcare centers. At these public places, they talked to people in attempt to supplement their knowledge on proper and improper antibiotic use and on AMR-related risks. They also worked on a national media campaign with several articles in journals, radio shows as well as TV shows, the latest one has been in an hour-long episode of a show on risks of bad antibiotic use.
Next on, our members moved on to reach out to health students, holding awareness sessions and talks to students about their role as future health professionals to fight AMR. They highlighted the importance of being engaged and responsible as a health professional while dealing with antibiotics, pointing out some small recommendations to keep in mind and encouraging
to play an active role with patients in explaining about the right antibiotic use. Another aspect of work was to reach out to health professionals. Our members reached out to intensive care professors and worked on designing a one day training course to specializing doctors, general doctors and final year medical students on antibiotic usage according to the latest international recommendations. The design is yet to be completed so that training days will be organized in several cities of Morocco to have health professionals aware and better equipped to play an active role regarding antibiotic use. In the end, we have a saying in Morocco: “anything that exceeds its limits, gives its opposite effects”. That is the case with antibiotics and this is why it is our duty as future health leaders to keep fighting for a better use of antibiotics in order to ensure a future world with less AMR.

In the end, we have a saying in Morocco: “anything that exceeds its limits, gives its opposite effects”. That is the case with antibiotics and this is why it is our duty as future health leaders to keep fighting for a better use of antibiotics in order to ensure a future world with less AMR.

“POKEMON GO? MAKAN SEHAT, AKU KUAT, PIKA PIKA GOOO!” a slogan shouted by some of the elementary school’s students, when we, CIMSA Universitas Jember (UNEJ) members, came to their school. The slogan itself means to empower the kids to consume healthy meals in order to be strong as the Pokemon trainers who they usually watch during the weekend. Known as POKEMON (Program for Kids through Education and Management on Nutrition), this community’s initiative was implemented in 2016 and is now a sustainable project of our Local Committee, CIMSA UNEJ. Enrolled as one of the Non-Communicable Diseases activities in our CIMSA Program, POKEMON aims to improve the nutritional status of students in SDN Karangrejo V, Sumbersari, Jember, East Java. According to our previously conducted survey which also comprises of physical measurements, around 80% of the SDN Karangrejo V students tend to have nutritional status between normal to mild malnutrition which can be seen from their postures which are mostly thin and short. Meanwhile, students with better nutritional status and physical proportion are rarely found. Not to mention that Jember as one of the biggest states in East Java also considered as a state with one of the highest

Combating Malnutrition through POKEMON

Ashandi Triyoga Prawira and Endiningtyas CIMSA-ISMKI Indonesia

“POKEMON GO? MAKAN SEHAT, AKU KUAT, PIKA PIKA GOOO!” a slogan shouted by some of the elementary school’s students, when we, CIMSA Universitas Jember (UNEJ) members, came to their school. The slogan itself means to empower the kids to consume healthy meals in order to be strong as the Pokemon trainers who they usually watch during the weekend. Known as POKEMON (Program for Kids through Education and Management on Nutrition), this community’s initiative was implemented in 2016 and is now a sustainable project of our Local Committee, CIMSA UNEJ. Enrolled as one of the Non-Communicable Diseases activities in our CIMSA Program, POKEMON aims to improve the nutritional status of students in SDN Karangrejo V, Sumbersari, Jember, East Java. According to our previously conducted survey which also comprises of physical measurements, around 80% of the SDN Karangrejo V students tend to have nutritional status between normal to mild malnutrition which can be seen from their postures which are mostly thin and short. Meanwhile, students with better nutritional status and physical proportion are rarely found. Not to mention that Jember as one of the biggest states in East Java also considered as a state with one of the highest
malnutrition incident. Thus, we believe, our initiative will act as one of the solutions to the health burden in our region. In addition, our major goal is to facilitate SDN Karangrejo V in becoming the exemplary mention as “Healthiest School in Jember”.

Through POKEMON, we provide knowledge related to healthy food and healthy lifestyle to all of the students. Since our target group is a child, we tend to give the materials in the form of games or role play especially related to how Pokemon as a game works. We believe the activity can help the students to absorb as many as knowledges compared to a serious teaching method. Through the games, supported by our external partners, we can provide many kind of gifts especially stationery that make the students more attracted to play and learn.

Speaking of the intervention, our last one was on 8th September 2018, POKEMON provided guidance to prospective “dokter kecil” or little doctor at Karangrejo V Elementary School who will act as the peer educator or cadres. Those cadres would be called as “nutrisionis cilik” later on. There were 10 students from the 4th grade and 5 of them were very enthusiastic during the coaching activity. In the beginning, we made introductions with each of the prospective “nutrisionis cilik” and asked them one by one to come forward to introduce themselves. We believe that it would increase the confidence of each prospective “nutrisionis cilik” before they become the real cadres who educate friends, family, and their surroundings. The materials that we gave to them are material about “Tujuh Pembiasaan Hidup Bersih dan Sehat” (Seven Habits of healthy and clean lifestyle), UKS (School’s Health Unit), and introduction of “nutrisionis cilik” program in accordance with the Healthy School Program’s Handbook. Other than by games, but We also tend to gave ice breaking in the midst of giving material so that the prospective “nutrisionis cilik” are not getting bored.

In the future, we hope all the “nutrisionis cilik” at SDN Karangrejo V can influence their friends, families, and surroundings to live a healthier life especially in eradicating malnutrition in Jember. We believe that through this initiative, other schools could get inspired to have a similar program in empowering their students to do so. In closing, through Pokemon, we aspire to make greater, more significant contributions especially in terms of nutritional status which work towards the powerful vision of our organization, “empowering medical students and improving nation’s health.”
As a student interested in infectious diseases, I flew from Mexico to Panama City, where “Instituto Conmemorativo Gorgas de Estudios Superiores” would instruct me through clinical research on tropical medicine. I began my unconventional international internship, and was soon exposed to a different form of human vulnerability, as most patients enduring an infectious disease came from rural settings with low-income. Seeking to further comprehend the root of their diseases, I was led towards an indigenous community inhabiting on isolated islands in the Caribbean: the Kuna Yala.

I was traveling in a light aircraft towards Achutupu island within Kuna Yala province as facilitator for “Aid for Aids”, an international organization that works for the empowerment of vulnerable communities against HIV. [1] In the plane’s shaky seat I wondered what a difficult access community in extreme poverty looked like. Panama’s Multidimensional poverty rate in 2017 calculated that the country’s poverty incidence was of 19.9%; however, Kuna Yala as a region had an incidence of 91.4% and lacked on average 8 of the 17 indicators. [2] Dimensions of poverty became real as I took my first steps in the island, well aware of a community which is untrusting and reserved towards foreigners, both “waga” (Latin-Americans) and “mergi” (Caucasians). [3] I Continued indecisively on a dirt path amongst single roomed huts made out of bamboo, wooden pillars and palm tree leaf rooftops and stumbled across my first guide. His name was Yousel and was referred to as “fulo”, which stands for albino in Kuna. He is one of the many who endure oculocutaneous albinism in a hereditary autosomal recessive pattern with generalized hypopigmentation of skin, hair and eyes. Even though his strabismus and skin’s hypersensitivity clearly stands out, albinism itself isn’t a matter of conflict within the community and he is treated as any other member of the community. [4] Non-official estimation by foundation S.O.S Albino, calculates that 1 in 150 have albinism. [5] Among the teenagers and younger adults, I couldn’t help but notice presumably “omeguirs”. I assumed they were part of the “LGBTQ” community, as they were the only males with makeup and distinguishable fashion. Just like a modern society, Kuna’s are naturally open to different forms of sexual identity and gender preference. This group was particularly interested in HIV prevention speeches, understanding how a virus that arises outside Kuna Yala, could now spread among them. Especially as other members of the tribe constantly travel back and forth to other provinces in Panama. ONUAIDS’ reports in Panama a rise in HIV incidence of 9% since 2010. The highest prevalence groups in 2016 was among homosexuals with 13% and transgender with 15%. [6] Aggregating such risk exposure to a native society where HIV is considered taboo. The community’s
reaction of an unknown disease was explained by native HIV-positive, he and his brother were exposed to the virus 30 years ago through mother-child transmission, the complexity of a virus like HIV was so far from their known reality. Even now a day’s modern western approach to HIV is taken with discrepancy, as sorcery and traditional medicine have always been more feasible. Promoting fast diagnosis test and treatment adherence becomes a real far-fetched challenge and transmission increases as condoms are expensive and scarce.

Bridging the gap between scientific medicine and traditional sorcery are the Kuna Yala native physicians. They are able to balance both understanding of western medicine and Kuna Yala culture. A breakthrough considering previous problem faced with uncompromised Panamanian physicians who didn’t speak Kuna Yala language or understood its connotations. [7] If allowing pregnant mother to drink their traditional tea during their last trimester (a scientifically unknown and unstudied analgesic) will promote the formation of patient-physician relationship and consent to respond adequately to life-threatening decisions, including obstetrician emergency that may require helicopter transport towards Panama’s City hospital. The importance of such bond becomes more relevant when considering that 99% of maternal mortality occurs in developing countries; more than half occurring in fragile humanitarian settings. [8] On average 2-3 patients are flown monthly from reference Kuna Hospital, same that is unequipped for C-section surgery.

Analyzing afflictions of other cultures from afar, were it becomes simpler to disregard their problems and focus instead in the solution of more feasible national problems. Now as I look back at my international experience, I comprehend the importance of witnessing extreme poverty. In my case Kuna Yala evoked a passion that shifted my life’s priorities and created a sense of determination to serving those who suffer the must.

References:
One of the few biggest sacrifices that each of us can make for another human being’s health and life is bone marrow donation -- peripheral blood stem cells or the hip bone marrow donation. The gift of bone marrow donation is only possible with a “genetic twin” -- a recipient with tissue-compatible antigens identical to that of a donor; for a patient who suffers from a hematologic proliferative disease or other non-cancerous disease of the blood. Between December 10-14, 2018 at the Medical University of Lublin IFMSA-Poland LC Lublin, volunteers supported “Helpers Generation”, the 10th bone marrow registration campaign held by the DKMS Foundation which is one of the biggest donor databases in the world. The project aims to engage the academic community in the fight against blood cancers through educational initiatives and registration actions, which have so far managed to carry out almost 1,000 since the first edition in 2013. Within this project, more than 10,800 potential donors were registered, giving patients in need a chance for a healthy and disease-free life. During recruitment for the project, over 70 volunteers of many majors, including medicine, biomedicine, nursing, cosmetology, dentistry, pharmacy and obstetrics, signed up.

Our committee held a week-long campaign for the registration of bone marrow donors of the DKMS foundation, with both Polish and English-speaking volunteers of our Association helping out. Foreigners were initially limited in their role due to Polish language requirements. To address this challenge, we initiated the Bone Marrow Donation Week Campaign this year, during which English-speaking students could actively participate in the promotion of bone marrow database registration, peer education on donation, and procedures of registration in other countries. Volunteers encouraged potential bone marrow donors with the use of education materials translated into English, in six locations that this campaign was held in. The next stage of our campaign was the Bone Marrow Donation Lecture, mainly addressed to the foreign population. The lecture began with sharing by a bone marrow donor, Zuzanna Cazarnota. Zuzanna is a student at the Medical University of Lublin; she talked about her history after successful registration to the database of potential donors, the bone marrow collection procedure, unusual stories of encounters and contact of genetic twins crossing cultural and national borders, as well as mutual support of donors and annual meetings of these real heroes. Next, we familiarised participants with the most common diseases requiring transplant procedures, statistics related to the probability of finding a genetic twin during their life, and qualifying and disqualifying factors for potential donors. After this, we presented the opportunities for English-speaking students to register in the home countries, including Thailand, Taiwan, Saudi Arabia, and the United States. In this part of the lecture, we learned how diverse the patients in need were.
registering are and how the registration process around the world differs. In Saudi Arabia, great importance is attached to education of the public, whereas in Thailand, the organization of Red Cross is responsible for the registration of bone marrow donors; interestingly enough, in Taiwan, the Buddhist Tzu Chi Center holds monthly donation events, and instead of swabbing the cheek the material from peripheral blood is used for tissue typing. The participants of our campaign praised the authenticity of the project and the inclusion of both medical and social aspects on the topic, which overall encouraged them to register with their home databases and to further engage in the dissemination of information on bone marrow dissemination. To sum up the statistics of the campaign in our University, we managed to register, within five days, 244 new potential donors -- not only students and lecturers of our university, but also people from outside the academic community. We hope that this campaign will spark long-term cooperation between the DKMS Foundation and IFMSA-Poland LC Lublin.

**Health Within Reach of Your Hands**

Ana Carolina Porciúncula, Isadora Gobbi, Joanna Portela Cardoso, Larissa de Lima Araujo, Morgana Schwingel

*IFMSA Brazil*

**INTRODUCTION**

The economic and social conditions of a country reflect the condition of the population’s health. Since Brazil is a nation that is still in development, a lot of its inequalities can be observed, for example, in poor conditions of sanitation and emergencies regarding parasitic diseases. Although parasites are often overlooked as a source of disease, 37% of the inhabitants of Caxias do Sul are affected by them [1], representing the third main cause of hospital internment in the South region of Brazil and the second on the Northeast region [2]. With the prevalence of those diseases in mind, and the high effectiveness that education has on prevention, IFMSA Brazil UCS along with the Pharmacy course of University de Caxias do Sul (UCS) decided to promote education on prevention of parasite-related disease at a local school, in an engaging way between the students of the school and representatives from the university.

**OBJECTIVES**

The goals were to give clarification and guidelines for third- and fifth-grade students at the Luiza Morelli Elementary School on sanitation and hygiene, food and clothes. Information on common helminths
and insects in parasite-related disease such as the louse was also given. Children's doubts about the basic hygiene care should be clarified in an objective and interactive mode. Moreover, we aimed to talk about how to proceed to identify parasites, what are the first attitudes and safety precautions that should be carried out. It is to highlight the importance of washing hands, daily showers, fruits cleaning, and cleaning specially vegetables, as well as hygiene of bed clothes and the clothes that were daily used, nails cut and capilar care. Summing up, we aimed to show, in a dynamic way, the relevance of personal health and how the person is responsible, equality, for their health evolves in the future.

EXPERIENCE REPORT
On the morning of September 19, 2018, the engagement of education activities with the students began. Along with one of the teachers, Cristiane Trevisol, the students were divided into three groups: students in the first group used baby powder representing bacteria and viruses, to show how easily they can be transmitted from one person to another; students in the second group had to wash their hands blindfolded and with paint to see whether they performed well, demonstrating the importance hand-washing; students in the third group experienced a theatre activity where a student from IFMSA Brazil UCS dressed as a louse, helping them to understand how such diseases may be transmitted and how it may be prevented. After the activities, they were given candy and balloons, ending the morning happily.

OUTCOMES/DISCUSSION
Before the event, a parasitological examination of feces was made through the children from the school, and about 40% were positive, showing how much they needed this information to be brought to them. At the start of every activity, when the children were asked about their knowledge on the matters we were about to teach them, they showed very little comprehension on the subjects. A very large number of them thought that parasitic diseases could be transmitted simply by touch or talking to someone infected, and the first ones to wash their hands in paint left large portions of blank spaces. After the explanation and the games, they seemed to understand very much of what they learned, since the teacher asked a few questions on what we taught them, and scored 100% on the mini quiz.

CONCLUSION
All the kids had very positive attitudes and demonstrated keenness to learn. Their misconceptions regarding disease transmission and hygiene were corrected, and they learned new knowledge with enthusiasm. For example, they were extremely eager to show their peers proper handwashing techniques. Therefore, the project was a great success and received a great feedback from both teachers and students alike. The efficiency of the campaign will be evaluated for the next months, with the parasitological exam of feces repeated.

REFERENCES
SCORALicious

SCORA
Sexual & Reproductive Health and Rights including HIV & AIDS
Message from the SCORA Director

Iheb Jemel
Director on Sexual and Reproductive Rights including HIV/AIDS

Dear SCORAngels,

MSI is one of the greatest opportunities that IFMSA provides us. Not only it is a platform to submit your own articles to inspire the world, but also an opportunity to read on Sexual and Reproductive Health and rights, Medical Education, Public Health and all different healthcare topicalities that we work on within our federation.

In this section, many of our most inspiring members shared articles tackling different aspects of SRHR including but not limited to Gender identities, discrimination against people living with HIV and more. Please take your time to go through these great reads. I hope you find them inspiring and beneficial.

Much love,
Iheb
Campaigns involving issues such as HIV/AIDS address a current theme that’s increasingly recognized as an important factor to promote the quality of life of people and reduce the intrinsic prejudice in society, as it allows to take knowledge of the subject comprehensively to the community and with that, reduce rates of people carrying the virus without knowledge about it.

It’s also reflected in the fact that because of its epidemiological history, HIV infections, unfortunately, determined by prejudice, stigma and contempt on the part of society, in this way, social and professional among others, compromising all work of medical control and social support networks.

According to a report released by the United Nations Programme on HIV/AIDS (UNAIDS), the number of new global virus infections has dropped only 18% in the last seven years - from 2.2 million in 2010 to 1.8 million in 2017, however the most alarming data results from the stagnation of rulers in the development area of policies and interventions in public health.

Nevertheless, the UNAIDS program recognizes Brazil as a world reference in the control of the syndrome, for not only being the first country to offer a combination of treatment, but also guarantees universal access to it. In this sense, through the Candlelight Memorial Day campaign, the aim was to understand the importance of having a space for debate about any social sphere that includes people with HIV/AIDS, based on the concern that it is not just a social exclusion that fosters structural violence and hampers the promotion and prevention of marginalized populations.

As a methodology, the campaign was structured from the social networks. The training was held by an infectious diseases specialist who highlighted the HIV/AIDS history, treatment, prevention and diagnosis. The day of action happened on the college campus. The participants helped set up the memorial, lit the candles and then were divided into small groups to talk to the people. They circulated with Ministry of Health folders explaining to people what candlelights and the information learned in the training. After a brief explanatory conversation, the group also distributed condoms emphasizing the importance of safe sex. In addition, the group of participants tried to deconstruct any manifestation of prejudices by applying the questionnaire to assess the impact.

The campaign carried out by the local committee IFMSA Brazil Unicesumar and had its repercussion evaluated through computed and interpreted data. In fact,
those who participated in the interview were adequately informed and educated according to the information contained in the questionnaire and the knowledge acquired in the training.

Approximately 100 people were approached and through these, the following results were achieved: practically 50% of people had sex without a condom and only 5% said they always use condoms. When questioning about the difference between HIV/AIDS, 24% didn’t know about the differences between both. Regarding the forms of transmission, only 14% believe that HIV is transmitted by breast milk, 23% through vaginal secretions, 32% through semen and 43% through blood transmission.

In addition, 40% of people said they wouldn’t be related to another carrier of the virus and about 20% said they’d be afraid to live with an HIV positive. A final form of analysis was to verify the respondent’s reaction by telling them that one of the interviewers had HIV. The data for this question were the following: no person moved away, 20% of people were silent, 10% didn’t change their expression, and 15% had an empathic reaction. The remainder wasn’t addressed with this reflection at the option of the interviewer.

Thus, it’s noted that it was a very expressive percentage, especially when it becomes worrying in the analysis of the university environment, where it’s assumed that people have knowledge beyond common sense. An alarming point is the relationship between the fact that nearly 45% of respondents see HIV transmission by blood transfusion as common, less likely today, to the detriment of 32% of semen, that is, through the sexual route, the most approached.

According to what was proposed, the search for knowledge related to HIV/AIDS, as well as the personal and professional deconstruction that this theme carries with it was perceived through the activity. It was observed by the participants that even within the academic world, knowledge related to the subject was scarce. In addition, it was noted a difficulty at the time of the interview, that’s, many were disinterested or denied the approach. This project, on all parameters, was a good way to bring students scientific knowledge to the practical and to demonstrate how challenging the communication and information on a subject that is still veiled and fraught with prejudice.

References


3. ONU aponta Brasil como referência mundial no controle da Aids, Governo do Brasil, 14 jul. 2015.
**Introduction:**

The feminist empowerment agenda has grown over the years, gaining more and more space and raising awareness among men and women. Still, women can still be educated in an interdisciplinary way to better understand their bodies and the importance of feminism to society. The project “On Wednesdays we use pink” was conceived and developed by women, focusing on women and through workshops it was possible to address topics of interest to the participating women.

The breast cancer is a disease caused by an abnormal growth of breast cells, creating a tumor. In Brazil, 59,700 new cases of breast cancer are estimated for each year, with an estimated risk of 56, and 33 cases every 100,000 women. This type of cancer still cannot be prevented; however, it can be diagnosed early. For that, it is recommended that women know their body since the youth. The self-breast examination, nowadays, should be called self-care and be made at least once a month, preferably, on the same day every month so that women can be familiarized with their breasts.

A virus known as HPV (Human Papillomavirus) is a sexually transmitted virus found frequently in the genital region of men and women. The infection from HPV, normally does not cause symptoms, but, when warts emerge, some discomfort can be noticed. However, the internal lesion (in the vagina and cervix) are completely asymptomatic. Therefore, women must perform the Pap Smear, a preventive exam that tracks cancer precursor lesions located in cervix even if the patient shows no symptoms.

The violence against women consists in every act that results in death or any sexual, physical or psychological damage against them. This type of violence strikes a specific group, having their gender as the reason for the assault. In other words, this violence is due to women nature itself. Female empowerment and the promotion of gender equity are guarantees for increasing women’s life quality, gives them power and helps them achieving their individual strength. Therefore, they are able to develop and grow their role in society. Thus, women shall be aware of their own health, reaching their empowerment.

Due to society misinformation about women’s health, developing a project focused on female audience was essential. The discussion pointed out some important topics as breast cancer and self-exam, cervical cancer and Pap Smear, violence against women and female empowerment. The purpose of this project was to bring...
awareness for the female audiences about those subjects and make interactive activities with them. Pelvic gymnastics and a makeup course were some of the activities provided. Candlelight memorial was made and offered to victims of violence, showing them that they were not forgotten.

**Aims:**

The aim of the project is to promote reflections and the dialogue on issues involving women's health through pelvic gymnastics and discussions about social issues and female empowerment. We aim to promote the awareness about all forms of violence against women and also inequality of rights between sexes by underscoring the impact of these about society today.

**Methods and Results:**

At the beginning and at the end of the event, audiences was given the same questionnaires which served as registration for the campaign and also as a model of impact assessment. The total audience was 55 people. The initial questionnaire from Google Forms was used for impact assessment and for entry. Results of the questionnaire is available at Table 1 below. The second questionnaire showed some important results; 30% less of the participants felt they did not have problems with the way they look after the event, only 65% answered they would change something physical in themselves, a percentage lower than before, and 90% answered they knew how mammography works.

**Event Report:**

The event was performed in the laboratory of realistic simulation on October 24th 2018 with activities held successively. The order of activities were: pelvic gymnastics with physiotherapy students; discussion about female empowerment with a makeup artist, make-up course with director of sales of Mary Kay and class about the importance of Pap smear and breast cancer with medical students, discussion about violence against women with the law students, and “The flame never goes out” memorial candles. The campaign was

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<tr>
<th>Table 1- Results of the applied questionnaires</th>
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<tr>
<td>Do you think the discussed topics were relevant?</td>
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<tr>
<td>Have you ever experienced any kind of physical or sexual violence?</td>
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<td>Have you ever experienced/witnessed a situation of violence against women?</td>
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<td>Do you have problems with the way you look?</td>
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<td>Would you change something physical in yourself?</td>
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<tr>
<td>In case you are a woman, have you ever had the Pap Smear?</td>
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<td>Do you know how a mammography works?</td>
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carried out on the partnership of Medical, Law and Physiotherapy school and Mary Kay.

**Conclusion:**

The event was a big success. Talking about women’s health, rights and empowerment are important subjects. In order to make a better world, human rights are women’s rights. It is amazing how this multidisciplinary event impacted on the participants’ lives and it should be used as a role model.

**References:**


In 2017, 36.9 million people globally were living with HIV \(^1\). HIV/AIDS is an epidemic that has forced the global population to fight a battle since its peak in 1996. Unfortunately, it has also engulfed the Asian country of Pakistan and is now increasing at an alarming rate. In Pakistan, 130,000 -170,000 people are living with HIV but only a meagre of 15% knowing their status \(^2\). What’s even more worrisome is the lack of awareness amongst the general population to the looming threat. In Pakistan, talking about sexually transmitted diseases especially HIV is a taboo. The stigma surrounding AIDS ensures that people do not ask about the HIV status of their partner before indulging in sexual contact. Neither do they pay attention to the risk of blood contamination nor the use of unsanitary instruments for personal hygiene. Yet they discriminate against HIV positive people by labelling them as an outcast from the society. This further discourages people to get tested or access treatment such as antiretroviral therapy (ART) if found infected.

I still remember the first time I had to buy a pack of sanitary pads. It’s a mission, guys. Getting the pack, wrapping it into brown paper and then hiding it as best as I can while I briskly proceed towards the billing counter. The awkward silence that follows an advertisement on condoms, contraceptive pills or sanitary napkins is wrenching. The first and only time a teenager is introduced to sex-ed in the school is a small chapter in the 9th grade biology book. In a country that talks about all things related to the genital system in such hushed-up tones, how do we initiate a healthy discussion surrounding HIV and AIDS to start shunning the stigma associated with it? How do we play our part?

Thus, on Worlds Aids Day an awareness campaign was conducted at Jinnah hospital in the city of Lahore in Pakistan.

Considering the societal perceptions, we knew we could face societal backlash even in a hospital. Moreover, we had to be careful in our choice of words. Volunteers interacted with patients and attendants from different outpatient departments, educating them regarding the modes of transmission, risk factors and precautions associated with HIV/AIDS. Common myths and misconceptions were also cleared. A pre-evaluation was conducted to assess the participants previous knowledge regarding the virus and then the conversation was molded accordingly. At the end, the patients were asked to spread this information in their community.

We understand it takes years to change the perception of a population. However insignificant it might seem at the moment, such activities are necessary to eradicate the stigma and discrimination...
surrounding HIV/AIDS. Each step, even just reading this article, is important to ultimately win this war. So let’s keep inching towards victory one baby step at a time.

References

Introduction

The elders experience sexuality through ways not always recognized in society: kisses, hugs, flirt and emotional intimacy. Besides, studies have shown that age doesn’t reduce or eliminate the desire of sex, so that, although common sense consider them asexuals, they keep their sexual life active \(^1,^2\). In this age, there are changes in sexual practice and in their bodies which are affected by age and social standards that regulates sexuality \(^1\). In this context, the use of medicines in sex allows adaptation in physiological changes, promoting erection and better vaginal lubrication, for examples. Those adaptations make the elders more self-confident, which corroborates with unsafe practices associated with lack of medical follow-up. Therefore, there is a concern related to Sexually Transmitted Diseases (STDs), which is increasing in that age range \(^1-^3\). Even in professional environment, unpreparedness in sexuality approaches in this population is noticed \(^2\).

Therefore, the action aims to outline the elders’ knowledge about their sexuality and STDs, highlighting the importance of the population’s awareness, given the increase of sexual practice, the poor approach of the theme by health profissionais and the increase of the number of people infected by STDs \(^1-^3\).

Methodology

A questionnaire was made, containing two questions with four affirmations each, which had to be judged as “true” or “false”. The action took place in a park in Uberlândia- MG, Brazil, where the students read the affirmative and the interlocutor answered if, for him or her, it was true or false. After the action, in order to analyze the obtained data, a percentage of right answers in each questions was made.

Results

The total percentage of correct
answers was of 68% in the first question, which referred to sex in elderly. In this question, 28 out of 52 elders who answered the questionnaires believe that products which ease sexual relations are expensive, inefficient and can have adverse effects, like cardiac diseases due to erection-enhancer medicines, and 24 out of 51 believe that they can be used without medical prescription. The total percentage of correct answers was of 79% in the second question, which referred to the occurrence of STDs in that part of the population. At that question, 18 out of 50 who answered the questionnaires believe that the rates of STDs in the elder population has decreased due to conscientization and prevention campaigns, 14% of them believe that condoms are the only prevention of unwanted pregnancies, and 7% believe that the use of those becomes dispensable with aging.

Discussion and Conclusion

It’s noted from the listed results that a considerable part of the addressed individuals doesn’t know how to utilize sex facilitating drugs adequately, classifying them as expensive and ineffective. Still, many believe that these medications can be used without medical prescription, however, their correct and safe use can be, not only important to the establishment of a pleasurable sexual practice, but also function as a protective factor against the transmission of STDs. After all, factors as a reduced vaginal lubrication present at this age range predispose to the susceptibility increase of these diseases' transmissions [2]. Furthermore, it’s worth mentioning that 14% of the addressed elderly population believe that condoms have only one function, to prevent an unwanted pregnancy.

It’s perceptible that among the elderly there are important knowledge gaps regarding sexual intercourse that predispose to an unsafe sexual practice, marked by the adoption of risky behaviour, as observed in the Brazilian Population Knowledge, Attitudes and Practices Research, from 2008, in which it’s shown that with the increase of age, there is a trend in diminishing the use of condoms in sexual intercourse, that coincides with the obtained data in this study: 7% of the addressed told that the use of condoms are unnecessary in the elderly [4]. The lack of knowledge about the transmission, the low adherence to barrier methods and the rising exposure to the risk factors that converge to the growing of STDs among this population [2].

Though rates impairment by those diseases have risen, elders still struggle in recognizing themselves as vulnerable to such infections, which corroborates with the obtained results in this study: 18 out of 50 elders approached believe that the STD rates have diminished between the part of the population they are part of, as if it was a distant reality [3].

Thus, it was possible to draw the conclusion about the evident necessity of the awareness of this population about the safe sexual practice through educational activities on the primary care sphere, for instance by operative groups and awareness campaigns.

References


HIV not as easy as you think, but not as hard

Saad Uakkas, Yalha Lablad, Akram Bennas
IFMSA Morocco

HIV, a three letters word that can change your life upside down, a word that once heard, people automatically get scared, the problem with it is that people don’t know about it, don’t want to know about it, which makes it even harder to deal with. In countries like Morocco where people still neglect such topics, it is rare to hear people knowing or paying attention to preventive ways or to screenings, it is rare to see HIV positive people talking about it, and it is rare to see an HIV positive person not being stigmatized.

We in IFMSA Morocco, were aware of all those issues, and we have decided after so many years of working on HIV to make it as a national priority starting from this year. We made up a long term strategy in order to fight HIV from all possible sides. We started by seeking stakeholders and collaborating with them, such as UNAIDS that became an official partner nationally, the Ministry of Health and also WHO as well as other stakeholders.

Our first step was to form a new generation of leaders that will step forward and lead the HIV fight. We had our Sub Regional Training MoroCamp last November with a HIV Education and Advocacy Training (HEAT) training that 9 Moroccans participated in, which enabled us to acquire a new set of skills either on HIV itself, on education, awareness, and also on advocacy.

Days after that we had our work ready for World AIDS Day. We did several projects and activities in different cities. In Casablanca we did a musical concert to raise money and collected about 3000 dinars that we donated to our partner, to then use this money for screenings in one of our medical caravans in remote areas of the country. In this caravan, we found more than 13 positive cases, and with our professors and partners, we got them a follow-up and a long term treatment free of charge.

We also made a conference for medical students in order to improve their knowledge and raise their awareness on the topic, to show them how they, as future healthcare professionals, can lead the fight on HIV, can speak and communicate to their patients and play an active role in reducing HIV, either by encouraging prevention, treatment follow-up and also reducing stigma around HIV.

Another major event we did was in the capital Rabat, which was a forest run on HIV, that had more than 200 participants, from famous celebrities, youth, old people that came all the way to erase stigma about HIV. At the same day, free HIV screenings were offered to participants.

In World AIDS day, we got invited by The Ministry of Health to the national congress on HIV, which was attended by
His Excellency the Minister of Health, WHO regional and national bureau, UNAIDS national bureau, and other main stakeholders. We discussed challenges and ways forward to realize the 90% goals and to reach an HIV-free city. We had the chance to speak on behalf of youth and medical students, to present our work and show our role as youth in fighting HIV. We concluded the day by signing as a stakeholder on the charter that was made on “Rabat City without HIV 2030”.

We were then invited to another event co-organized by UNAIDS and the Ministry of Health on HIV and human rights, to draft a national strategy of work and we offered many suggestions based on our involvement in the human rights field and our direct contact with patients and victims. One of our main raised issues was the stigma in the country.

Our members also started working on a mentoring system, where the HEAT training graduates engaged in training and assisting other members regarding HIV education, so that they can go to schools and universities to speak with young students, improve their knowledge, help them prevent HIV in their daily lives, and show them what HIV stigma is about as well as how it can affect a person’s life.

In the end, we believe that HIV is really a complex and unique issue to deal with, but we saw and witnessed how simple actions and words can change people’s perceptions and actions regarding HIV. Also, how we as youth can really take an active part in preventing it if we act responsibly.
Message from the SCORE Director

Erwin Barboza-Molinas
Director on Research Exchange

Dear SCOREnegades,

What a beautiful time to be a SCOREnegade! More than ever before, we can say that our Dark Blue Family is in great condition and thriving to keep our research exchanges constantly growing, both in quantity and quality.

Over the past 18 months, we have seen how our beautiful Standing Committee is expanding to something more than just exchanges: It's shifting towards the research element, and not only that, but it keeps maturing in the area of global health within exchanges through our Global Action Projects, and the capacity built over our workshops in collaboration with SCOPE, such as the PRET and the TNET.

So if you want to know what our National and Local officers, and our students have been up to lately, I invite you to take a look at SCOREview!

As you go through the pages, let stories of exchanges from Japan, passing through Hungary and going all the way to Spain show you how do exchanges are a wonderful experience to our students, and between them, take your time to learn about how is a National Research Camp helping in the development of student-led research projects, about the struggles of research in the Americas, as well as how it plays a main role in medical education in students of the region, and how a Global Action Project is laid out in Indonesia.

And this is part of a continuing cycle of improvement. We have developed so much in the past few years, and we plan on keeping the work up, and making SCORE better every year. Currently, we are working on our Access to Research and Research Education policy document. We are also working on a Basic Research Competency Framework together with SCOME, a close work with SCOPH in hopes of merging our Global Action Project with SCOPH Exchanges, among so much more, and we are really excited to see how this helps us not only internally, but also externally when trying to advocate for recognition of our Exchanges. With the second half of the term around the corner, we start to look at a new edition of the Exchanges Week, the SCORE Research Awareness Campaign and the SCORE Research Camp, and we are so thrilled to see what amazing outcomes they will bring.

The future is brighter than ever before, and we are really excited to reach it, alongside all of you.

Big Dark Blue Hugs,
Erwin
Hello medical students!

Global Action Project (GAP) Exchange is an activity issued by the National Committee on Research Exchange (NCRE) and National Public Health Committee (NPC) for selected SCORE and SCOPH locals.

In accordance to Indonesia being a triple burden country, GAP Exchange is a research exchange program with endemic diseases as its central theme. The most concerning endemic disease in the specific area is chosen as the central topic. Accordingly, from August to September, GAP Exchange was held in Andalas University (UNAND) and Brawijaya University (UB) with stunting and tuberculosis as the chosen theme, respectively.

There are four activities within GAP Exchange by SCOPH-SCORE UNAND. In the first week, Spanisch incoming students take part in lectures, small working groups, tutorials, and brainstorming sessions by three nutrition and biomedical specialists. Those specialists also provide trainings on how to participate in the fieldwork and how to collect samples of stunted children. The specialists are Dr. Masrul; Prof.dr. Nur Indrawati Lipoeto; and dr. Ikhwan Resmala Sudji.

For the second week, members conduct field surveys with healthcare facilities as the data collection venues. Three healthcare facilities are surveyed, namely: Puskesmas Jati, Delima 5 Jatirawang, and Pasaman.

During the third week, members and the incoming students visit the healthcare facilities for observation and data collection on mothers who come with their toddlers. This week-long research is done to analyze the topographic prevalence of stunting and maternal care involvement.

During the last week, members are tasked to educate nearby mothers on stunting, its prevention, children nutrition like MP-ASI (Makanan pendamping ASI Baby Food Guide), and a food intake guideline. The activity ends with a post-intervention questionnaire and discussion with the district head.

Likewise, SCOPH-SCORE MSCIA UB (Medical Students’ Committee for International Affairs) has similar main events. GAP Exchange is divided into lectures, a lab project, and community education.
During the first week, incomings are given a tour to introduce the area and rules, and to get to know each other in parties. They then discuss with the tutor about their schedule and the project. Furthermore, the incomings and members are then invited to examine varicella and herpes zoster infected patients. The day then continues with patients discussions and brief lectures on the disease. Moreover, the incomings are also taught about tropical diseases, particularly tuberculosis (TB). They are taught about diagnosis, treatment, and supporting investigation of TB. There is also an additional lecture by dr. Ery Olivianto.

During the second week, the incomings and several members are doing research in UB medical lab and the central lab. They handle tropical disease samples including tuberculosis, malaria, and diphtheria. Then in the 3rd week, the incomings, members, and a team of specialists gave communal counseling on tuberculosis. Incidentally, for the remaining few days, the incomings present their research activities to the supervisor.

Seeing the incomings satisfaction, UNAND and UB are proud to say that GAP Exchange has been successfully organized accordingly, without any major hurdles. We hope that the GAP Exchange provides new amazing experiences to empower medical students while also improving nation’s health.

Blue and Orange Hugs from Indonesia!

TREX 2017: A Spectacular Research Camp

Jonathan Salim – M. Gilang D.P
CIMSA-ISMKI Indonesia

Greetings readers!

As a SCORE CIMSA local, Riau University proudly presented T-REX, the biggest SCORE National Meeting, in March 2017. Training of Research Exchange (T-REX) 2017 was held during March 17–19 at three different venues: UNRI medical faculty, Angkasa Garden Hotel, and Sungai Pinang Village in Pekanbaru.

T-REX 2017 is a Research Camp with the theme “Medical Students Role Through Research Training on Tuberculosis in Implementing Sustainable Development Goals”. Hence, participants are taught not only about research exchange, but also about tuberculosis which is a prevalent healthcare issue in Riau.

On the first day, delegates were escorted from Sultan Syarif Qasim Airport to UNRI medical faculty for the Newcomers’ Session and the subsequent rundown explanation. Then, at 1 PM, SCORE commence trainings for participating members and LOREs.

For the members, there are five training sessions, namely: “SCORE Recognition”, “How to be a Great SCOREpublic”, “SCORE Activities”, “Financial Management and Fundraising”, and “External Class” facilitated by the NORE, VNI, PC, treasurer, & MCC respectively. Conversely, the training sessions for the LOREs include: “Administration” and “SCORE Exchange
Activities” facilitated by the secretary & our national officer.

The trainings concluded when the clock stroke 6 PM. All participants were ushered to the hotel for preparation of the Arabian Night Welcoming Party. Interestingly, the party was joined with representatives from Riau governor office, provincial health office, UNRI rectorate and dean, as well as CIMSA UNRI advisor. The night continued with dinner and entertainment of “Tari Persembahan”, a traditional dance performance.

The 2nd day began with breakfast and hectic preparation to go to Sungai Pinang Village by bus. Participants were expected to divide themselves into groups with which they educated the villagers. First, a Tuberculosis lecture session was given by Dr. Indra Yovi. Next, each group was tasked to go to nearby houses with Tuberculosis patients. They educated them on how to prevent transmission, use the mask, and cough correctly. The delegates also did sputum collection used health kits given to them by some nurses beforehand.

Hereafter, delegates went back to the hotel for another grand lecture from Dr. Indra Yovi, and Dr. Zahtamal. After that, delegates were asked to participate for a SCORE session, SCOREYoutube. In this session, delegates were divided into groups and they had to act out cases that were provided.

Around 8 PM, it was time for an elegant Masquerade themed Farewell Party at the hotel's swimming pool. There were award distributions for the delegates, a CIMSA UR dance show, and delegate performances. The astounding night ended with a dinner and group photos.

For the last day, delegates were only scheduled for a social program. Some chose to explore Riau culinary aspects while the rest went to “Pustaka Wilayah”, a famous local library.

Chiefly, SCORE CIMSA UNRI was honored to carve a mark in SCORE history.

See you on future T-REX 2019! Blue hugs from Indonesia.
Howdy readers!

In the last few decades, there is an ongoing spread of a virus called globalization. This virus enables the rapid development of technologies and the distribution of new information. Anyone can go on the internet to find the newest treatment for their disease easily. In a similar manner, textbooks have become like a stone tablet of the past era.

To enrich medical students and practitioners on research knowledge, SCORE provides research exchange opportunities to give a holistic view on updated global research to its participants. It is surely a pleasure for medical students to go abroad and experience new methodologies of doing research as well as its applications.

CIMSA-ISMKI, collaborating with IFMSA, represents Indonesia as the NMO to be able to enact medical students research exchange. Fortunately, in July of 2018, I was given an opportunity to do a clinical research exchange at Hungary on the topic of glaucoma. I was placed in a historic university in Budapest called “Semmelweis University” and its associated ophthalmology hospital.

Unbeknown to me, Hungary is a city with a high prevalence rate of glaucoma, though mostly amongst the elderly. Using that as the starting point, the physician and I began to collect data using questionnaires, physical exams, and other essential exams (ex. ophthalmologic ultrasound, optical coherence tomography, etc.) to determine the most significant and prevalent glaucoma risk factor(s).

In the second week - after the physicians, exchange students, and I became close enough with each other - one of the tutors invited me to become an observer of a cataract surgery. You cannot imagine how glad I was at that time. I was taught how to scrub and dress properly using surgical
gown. I was then led to the surgery room. There was a monitor hooked up with the microscope so I could clearly see the surgeon’s operating field. I really appreciated that the surgeon, while he is doing the surgery, explained each and every step he took even though there was some language barrier.

This exchange was a unique experience, coming from an underdeveloped country where it is rare for a pre-clinical student to be taught, operate, and do the eye exam directly with patients with only minimal supervision. It really was an amazing opportunity for me and made a small but impactful effect on my understanding of such a morbid yet common disease.

Every day in Budapest was enriching in its own way. Besides the updated medical sciences, Budapest offers a lot of cultural traditions, which include the local historic buildings and food. Do you know that Rubik’s cubes are an innovation from Hungary? How about the irresistible, mouthwatering goulash soup?

Above all, through this exchange, I also became acquainted with two wonderful women with a passion for the ophthalmology department; one bright and cheerful woman from Turkey and one beautiful ribbon-gymnast from Russia. They were so sweet and always there to help me overcome my language and cultural barrier.

Participating in this IFMSA SCORE exchange proved to be worth every second and penny spent. The flexibility of the IFMSA method of exchange provides a great variety of practical activities that we can focus on based on our own interests. Simultaneously, there is a scarcity of words in the English language to describe how helpful this SCORE IFMSA exchange has been for my academic, cultural, and linguistic understanding.

The warmth of the local research exchange committee, the cooperative tutors, the diverse culture, and the varying but delicious food & beverages of Hungary are the reasons for which I am proud to call Budapest as my second lovely home. July is surely the best month of my life and I cannot wait for my next wonderful journey with the IFMSA exchanges. Blue hugs from Indonesia!

#Research4Fun #IDareToResearch
Challenges of Research in Developing Countries --The Honduran Perspective

CARLOS ABRAHAN FUENTES GALVEZ
IFMSA-Honduras

Research is an essential part of both the students’ education and the clinical practice of physicians. Without it, we set science back to a time where medicine was linked with mythology and mysticism. The awareness of the true importance of research and the dimensions which it encompasses have become an uphill battle in developing countries.

Ranging from economic to cultural to educational motives, the spectrum of reasons why research has many challenges and limitations in developing countries is broad. Personally, I have always been fascinated with research. Ever since I was a kid, the idea of exploring and acquiring new knowledge seduced me effectively. Nonetheless, the older I grew, the more realistic - and deep inside, saddened - I became. In a country where deep economic and cultural hardships reign supreme, it can sometimes be hard to find hope.

A few years ago, while I was going through my fourth year of medical school, I got to know SCORE and IFMSA. All of the sudden, my dreams were illuminated again. Great ideas, plans, and above all a mission, arose from that acquaintance. Now I saw a way to promote research, and I took it upon me to try and facilitate, promote, motivate and encourage research in our society and our country.

In the past year, since the founding of my NMO and SCORE in Honduras in 2017 and my position as Sub-LORE in 2018, I’ve struggled a lot to try and promote, and grant research opportunities for my fellow medical students at my LC. We had an amazing breakthrough: we got to become SCORE active, hosting two amazing research projects to receive incomings for the 2019-2020 exchange season. Nonetheless, as I fast approach my new position as NORE-In for the 2019-2020 term, I reflect upon what challenges and limitations the development of research has in Honduras, a principle which might as well be applied to other developing countries.

For this reflection, and to honor the principles on which SCORE stands, I performed quick research to know my NMO’s members opinions and to compare and contrast it with my own experience.

From a survey performed through Google Forms in which 68 subjects answered, I found that 60.6% of participants at my LC have at least some minor experience with research. These are investigations performed within the curriculum of a
class but never published. Some of them commented that they do not take this as a serious experience, mainly because they focus more on fulfilling the class objectives rather than the intangible benefits of the task. Likewise, 21.2% of participants had intermediate experience at research, having published at least 1 scientific article in the school's indexed scientific magazine. Unfortunately, 18.2% of students claim to have no research experience at all.

Hand in hand, experience and interest in the task are closely linked. Personally, 61% of participants claimed to be greatly interested in research development, whereas 36.4% claim to have at least some interest. One of the biggest struggles concerning interest, aside from the students' own personal motives, is institutional motivation. This plays a great role in students' involvement. 54.5% of participants thought that their teachers had no to little interest in promoting research, while 39.4% claimed they had at least a little interest. Likewise, 67.3% of participants answered that their faculty had little to no interest in research promotion.

Culture also plays a crucial role in how serious research is taken into account. A society that thinks there are other, more important priorities sets research aside and labels it as a “luxury” or “something to be left for the rich countries”. Of the total number of participants, 87.9% of them thought that society has little to no interest in promoting and stimulating research.

Internal motivation aside, external and developmental factors play a great role in whether research deploys or sinks. The main personal reasons students give for their little experience are lack of knowledge and research-oriented instruction, lack of time to perform such projects, lack of experience and lack of economic resources. When it comes to institutional support, students think that the scarce methodological and logistic help from teachers and faculty members, lack of teachers that are motivated enough to follow through the entirety of a project, not enough promotion of research opportunities, lack of funding opportunities and lack of interest from faculty authorities all play a role.

Sociocultural influences on research are much more complex to analyze. Nonetheless, students in this survey claimed that lack of government financing of research, society's undervalued and overvalued perceptions of research (seeing them as “too hard and complex” and “unnecessary and luxurious”), very little technological advances, and little existence of research centers function as the major setbacks.

In a world of constant updates, research is a must, everywhere. Let us all use this reflection to make a better world, for the research is not for the present. The information we get, is to plan the future. Without it, we navigate with a blindfold in a world full of mysteries evolving continuously. Let us work to create societies where research can become essential and is always given a priority.
During the graduation years, we are always looking for extra activities to enhance our curriculum. Doing a clerkship during this period is an opportunity to gather practical experiences and knowledge. Being able to do this abroad, is unique. The moment I learned about the exchange program provided by IFMSA Brazil, I said to my parents that it would be great if I could do that. So, I applied to a Research Exchange in Spain, and I got accepted in Santiago de Compostela for a clinical project on pneumology. My dream started to come true when I received my card of acceptance.

Santiago de Compostela is the capital of Galicia, in northwestern Spain. This city is a UNESCO World Heritage Site [1], and it is well known because of its pilgrimages. During the middle ages, the Road to Santiago was one of the most important Christian pilgrimages [2]. The main route to Santiago follows an earlier Roman trade route, which ends at Cape Finisterre, a rock-bound peninsula on the west coast of Galicia. The Romans thought that this was the most Western point of the Earth, so therefore the end of the world [3]. In addition, between my way from the university dorms to the hospital, there was the famous Cathedral of Santiago de Compostela, in the Praza do Obradoiro. This is a main square of the city, which is surrounded by four important buildings that represent the four powers in Santiago: the Church (with the Cathedral), the government, the doctors and bourgeoisie, and the university. The daily walk was a historical moment for me.

On my first day at the hospital, I met the director of the research laboratory, and it was amazing to see how they run that place. Their structure was well developed and they have around 14 innovative research projects. I was introduced to my tutor, and he explained to me what my project was about and what I was going to do. During the whole exchange, he allowed me to perform physical exams on the patients (under his supervision) and he explained a lot of things about the exams and the treatment. Furthermore, I could learn a lot about how to perform and collect data that I will never forget. Finally, we wrote an article with the data collected by me and we are trying to publish it in a journal of pneumology. The doctor was really helpful and kind to me, giving me explanations all the time. I could not be more thankful for the opportunity of learning from him.

Moreover, I learned a lot about the health system in Spain and other organizational parts of work. This was really interesting. I could brainstorm a lot about how medicine works in my country, and how it is also good. I was thinking all the time that we have to keep fighting for our health system in Brazil, to get better. Additionally, I met some girls from the local committee and other exchange students from Mexico, Greece, Portugal, Macedonia, Morocco, Czech Republic and also from other cities in Spain. We watched the world cup game of
Brazil versus Mexico and we had a lot of fun in our first week together. Furthermore, we enjoyed some weekend trips to Cathedral Beach, Finisterre, Pontevedra and Porto.

This exchange in Spain was a wonderful experience that felt really professional. Everything was important for my personal and professional growth and I will always carry it with me. In fact, it was so surprising to connect with this culture and to meet a lot of new and interesting people there. With no bit of doubt, I would recommend it for everyone.

REFERENCES:

The role of investigation in the Americas

Andrea Falconi
AEMPPI – Ecuador

Research is a key aspect of medicine. We all know it; we all read about the new articles published each week in those journals we wish someday we could publish for. We even find ourselves proud, when we are able to discuss the new treatments or the new discoveries with our doctors. Sometimes we are even so passionate about it, that we print those articles we have discovered and share it in our hospital so people get to know what is “new“.

Even though we do this in our daily life (showing the passion that we have for new discoveries) the reality of investigation within our community is different.

Although my experience is not vast, the few PRETs I have facilitated in Central America and in my own country have reaffirmed what I dread the most, which is that there are almost no opportunities for us as students in the research area. This is not the reality of each country in the Americas; but I believe it is something that SCORE can change.

Reviewing the situation encountered in my country, I went a little further and searched
for answers as to why research was left behind. To my surprise, I found the article “The reality of scientific research in Latin America; an insider's perspective” written by Daniel Ciocca and Gabriela Delgado just one year ago. This article claims that there are some aspects we cannot control such as the stability of our governments or the low budgets for science [1]. However, I consider that we can work on empowering the bright minds of the young, to motivate them towards research.

As students, we can start changing the reality in our faculties. There were many complaints that the research classes given in each university were not lectured by the right professionals; even one student mentioned, that a teacher that has never published or even participated in research was giving them classes. If we get together, we can ask the authorities for better research classes in which we learn about research from professionals that actually work in laboratories or have published papers.

In the case that our demands get ignored, I believe that SCORE can actually work on research culture by creating opportunities for students by opening up space, where the passionate scientist in our community can talk about research through their eyes. Passion is one of the most contagious emotions and I consider that if we give our teachers the opportunity to show us research from other perspectives, it can motivate us to get involved more in the scientific departments. I also suppose that, once this interest is shown from the students, authorities will take action.

The students that are part of IFMSA absolutely believe that they can change the world; that we as future doctors, can change the reality that we face. If we start from the first years, understanding the importance of research in our profession, we will become the next generation of doctors that will change the culture of research in our societies. If we promote SCORE in each of our universities, if we fight today for classes rewarding science, maybe the next generation of students will no longer experience this barrier.

We are the largest organization of medical student associations and luckily we have been given a voice to speak out in big events worldwide. We have created statements in the UN that have been shared all over the world. With this being said, I believe that IFMSA has the power to speak for a world where we have open access to information, where students in countries such as Ecuador will be able to do their research without having to pay monthly subscriptions to journals that we cannot afford.

I believe that this year we should work even more in empowering our own students to advocate for research. Nothing has given me more joy than to hear in my last PRET done in Guatemala, that ¾ of our participants were members of SCORE and they were eager to get trained so they can open this committee in their universities. We have enough students and resources to make a change in our countries, so that future generations can work on an environment in which research is appreciated and is given unlimited opportunities to grow.

REFERENCE
Greetings readers!

September 2018 was a new exciting journey. Being accepted as a research exchange student at Pathology Department, Kurume University, IFMSA Japan was fully awe-inspiring for me.

I was very pleased and enthusiastic to take part in the research project on “Surgical Pathology and/or Research Technique Learning Experiences for Foreign Medical Students” under the supervision of Hirohisa Yano, M.D., Ph.D, Professor.

My main reason of choosing Japan is because Japan has good reputation and action on its healthcare development. The public with its government work together to achieve world class healthcare system with its 4 main methods: insurance for everyone, free access, high level care at low cost, and utilization of public money for maintenance.

Throughout my research exchange, I was able to learn the processes and techniques of cell culture, PCR (Polymerase Chain Reaction), immunohistochemical staining, RNA and DNA extraction, and so forth. I also got a chance to discover pathological characteristics of numerous neoplastic and other diseases (ex. Hepatocellular Carcinoma).

One of the interesting things that I noticed was that Japanese medical students seemed to have slightly more male students than my own university in Indonesia. Truthfully, I am very excited as I would have never experienced any of these practices if I just stayed in Indonesia, as medical students there do not have a clinical rotation in the pathology department.

In addition, I was very surprised that Japanese medical students do not have night shifts in the hospital. This is very contrasting with Indonesia; where medical students tend to have an everlasting night shift duty overriding their summer break vacation.
I was utterly happy during my stay in Kurume. I met a lot of new people and made many new friends. The amazing thing is, you never knew when strangers eventually turned out to be your closest friends. With my new best friends’ humor and jokes, I could not feel any stress even after a long tiring day at the department.

IFMSA Japan members were very hospitable during my stay. I enjoy the moment in Kurume when I went to the Koura Shrine at night, climbing up to the rooftop to seeing the breathtaking city view. Koura Shrine is one of the historical venue to the Shinto people and categorized as one of the most important shrines in Chikugo province. It also obtained a higher rank in Japanese Shinto book of law and regulation called Engishiki [2].

Furthermore, I also love the beautiful night view of Dazaifutennmangu with magnificent arrangements of lights. Dazaifutennmangu is the largest famous shrine located in Fukuoka. Here you can find the history of Sugawara no Michizane (the Japanese god of academics), a respected ox statue with a stunning legend, a purifying bridge for the mind & body, and many more. There are also some local sweets and beverages all around the place [3].

Above all, this exchange experience fuels my determination to be a pathologist in the future. My exchange story is Ichigo ichie, which means “though we meet only once, even by chance, we are friends for life”.

Well, that’s the end my exchange story! Now, it is your turn to pop your comfort bubble and perceive the excitement!

#Research4Fun #IDareToResearch

REFERENCES:


The SCORPion
Dearest SCORPions,

Here we are again, another MSI issue filled with the work of our members from all over the world! Each section contains articles about their respective area and I have the honour to present you the section on Human Rights and Peace.

“The pen is mightier than the sword”. With the words we start the greatest revolutions, with the words we change the worlds, with worlds we wake up the masses and with words we defeat the ones who try to oppress us with their swords. This is the reason MSI is so important. Because when we write, we became the narratives of the stories. When we write we turn from victims to survivors. And when we write here, we don’t just write our activities or opinions, we write history. We write so that the ones who come after us can see and get inspired, we write so that the worlds know that our voice and the voices we strive to amplify are valid and deserve to be heard. We write for both the ones who want to read and the ones who are too afraid to listen.

Here in this section is the work of our members who are the heart of SCORP. The words of the people who had a voice inside that kept them awake at night, the words of the people who suffered or witnessed suffering, the words of the people who carry the patience, resilience and determination to establish change in their local communities.

These are the words of Human Rights and Peace.

The journey of being a human rights advocate is hard, but you still do it cause you now it is harder to live with oppression and discrimination. It is harder to be separated from your children in the search of a certain life, it is harder to be a punchline for others, it is harder to live in a worlds where you have to be better than others just to be equal with them. And when you know this, you realize your hardships as an advocate is worth it. But this doesn’t mean you shouldn’t get support, from standing together we get our power. Therefore, I hope what you read here gives you the inspiration and power you need.

Build peace,

Hugs and glitters,
Idil
“Peace is something you give, not something you ask others to give you.” This is a particularly poignant quote shared by Hyppolite Ntigurirwa when describing the harrowing experiences of growing up in the middle of the Rwandan genocide. During the United Nations Peace Summit of Emerging Leaders 2018, which took place in Bangkok from November 28-30th, I was able to hear the innumerable accounts of incredible struggle and bravery from both the speakers and delegates. The summit made it clear that the greatest challenges we face in the increasingly complex and uncertain world today all have the unabated aspiration for peace at heart. Issues that challenge peace should be a concern for all – particularly in our globalised world with unprecedented communication, interconnectedness, and migration. The risks to peace also lie in the inequalities, disenfranchisement, and marginalisation of vulnerable groups, as well as in the rejection and ignorance of other cultures, traditions, and beliefs. It is imperative to understand that although peace is the absence of direct violence (negative peace), it is also, more importantly, the process by which the roots of conflict are addressed and non-violent means for resolving conflict are discovered (positive peace). Positive peace has a transformative and restorative goal, it uses the notions of social cosmology, culture, and ecology; and in essence, it is more sustainable. Positive peace takes longer to achieve as it gives time to further analyse the ingrained structural and cultural matters. Cultural understanding emerges as a vital factor in achieving lasting positive peace, and hence is the foundation to achieving equitable progress and social cohesion in refugees and migrants. During the summit, Kya Kim, the director of the Peace Mask Project, spoke about the success of achieving peace through art, cross-cultural dialogue, workshops and exhibitions to create a shared vision for peace. Expressing oneself through art and creation has proven to be an essential tool in conflict reconciliation as it is rooted in culture and encourages the deepest level of human experience. Not only is art and cultural awareness understood as a restorative means for healing the scars of war, they can be and are beneficial for any marginalised communities or individuals wanting to reconnect with their identities. The success of Peace Mask, and cultural groups alike, is a beautiful reminder that the fate of humanity depends on fostering appreciation for diversity and paving the way for meaningful mutual prosperity.

1. Peace Mask Project encourages a shared vision for peace between cultures and across generations through a series of activities.
According to the International Committee of the Red Cross (ICRC), it is when fighting breaks out that health-care services are most needed, however, it is also during this time that the same services are most vulnerable to attack (1). With that being said, health care workers, patients, and medical vehicles in countries all over the world are under threat of violence and harassment regardless of whether there is armed conflict; the violence against health care services might be considered one of the biggest humanitarian concerns that the world is facing today (2). For instance, healthcare centres in Niger are under the threat of armed entries and pillages. Another example is in Turkey, there has been a recent surge of work bans and imprisonment of doctors, and many first-aiders are risking their lives to provide life-saving assistance in active armed conflicts (1,3-5). The nature and causes of violence against health-care services are diverse and complex, but the damaging effects are the same (1). The denial of access to medical services is deadly for the people who cannot access the medical assistance that they need. Moreover, the violence against health care services causes long-lasting human, social and economic burdens on society (1).

Nicaragua is a country whose healthcare has recently been severely threatened, hugely impacting its health care workers, wounded patients, and the public health care system as a whole. What initially started in April 2018 as peaceful protests against welfare cuts quickly escalated into a nightmare of brutal governmental violence, denial of healthcare, and assault on medical ethics. The country has since then seen many severe human rights violations including torture and executions, leading to a broken public health system (6). In the report “Instilling Terror” from September 2018, Amnesty international reported about 302 deaths and more than 2000 injured (6), though other sources claim the current number to be much higher.

The systematic oppression of health care workers has been a way for the government to prevent protestors access to medical treatment, and is one of many violent methods that have been used by the government to gain power. These methods also include torture and the denial of access to medical care to wounded protestors, both of which blatantly go against Nicaraguan and international laws (6). If doctors choose to help wounded protestors, they can face serious consequences. Numbers from Inter-American Commission on Human Rights (IACHR) from September 2018 showed that over 300 health care workers had lost their jobs, in addition to a number of health care workers facing harassment, threats and arrests for simply providing medical assistance for wounded protestors (7).

The attacks on health care have not only affected doctors and other health care personnel, but have also extended to medical students, which have in several

Health care under attack = Human rights under attack

Kinsi Ahmed, Guillermo Young, Hanne Dahl Vonen
NMSA Norway
AMMEF Mexico
cases been the targets of such violence. The Nicaraguan government has systematically arrested activists and students based on false accusations, with alleged charges ranging from terrorism to murder. One victim is Amaya Coppens, a 24-year-old medical student and activist leader, who has been imprisoned since September 2018 (8). Various human rights organizations have called for the releases of Coppens as well as of the other imprisoned students, and have condemned the violence against healthcare workers. In particular, the World Medical Association has expressed strong opposition to the violence against health care workers and the rest of the Nicaraguan population (9), as well as to the attacks on health care services all over the world.

All health workers should care for all patients, as part of their duty and responsibility. Medical staff must act impartially, prioritising delivery of care solely on medical grounds. In order to do that, the places where they work must be safe and neutral spaces (10). However, from Nicaragua to Turkey to Bahrain to Mali to Sudan, it seems that this impartiality has not been, and is not being, achieved (4, 3,10). The overall scale of the problem is truly alarming. The real challenge is to find effective ways to prevent such acts in the first place, while the primary responsibility to prevent the targeting, obstruction, or abuse of the delivery of medical assistance lies with states and all parties directly engaged in conflict. The protection of the sick and the injured lie at the heart of the Geneva Convention, yet violence - in all its forms - against health facilities and personnel represents one of the most serious yet neglected humanitarian issues of today (10).

REFERENCES:


Since the dawn of history, our country - Brazil - has shown to be intolerant of cultural variation. An example of this is the colonization, where subjugation not only religion but the culture of the indigenous people to the Christianity and European customs [1]. Centuries have passed since the beginning of indigenous acculturation and today the thought of cultural sovereignty persists. The difference between indigenous populations in their villages and urban populations is striking, however, the first live under the aegis of criticism about their way of life, often failing to endure this cultural shock [2].

Taking a closer look at indigenous culture, there clearly is enormous respect for the natural order of things: for example, the calm attitude taken when addressing losses in agriculture or livestock are treated, because there is an understanding of the losses as being inevitable and even necessary. There is also education, strictly traditional in its own way. It follows the rules of its own villages, which work very well in maintaining order in the local community and respect for laws dictated by the cacique [4].

More times than not, there is very little understanding towards indigenous culture. Most people educated in a capitalist world do not know how to plant and harvest without the use of pesticides or even of genetic improvement. Capitalism alone does not respect nature, time, the natural order of rain or drought, and always seeks to control all these events by aiming for the highest profit margin [3].

However, “civilization” has expanded into the most remote of corners. These previously isolated villages have become surrounded by cities, with entirely different rules. We, self-proclaimed “civilized” citizens, follow industry-prescribed standards of beauty and pay dearly for it, whether in cash or in
physical and mental health. By trying to follow our standards through the imposition made by life in urban cities, indigenous peoples are faced with sky-high prices, ones that handicrafts, agriculture and livestock they can not afford.

They are forced to adapt, living in a world that has never been your own, with which you have never identified yourself, where you have found yourself in, selling objects made for everyone but you, who treat you as different, because of their culture - or “lack of culture“ that you have, by the way you dress, by the way you behave in society. Finally, all these impositions bring with you the disease of the century: depression. The highest rate of suicide in Brazil lies in this population, where there is a three fold rate in the indigenous population compared to the national average [5].

Thus, it is essential to look at these peoples, the natives of our country, and treat them less with shock and more with equity and cultural understanding. We need to work towards eliminating these differences that are undoubtedly annihilating this population.

REFERENCES

Minorities, both ethnic and social, represent marginalized groups in Brazilian society. They are often in situations of vulnerability due to the countless human rights violations and loss of dignity. [1] Inserted in a society made up of rhetorical equality, where the context of equal rights is done only in documents, not being the full reality of this population; the minority groups are targets of daily micro and macro aggressions. A micro-aggression, academically coined in the 1970s, is a small behavior, phrase, or other action that exposes a hostile or demeaning attitude toward a minority. Macro aggressions are a type of violence resulting in damages to someone life, may being mental, physical or psychological damage. These undermine the psychological well-being and health of individuals, sustaining the gap between egalitarian democratic discourse and social reality. [2] For example, sexual minorities often have higher and more frequent levels of suicidal thoughts and attempts. [3] The concept of the minority is not linked to the question of quantity, but rather to quality, since these individuals are not always numerical minorities, which means that this issue is directly linked to the non-dominance and vulnerability they are in. [4] With the advent of the Federal Constitution of 1988, health became, explicitly, a fundamental social right, stating that this right to health belongs to everyone, without distinction, and it is a duty of the state to ensure universal and equal access to actions and health services. [5] In this sense, the implementation of the course with a 40-hour workload on minority health represented an opportunity for discussion of these and other aspects that are indispensable to good medical practice.

After discussions, members of the IFMSA Brazil Unifor, highlighted a gap in the medical student’s training: the approach and care of minority groups was poorly explored in the regular curriculum. To fill this gap in academic training, SCORP and SCOME members joined and suggested the “Minority Health Course” which consists of a supplementary training course on the health of the most vulnerable minority groups, which, despite having significant representation today, continue to be marginalized.

With regards to methodology, the course took place during May 2018 for 40 hours in night classes, with two themes per day, counting mainly with health professionals. In addition, the action had a monetary fee for participants to attend the course and certification provided by the University of Fortaleza and IFMSA Brazil.

In accordance with the theme, the organizers also thought about and invited professionals and educators who participated in the conviviality of the same and had some specialization or action with the minority group approached, enriching the discussions and knowledge in the classes. The themes were chosen in the following order:
- health of the marginalized population;
- health of the population in the street situation;
- health of the transsexual population;
- health of the homosexual population;
- health of the rural population;
- prisoners’ health;
- health of the physically handicapped;
- health of hearing and visual impaired people;
- health of people with Down Syndrome;
- health of people with Autism Spectrum Disorder (ASD);
- health of the institutionalized elderly;
- health of the patients under palliative care;
- health of the dependents;
- health and spirituality;
- health of the illiterate population and child violence;
- health of the sex workers;
- health of the indigenous population.

At the end of the course, participants expressed their satisfaction and praised the idea of clarifying such topics. Most of the audience were health students from disciplines such as Medicine, Nursing and Psychology, but there were also students in courses such as Law, and even people from outside the University who were interested in the subjects and the proposal brought by the committee.

The majority of the participants considered that the course had a great impact: deconstructing prejudices about the populations addressed and developing empathy, and they considered it of paramount importance that these subjects be included in the regular curriculum of their courses, whether compulsory or not. Critical development was instigated and provided the listeners with new worldviews, including a greater look at the most neglected in society. 100% of participants agreed on a possible second edition of the course. This demonstrates that the themes studied were extremely relevant to the personal and professional formation of individuals.

The “Minority Health” course can be considered as one of the largest programmes ever undertaken by the IFMSA Brazil Unifor. It is clear that the course has had profound impact its participants, breaking down prejudices on these populations and promoting more empathetic and compassionate attitudes to address these matters; as such, it definitely met the initial objectives that were set forth. Conducting and organizing this course provided the local committee with a more well-rounded view on the different themes and the importance of empathy with the daily suffering of many patients, in order to offer better psychosocial support in the future.

References:

5. Marta GN, Marta TN. Prestação de saúde e inclusão de minorias na medicina. Correspondência. Rev Assoc Med Bras. 2010; 56(2)
Child labor: not an old issue

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NAMS - Yemen

For every child sitting at a desk imagining their limitless future, there is another working to provide for his family but constantly dreaming of returning to school.

Child labor is often defined as work that deprives children of their childhood, their potential and their dignity; it is undoubtedly harmful to both their physical and mental development. It interferes with their schooling by depriving them of the opportunity to attend school, obliging them to leave school prematurely or requiring them to attempt to combine school attendance with excessively long and heavy work. [1]

The International Labor Organisation states in its latest World Report on Child Labor (2013) that there are around 265 million working children in the world -- this is nearly 17% of the global population of children. [2]

Long-term health problems, such as respiratory disease, asbestosis and a variety of cancers may could happen to children when they are forced to work with dangerous chemicals. Exhaustion and malnutrition are consequences of underdeveloped children performing heavy manual labor, working long hours in unbearable conditions and not earning enough to feed themselves adequately [3].

In 2010, approximately 1.6 million children were actively working in Egypt, according to a comprehensive survey conducted by the Central Agency for Public Mobilization and Statistics (CAPMAS) and the International Labor Organization (ILO) [4]. In 2000 the phenomenon of child labor in Yemen touched the life of more than 400 thousands who belong to the age group of 14-16 years, with a male percentage of 48.6% and a female percentage of 51.4%. A study proved that more than 97% of child workers are children of illiterate parents. [5]

Once, I saw a 9 years boy working in a restaurant. I wondered why a child in his age had to work. I didn’t understand until 2016, when I got the chance to participate in a study done in Mukalla, the city where I live in. It showed that 54.2% of students in elementary governmental schools of Mukalla are working beside their school time, which affected negatively on their schools achievements by 63.4%; about 20.7% of them think about leaving school while 79.5% think about continuing their work regardless of their schooling achievement[6]. Child labor has major consequences on children’s health as we found in study that carried out by medical students in 2016 : 40.2% of the working children were physically injured due to their work, and 31.3% were admitted to the hospital due to work-related health problems. Psychologically, an overwhelming 53.6% experienced fear, 16.8% guilt, and 29.5% depression. Although 57% of students were working in establishments run by their families which may, 35.2% of this group reported experiencing abuse.
during work and 58.1% found the work to be extremely laborious [6].

Further studies are needed in Yemen nationwide to fully investigate the problem of child labor. Currently, poverty and the lack of legal protection of children are the main barriers to protection of children's rights. In accordance with the World Health Organisation (WHO) Sustainable Development Goals (SDGs), there needs to be more children's education to address this challenge.

We have to be alert and report any and all instances of child labor. To go a step further, we can also work with helplines to give advice and support to any children in need. This major issue is happening right in front of us, it is imperative that we open our eyes and take action.

References:
No Depression!: Overcoming stress in medical school

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IFMSA Brazil

The medical school is an environment with unique characteristics that are related to stress. In consequence, medical students are constantly exposed to an incredible amount of stress, possibly experiencing anxiety and depression symptoms, due to an overload of responsibilities, to the extensive hour schedule, to the difficult and extensive subjects and to the excessive personal pressure, among other reasons. [1-4] These factors are usually intensified in each year of the medical school. [5] This high level of stress have a great impact in the quality of life, possibly leading to the development of burnout syndrome and psychiatric disorders, as depression. [1,4,6] As a result of the mental and emotional breakdown, the social life and study organization is highly compromised and, especially, with medical students, it could affect gravely the medical care, since empathy and professionalism can be undermined. [7]

Under this perspective, the local committee IFMSA Brazil UNIFOR (University of Fortaleza) organized the No Depression! action, representing an effort to prevent intense stress situations at the university. With the activity it was expected to increase consciousness to the students starting the first period in the university regarding the significance and gravity of the subject, showing the importance of self-knowledge and teaching how to identify the depressive and anxious symptoms. After the debate and the learning moment over the subject, acknowledging the risks and the main causes and consequences of emotional disability, the students would be able to, autonomously, establish strategies to prevent burnout syndrome and depression, and apply these strategies during medical school, besides knowing when to reach for help.

Meaning to avoid this physical and mental overload, the “No Depression!” activity happened at the freshman reception in the second half of 2018. The students were encouraged to imagine the changes and situations the medical school could bring to their lives and what they could do to avoid or overcome negative situations and organize their routine favoring positive ones. Then, they were told to write on posters what they expected for their academic journey and what they would do to overcome possible challenges.

With individual and group active psychological method, the students were encouraged to discuss daily life in medical school, and acknowledge that they wouldn’t be alone when in trouble, that everything could be discussed and that organization may be the key to a good and healthy academic life.

Members of the local committee IFMSA Brazil UNIFOR mediated and encouraged the discussion in 8 different groups during the day, debating stress and depression, exchanging experiences and discussing the ways they confronted their own difficulties to...
built a solid psychosocial ground, preparing the freshman to overcome certain obstacles they could find in their academic life. The committee members were happy and grateful for the opportunity to share their previous fears and troubles and empathize with the new medical students, giving advices and reinforcing that they were not alone and they could reach for help.

The action contemplated a lot of learning and emotion. The freshman had the opportunity to actually see that there is time to have a life beyond university, hang out with friends and spend time with family, and, even with the amount of responsibilities, there are ways to minimize stress and avoid depression. They also learned that high levels of stress can be related to many mental disorders, including depression, how to deal with stressful situations and how to help others in this kind of trouble.

Thus, this subject must have a greater attention from society. Depression, as others mental disorders, is neglected and the biggest consequence of this lack of knowledge is the unpreparedness to deal with these subjects. Therefore, the No Depression! act was very relevant because of the need to discuss and guide the students in this matter, to reinforce the importance of stress release methods and to show the freshman that they had the support of the people that go through similar situations whenever they needed. Activities like this should happen more often in the medical school, in order to keep reminding the students about the importance of caring for the mental health, and, as a result, providing them with a better quality of life.

Keywords: Depression; Mental Disorders; Medical Students

References:
7. Pacheco JP, Giacomini HT, Tam WW, Ribeiro TB, Arab C, Bezerra IM. Mental health problems among medical students in Brazil: a systematic review and meta-analysis. Rev Bras Psiquiatr. 2017; 00(00)
Breast cancer is the most common type of cancer and the leading cause of death in cancer worldwide in women [1]. In the past few decades, there has been an increase in life expectancy after diagnosis [2], due to the introduction of new treatment options [3]. It is known that appropriate diagnosis and the treatment are important to improve patients’ prognosis [4]. In addition, maintenance of quality of life is also crucial to uphold in the management of breast cancer [1]. As such, it is fundamental to care for patients’ self-esteem and stress levels [5]. This is furthered by the claim that women with breast cancer receiving emotional support have higher overall levels of satisfaction with life [2]. Therefore, treatment of patients with breast cancer must involve all aspects of their lives [5], and not simply the biological, in order to help minimise and relieve their suffering. To address this point, University of Fortaleza (UNIFOR)’s committee promoted the programme “We Keep This Love in a Photograph”, with the aim to improve the self-esteem of breast cancer patients and to promote the empowerment of these women and the celebration of their identities.

The event took place on the morning of October 20th, 2018 at the UNIFOR campus, and was organized in partnership with the UNIFOR Oncology League (LION). The team consisted of volunteer professionals, including two photographers, two make-up artists and one skin professional; an oncologist and a UNIFOR professor were also present to supervise. With regards to our target audience, there was a total of four cancer patients as the target audience.

The experience began with the skin professional chatting with the patients, giving individualised tips and advice on skincare management, and pampering them for a full spa experience. Afterwards, the makeup artists were at their disposal to make them feel gorgeous as they are, which was followed up by a photoshoot to capture their beauty and bravery. A committee member also recorded a short video for each of these amazing women, showcasing their own story and how breast cancer impacted their self-esteem. This whole programme was recorded to capture all the amazing moments throughout the day. In addition, an impact questionnaire was completed with Google Forms, to measure the importance of the programme for these patients, to understand more about their journeys especially with regards to self-esteem.

From these brave women’s experiences, we realised that self-esteem is a crucial aspect to consider - half of the participants still felt that their self-esteem was affected, even after recovery from breast cancer. During their treatment processes, they described having poor and distorted self-images. There is clear need for greater emphasis on mental health by health professionals. At the end of the programme, half of the women reported improvements on their self-esteem, showing
that caring for one's mental health does not necessarily demand large expenditures, rather, it requires a more humanised approach to health and the disease process.

Lack of self-esteem is an often neglected but extremely crucial issue to women living with breast cancer and breast cancer survivors. In recognising this challenge, the organizers hosted the “We Keep This Love in a Photograph” project, to help women boost their self-esteem and to provide a safe platform to share their personal experiences. The programme was extremely successful, thanks to the help of the amazing volunteers and to the active participation of these women who bravely spoke on this delicate topic area. Although the small size of the organising team limited the number of participants, this limitation can be overcome by increasing the size of the organising committee and reaching out to more women at locations such as clinics and institutes specialized in treating and providing follow-up on cancer treatment.

The programme was very well-received by both participants and students. Hopefully, this will inspire similar programmes to be held more frequently and in different locations to bring joy to the lives of these brave warriors.

Keywords: women; breast cancer; self-esteem

References:


With an average household income of R$1270 and a average of R$788 in 2015 [1], Brazil’s economic inequality is very much felt in people from different social backgrounds. In undergraduate courses, the disparity is present, having students struggling to pay for their studies, reflecting the social context of the country. Despite the historical advance of diversification of the medical students’ social profile, this reality has not changed. Therefore, many students rely on their university's affirmative action policies to be able to continue their courses.

Affirmative action policies aim to minimize inequalities by giving disadvantaged students equal opportunities; they may be carried out through the government or private entities. Such inequalities stem from exclusion mechanisms that have accumulated over the years - these mechanisms are often factors that go beyond the control of the individual, and include race, gender, financial conditions, parental education and even those based on power relations.

It was imperative that IFMSA Brazil, comprising of local coordinators (LCs) from a diverse range of backgrounds, promote equality for all. Some LCs are not able to enjoy all that IFMSA has to offer due to financial limitations. For example, IFMSA offers one Regional and two General assemblies annually, not to mention several training and thematic events. The costs of these are not always affordable for LCs, especially considering recent surges in travel expenses. What’s more, the total costs to participate even in a local event can sometimes exceed the average or median household income of a Brazilian household - participation would simply be out of the question.

Considering the context, the following problem arises: how do we ensure that more LCs are able to participate in events without being constrained by economic inequalities? In 2018 during the 53rd IFMSA Brazil General Assembly, IFMSA Brazil launched the Local Coordinator Financing Call for Socioeconomic Vulnerability (referred to as “The Financing Call”). In aiming to minimize financial disparities and to allow more LCs to have access to such events, the Federation provided ticket refunds for LCs to cover their travel expenses, which they could use to get the reimbursement.

The Financing Call selects members based on the social circumstances of the person and individual responsibilities (e.g. position held). In celebrating each individual’s efforts and contributions to IFMSA Brazil, this strategy moves away from factors beyond an individual's control that may limit their opportunities². The Financing Call has shown great promise, although there is still a long way to go.

Unfortunately, due to some limitations in the implementation of this affirmative action
policy, there are still a few LCs affected by their economic status. In an ideal world, we would be able to accurately measure and compensate for the magnitude of inequality experienced by each individual, to maximise the number of interested people who can participate. However, this is extremely difficult, and we are constantly thinking of new strategies to reduce the costs of events to increase accessibility.

In our country, studying medicine -- being able to afford tuition and to purchase the necessary material resources -- is already an example of economic discrimination. As a federation concerned with the inclusion and well-being of all students, we cannot close our eyes to the inequalities that exist in our world today. If it is within our power to reduce those access difficulties, why not take action starting in our very own surroundings?

References:

Sexual Harassment in the Workplace: Its impacts in the medical field and how we can stop it

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To deny people their human rights is to challenge their very humanity.
- Nelson Mandela.

In recent years, sexual harassment in the workplace has been a booming topic in the medical community. Many believe that such harassment is strictly confined to working relationships between health professionals, but it can occur in relationships with patients. Harassment includes unwanted messages or comments about one’s appearance and physique, proposal to engage in sexual activity, or inappropriate touching of body parts [1]. Sexual harassment is defined as unwelcome sexual comments or requests, and any other comment or physical conduct of sexual nature [2].

In a 2018 survey conducted by Medscape with more than 6,000 physicians participating, it was noted that 14% of the surveyed physicians had reported witnessing sexual harassment in the workplace [1]. Female residents were found to be more likely to experience sexual harassment by males, while male physicians were also more likely to have been harassed by males. The behaviors that had been most commonly experienced were violation of personal space (55%) and sexual comments about body parts (54%) [1].

According to the report, the harassment was conducted by physicians in 47% of the cases, compared to by patients, non-medical personnel, and administrators in 30% of cases. A concerning finding was that only 40% of the health professionals
who experienced harassment reported it; the main reason that prevented them from speaking out was the fear of being accused of overreacting and the belief that no action would be taken against the offender. [1]

By far, physicians are found to be most commonly harassed than any other health professionals, such as nurses and physician assistants. Female residents are more frequently harassed than male residents in the age group of 28 to 34 years. [1] As female medical students, we have unfortunately experienced instances of harassment from both patients and residents. While in an elevator, a second-year internal medicine resident rubbed the arms of a female medical student, without her consent, in attempt to get her to loosen up around him. Although this experience may seem harmless to some, to us female medical students, this was unwanted, unnecessary, and completely out of place.

In the Dominican Republic, sexual harassment is unfortunately not uncommon, especially when directed toward women. Just like anywhere else, sexual harassment impacts individuals negatively, often preventing them to work as harmoniously and productively with colleagues and to deliver care efficiently to the patients [3]. It is frightening to know that as future physicians in a developing country, we could experience sexual misconduct anytime in our workplace, and what is even more concerning is the fact that no evident effort is being carried out in the country to prevent such misconduct.

As medical students, we condemn any and all sexual harassment in hospitals. We can learn to deflect such behavior from patients and other people, by continuing to be professional in the work environment. Simulations and workshops can be held on what to do if such situations occur. Only through gaining knowledge and awareness of these issues, can we properly identify and put a stop to them. Nobody should ever feel disrespected or uncomfortable in their field of work. Being a physician is already a daunting task, and we should not have to look over our shoulders anticipating the next instance of sexual harassment. The reality is, we need to come together to end this cycle of disrespect and abuse, and reinforce a culture of professional trust and encouragement where everyone’s voice is heard equally and there is no fear of speaking out on such pressing issues.

References:


As much as we would like to omit the fact that our society is prejudiced against persons with disabilities or individuals with appearances that don’t conform the norms of the society, it is a truth that is remarked upon everyday whenever we come across a person with disabilities. In reality, it is not just the population of Pakistan that is close-minded towards those who are ‘different’ but all parts of the world, literate and illiterate alike.

Let’s delve into the past and see what examples history has to give. Great civilizations of the past, like the Greeks, considered the “ill” to be mediocre and even prodigious minds of the time, such as Plato, suggested the isolation of the “physically deformed” from the society because they mistakenly thought them contagious. In other cultures and religions, some mental health conditions were thought to be due to possession by evil spirits and forced to undergo painful and unnecessary practices of exorcism. Certain areas of Africa denied leadership to chiefs with amputations and special care was taken not to harm anyone who was considered physically challenged as they were considered pacifiers of the devil hence extra precaution was taken in case a curse could be invoked.

However, in some areas of Ghana, like Accral, persons with intellectual and physical disabilities were treated with reverence and wonder, and were believed by many to be reincarnated deities. Instead of being left on riverbanks, the people here were treated with respect and admiration. A recent example of such behavior was observed in India, where a boy born in Punjab with a seven inch tail, was worshipped as the Hindu god Hanuman by his society. In reality, the boy suffers from a type of spina bifida called meningocele. Disability, according to some scholars like Parsons (1951) and Franzen Bjorn (1990), is all about perception and conveyance of oneself to the society. It is no surprise that a person will be judged on their looks by the society and those with physical disabilities will be rejected and shunned. It is not just the verbal assault that is the cause of worry, but the lawless members of the society who abuse persons with disabilities. According to statistics by Morris (2005), 1 in 4 persons with disabilities in England face hate crimes and harassment; 1 in 2 people with mental disabilities face the same issues.

A very important matter that comes into light is also the terminology of the word ‘special’. Why do we label them so? It is not used an adjective to describe something we cherish, or to highlight a certain trait in the person, it is rather their needs and outlook that require different approach and perspective which is why this unseemly euphemism is used. It might be human nature to put everything under labels, but the stereotypes that emerge have damaging consequences on the self-esteem of those with special needs and their tendency to feel secure lowers significantly. Stereotypes are not only damaging to those with slightly different physiologies than us, but it also dampens
the spirits of normal teenagers and adults who try to fit into an ‘image’ proposed by society and imposed by the media. Children with disabilities often face bullying in the forms of provocation and taunting by their peers. According to Gellman (1959), how an adult reacts and behaves towards a person with disabilities is the result of the quality of their nurture. If parents show children not to differentiate or mock a person that children might consider as different, then the amount of adults shunning special persons in the society will definitely decrease.

Studies and observations (Lippman, 1972) have shown that there is no direct relationship between the financial status and literacy of a country to the way they treat persons with disabilities. Scandinavian countries like Norway and countries and Denmark have in fact, higher respect and kindness threshold and better rehabilitation and treatment centers than their less well-off counterparts.

So what is it that leads people to take such drastic measures towards people they think are abnormal? What is the reason behind the disgust, the rejection, fear and revulsion? The psychology behind the hatred for a seemingly harmless person is befuddling indeed. Just because someone looks different, or acts different isn’t reason enough to spurn and mock them.

Moreover, what is the solution to this dilemma that our society faces? Organizations and foundations nowadays are trying their best to create awareness about these issues, battling against the myths and misconceptions. Our society needs to wake up and realize that acting in this manner will not make matters any better and will just promote bullying and insensitivity.

The Pakistani community has tried to aid and facilitate the needs and requirements of children with disabilities. ‘Umeed-e-Noor’ in Islamabad is one of the many organizations that have initiated the movement that houses and offers therapy to at least 1800 children. Labeling people as ‘disabled’ or ‘handicapped’ hinders their ability to perform. They are judged on their disability rather than their ability which is overlooked and could be exceptional but the society they live in constricts the quantity and quality of work they are allowed to do. Also, our societies need to be more need-friendly towards the disabled and the special; a prime example of this is a lack of proper equipment for wheelchair users should they choose to use the bus or public transportation.

Education is an entirely different matter. It may be common belief that children with special needs are unable to cope with and attend normal schools yet many countries, like Kenya prohibit any school to deny admission to a special needs child if they chose to attend. Moreover, the U.N Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993) articulate that, “States should recognize the principle of equal primary, secondary and tertiary educational opportunities for youth and adults with disabilities in integrated settings. They should ensure that the education of persons with disabilities is an integral part of the educational system” This statement alone signifies the amount of progress that the world has made in terms of specialized education.

It is with this belief and hope that I conclude this essay, with a hope for a brighter future where people will not be judged on their looks, on the circumstances of their birth, nor on any possible neo-natal complications, but rather on their abilities and the brilliance and zest with which they live their life and help the community.

References:
2. www.dailymail.co.uk/health/article-2660148/
Human rights statements often reveal a lot about the societies’ understanding of human existence [1]. The rights reflected in these documents can be applied to different contexts of human life, including health. This implies that students and health professionals must know and understand human rights and the impact they have in health, so that they can help their patients understand them and, by doing so, they improve the health system as a whole [3]. The “Human Rights for Whom?” programme aimed to promote knowledge of human rights, allowing students, professors, and faculty of the University of Fortaleza (UNIFOR) to realise the foundations of these rights and to develop an understanding of their application in society. The Local Committee of IFMSA Brazil UNIFOR strongly believe that this theme is essential for the development of more critically aware individuals in society, which fits in perfectly with higher education training.

2018 was an election year for Brazil, which brought many heated political discussions that were sometimes disruptive and counterproductive to the upholdings of human rights, considering that one of the president-elect’s catchphrases was “human rights [are] only for ‘correct’ human beings”. As a result of the political conjuncture, this programme was founded as a way to better answer these questions: what are human rights? How did they originate? What is their relevance in our current society? How do we report violations of these rights?

The organising committee printed original posters that were prominently displayed in the hallways of UNIFOR, made flyers that were distributed during busy lunchtimes and in between classes, and published a website with reliable, trustworthy information on human rights. The committee consulted a law professor to provide an online seminar on human rights law to interested members of the local committee. Local SCORP members also contacted the dean of University of Fortaleza to receive permission for flyer distribution on campus. On November 30th, 2018, the organisers went to the University’s cafeteria to approach and talk to people about human rights. Those who were interested were invited to respond to a quick survey on their existing knowledge of the topic, including their perception of human rights and level of preparedness to discuss this subject area with other people. At the end of the event, some participants expressed appreciation for medical students on raising awareness on such a controversial and important topic. It was clear that there is a general initial lack
of knowledge on human rights: although 87% of the participants reported knowing about human rights, none of them could actually explain what they were. However, after our sharing and presentation, 85% showed in-depth understanding of human rights, showing great improvement. In the end, all the participants were well-informed of the importance of human rights and the clear injustices that were taking place in Brazil. From hosting this programme, we realised that it could expanded to reach more members of the general public in order to truly make an impact on raising awareness on the adequate implementation of human rights in Brazil. The purpose of the programme was to raise awareness on the theme of human rights for students of all courses at the University of Fortaleza. The discussions generated were crucial helping to develop students’ understanding of their own rights as citizens, and to empower them to take action to ensuring human rights for all.

References:

We Need To Talk About Bullying

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IFMSA Brazil

Bullying is a phenomenon that represents acts of physical or verbal violence occurring in a repetitive and intentional way, with the aim of physical and psychological degradation towards victims. With regard to victims, they are usually described as socially isolated [1], which restricts the amount of support and help they can receive from their peers, as well as the fear and the lack of social skills developed to ask their caregivers or adults for help. [2] Thus, bullying can happen for long periods of time without being detected; this can lead to more serious impacts on victims’ physical and mental health in the long run. Therefore, it is critical to develop a better understanding of how bullying affects victims in a school setting and how it is associated with individual characteristics of students.[1] In addition, it is also important to try to understand the aggressors’ points of view - what social problems have led them to become oppressors, the role of parents and of the school in this context, and how this reality can be changed. [3] Due to the recent growing prevalence of bullying and its serious psychological and physical repercussions, this is a subject of great relevance, especially in the
group of children and adolescents. Therefore, the campaign to raise awareness and fight against bullying promoted an interaction with 45 elementary school children, aged 6 to 12 years. Action was taken to inform them of the psychological harm that this type of aggression can cause; this message was delivered through a cartoon with the relevant theme. An activity was also held to highlight the importance of building trust and respect in friendships, where one child was blindfolded and their partner had to guide them verbally through various obstacles. This provided the opportunity to work on the multiple forms of physical and mental oppression among the young. Issues such as the possible consequences of the practice of these acts, such as the onset of depression, school dropout, bad relationships with colleagues or the formation of a violent personality as a form of compensation were also addressed.

In addition, the most varied forms of bullying were cited and exemplified, so that the children could understand that physical, verbal and threatening aggressions are also part of this behavior. Subsequently, there was discussion on what could be done to minimize the problem, such as the relevance of talking with parents and teachers about the subject and the companionship and support of colleagues for the victims. The campaign had an extremely positive effect on the young people at the school, since their enthusiastic involvement in the activities led to them sharing their experiences with their other peers. Many reports have been truly shocking, such as the bullying of teachers with students themselves and the great aggressiveness with which bullying, practiced by the students themselves, is carried out within schools, demonstrating that they truly understand it as an act of violence.

Taking action like what has been done in this campaign is of extreme relevance for combating bullying. For even though it is widely debated and exemplified, the rate of recurrence is high in various parts of the world. It is important to emphasize that IFMSA, being a student organization, plays a significant role in promoting actions such as this, after all, it is a tool that truly impacts both the participants in the action and, especially, the children and adolescents, who have the opportunity to reflect and modify your look around the theme. We hope that all the children present in the action can act in a differentiated way in relation to this subject and that this information is even more disseminated, facilitating the personal relations and, finally, provides a greater mental well-being, contributing to the combat of evils such as depression and suicide.

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