

International Federation of Medical Students' Associations

# ***IFMSA Newsletter***

Communication Creativity Continuity Companionship

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YES, THIS NEWSLETTER IS IN TIME..

## Editorial

Dear friends,

Just some more nights to sleep and we'll meet at the EOM ... if you require any additional information about it, please browse to the IFMSA homepage (see "e-mail news" in this newsletter).

By now, I hope that you all received the invitations for the EOM, the minutes of the two EB-meetings, the new IFMSA statutes and standing orders and, last but not least, the new IFMSA addressbook (compiling the addresses of the NMOs, as well as their Presidents, NEOs, NECs, NPOs and NOMEs).

Sending out the last newsletter has raised the interest of several associations in correspondence in (re-) becoming member of (or staying in contact with) IFMSA - we got letters or e-mail from Nepal, Georgia, Tanzania, Thailand ... - perhaps we are going to have a Regional Office in Asia some day?

One of my major concerns in the first half period of my office was to produce good addresslists - I think I didn't manage to bad. However, a lot of NMOs still didn't update their addresses and most (around 70 out of 75) of the associations in correspondence did actually NOT (even though I wrote to them that they won't receive anything anymore if they do not do so). Since sending out things to 75 addresses is quite costly, we should perhaps discuss at the EOM how to handle this.

After the EOM, I'll put myself together to update the blue and green manual ...

See you in Croatia!

### Jean-Marc Cloos

IFMSA Secretary General  
e-mail: cloos.jm@chl.lu

## Agenda of the EOM

### *Plenary session I* (March 1st, 18.30-20.00 h)

1. Election of the Chairperson, Vice-Chairperson, Secretaries and Returning Officers
  - a) Election of the Chairperson of the meeting
  - b) Election of the Vice-Chairperson of the meeting
  - c) Election of the Secretaries of the meeting
  - d) Election of the Returning Officers
2. Election of the Constitution Credentials Committee
3. Adoption of the agenda
4. Adoption of the previous minutes
5. Election of the Working Committees
6. Election of the Financial Committee
7. Presentations of guests and observers

### *Plenary session II*(March 2nd, 09.00-13.00 h)

8. Report from the Constitution Credentials Committee
9. Reports of the National Member Organisations
10. Report from the Executive Board
11. Reports from the Standing Committee Directors
12. Reports from the Project Coordinators and Liaison Officers
13. Reports from the Regional Offices

### *Plenary session III*(March 5th, 18.30-21.30 h)

14. Report from the Financial Committee
15. Candidatures for the EOM '97
16. Any other business
17. Election of the next EOM hosting country
18. Closure of the meeting

### **Some remarks from the Executive Board:**

The Exchange Officers Meeting is not authorized to take any binding decisions; according to the Constitution only a General Assembly can do that.

However, it has become customary in IFMSA to regard the EOM as a mid term meeting, which is used to report the activities over the past half year, and to plan the second half.

All the reports figuring on the agenda will therefore be presented, discussed and voted upon. This provides NMOs the opportunity to comment on the activities performed by the EB, directors, etc. and have an influence on IFMSA policies.

Please prepare your report well. For NMOs a written report suffices, and oral presentations should only be used in case of innovative activities. All other issues should be dealt with in the Working Committees. All IFMSA officials are obliged to hand in a written report and give an oral presentation of their activities and their plans for the rest of the year.

A second part of the preparation for the EOM is to study the Constitution and Standing Orders, especially the parts on procedures at meetings. Unlike last year it is our intention to use the same procedures as in a General Assembly during the plenary sessions.

Thirdly, the EB would appreciate it if those who deem it necessary to change the Constitution at the GA this summer, take with them the proposals they would like to launch. The intention is to catch badly formulated proposals at an early stage and avoid unnecessary time loss at the GA.

Besides the plenary sessions and the Working Committees (and the Social Program...!) there will be a Presidents meeting. The agenda is not known yet.

The Executive Board hopes to meet you all at a successful and well-prepared meeting.

## **Your Executive Board.**

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AFTER THE EXCHANGE OFFICER MEETING ...

# **IFMSA Leadership Training Programme**

## **March 6 to 10, 1996**

The previous Newsletter appeared a bit late, so no news from what people would like to learn in the LTP. Hanna (with her IPPNW background) came with the suggestion of non-violent communication, which we will try to include in the programme.

Not all details have been arranged yet, but most likely the following topics shall appear on the menu:

### **1. Project Planning** - 2 sessions

Projects that have not been properly planned most often fail to reach their goals. Learning through practice is good but may first result in failures and waste of resources and motivation. Better learn how to run a project before starting one. This session gives an introduction to the terminology, an explanation of various models for project planning and management, and an outline of the basic rules for effective project planning and management.

### **2. Motivation** - 1 session

How do you motivate people to do a good job? In organizations such as IFMSA, made up out of volunteers, the means to force people to do things are limited. Some knowledge, techniques and skills to motivate them by means of a positive approach are therefore all the more important.

### **3. Team Building** - 1 session

Leading an organization is not just a matter of saying what needs to be done. Good coordination using a top-down approach seldom gives satisfying results - more so if your organization consists of volunteers. How does one get the most out of an organization? How can huge organizations change? Can one build in flexibility in the structure of an organization?

### **4. Negotiation** - 1 session

Negotiation is something we all daily do; the same principles top diplomats apply are also useful on the market or in the relations with your friends. How do you prepare for negotiations? How do you prevent getting stuck in an impasse or conflict? How to uncover hidden agendas? How can you get the most out of a situation?

### **5. Conflict Resolution / Non-violent Communication** 1 session

These skills need to be practised a lot more in the world we live in, they are daily applicable. Many organizations do not function properly because of personal conflicts within the group. Why and how do conflicts arise? How can they be prevented? Once a conflict has arisen, how do you get the parties together? How to prevent further exacerbations and create peace?

### **6. Facilitation** - 1 session

The ability to effectively chair a group is not inborn for most people, even constructive participation is not a natural given. Yet everyone at some time or other will find himself in a meeting, especially if you participate in IFMSA. How to ensure that the meeting achieves its objectives? How to deal with difficult people in a meeting? Some practical tricks are given in this session.

### **7. Fund Raising** - 1 session

For a good cause there is always money. But it has to be applied for in the right way. This session teaches you how to present a project to a potential source of support.

### **8. Speaking for an audience** - 1 session

Cause for nightmares for half the population. How do you keep your adrenaline level and nerves under control? Some directions for a good preparation may do a lot to keep calm and put down an clear and impressive speech.

In other words, skills that you can not only use in your work for IFMSA, but which will benefit you also during the rest of your professional career and private life!

There are still a few places left, so if you would like to join this educational experience, you are warmly invited to contact the Croatian organizers.

## **Lennert**

PS: Erratum. Much to my surprise I read in the previous newsletter that the LTP would last until March 11, whereas it should read March 10. My apologies.

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JOIN THE LEADERSHIP TRAINING PROGRAMME..

### **“AN IDEAL LEADER IS ONE WHO CAN FIND TEN PEOPLE TO REPLACE HIM WHO ARE BETTER THAN HE”**

*Shimon Glick, Israel*

“Leadership for Change in the Education of Health Professionals” is the title of a recent publication of the Network of Community-Oriented Educational Institutions for Health Sciences (in short: the Network) and the Kellogg Foundation. (For one thing, the title of the book is as complicated as the name of the organization behind it.) The Network consists of reform-oriented universities and has as a general aim “to provide mutual support to member institutions who wish to adapt their curricula to the health needs of the communities which they serve.” The secretariat is in Maastricht, and institutions like McMasters in Canada and Makerere in Uganda are members. IFMSA holds associate membership.

The book gives an overview of the developments in the literature about leadership and then applies the emerging trends to medical education.

#### *New and Emerging Themes in the Study of Leadership*

According to the authors, the leader as a hero who stands lonely at the top and who alone carries the burden of responsibility has had his longest time. A new leader is emerging in the literature. The new leader is more of a facilitator, a servant of the community he or she leads. The leader is no longer deciding, controlling and taking care of everything, but asks everyone in the organization to take part of this responsibility. Patriarchy in the relationship leader-constituent is replaced by *partnership*. Partnership means that every one in an organization is responsible for creating vision (a mental picture of the desired future one is working towards) and values, and that plans of action are then defined through dialogue. Partners also have the right to say no and are jointly responsible in case of success or failure. The new leader shares his power and is judged on the ultimate performance and well-being of the whole group. One of the key roles of a leader is to *define reality* and help his or her constituents to understand how their environment is changing. Only then can everyone contribute to the attainment of the common goals.

People should be encouraged to take responsibility for their actions, and should also receive the power needed to do that. Workers should be *empowered*, given a sense of control over their working lives. A scary thought for most leaders, who would have to give up that power; chaos might break out. Still, in organizations where it has honestly been tried results are often very good. People are more motivated, and leaders still are leaders, but now more on the basis of respect than of formal hierarchy.

Team work becomes more important. Team work is more than just working together, each doing his or her specific task; team work implies a shared responsibility and a shared vision. All members of the team are responsible for the whole of the result, not for their small part. This requires much discussion about what the result should be, but with everybody’s input the quality of the final result can be expected to be optimal.

Different views and opinions are valuable because they can provide new insights in the issues at stake. There are always differences between people; instead of trying to equalize these differences one should question one's own (unconscious) beliefs before deciding what is best in the given situation.

A certain amount of chaos in an organization is desirable, because it can be the source of new developments. Absence of change in an organization is dangerous, because gradually and unnoticed the environment may change, and accepted solutions may no longer apply to new problems. Continuous change is the parole.

#### *The Context of Change*

Now let us apply this to the context of health care. Are the current health care systems in line with the environment? In short, despite great technological advances, good initiatives and the improvement of many health indicators, there remains reason for concern over a number of issues. The gaps between rich and poor are persisting or even widening; in many countries the costs of health care are rising while the available resources are decreasing. Increasingly it is realized that health cannot be separated from other sectors in society, and that the roles and responsibilities of the different groups involved in the organization and financing of health care have to be redefined.

#### *Challenges for Educational Leaders*

In the view of these changes and challenges, medical education is lagging behind. While the emphasis in many schools is on curative care for individuals in a tertiary care setting, it is increasingly being recognized that there is a need for a broader approach to health care, with more attention for the needs of the community, more preventive medicine, more primary health care and more interaction with other sectors. The mission and goals of medical schools should be evaluated, and curricula reformed towards community oriented, problem based learning.

#### *Leading Reform in the Education of Health Professionals*

At a time when it is increasingly difficult to keep up with the "hard knowledge" even in a very specialized field, faculty are being asked to give increased weight and effort to such "soft subjects" as ethics, cultural diversity and interpersonal communication. Anyone trying to lead such dramatic change in an organizational setting runs up against fear, anxiety, resistance and the inertia that accompanies long tradition. How then bring about this change? The first - and often the most difficult - thing to do is understanding oneself. As a leader one has to set the example or one will lose credibility. As many others as possible have to be involved in the process, and together the organization has to define a vision for the future. This shared vision will guide everyone in the organization to work in the same direction. For the rest, the process of change is very much dependent on the organization that has to change, and its context. The authors do mention a few techniques that can be of help, and point out how to deal with resistance to change. Lastly, it is important to continuously deepen one's knowledge about leadership, and educate new generations of leaders.

Throughout the book are quotes from people who lead reforms in medical faculties all over the world. The many quotes may sometimes give the impression that someone is interrupting a conversation, but they do bring the issues a bit closer to the reader by showing some practical experiences of a number of people who lead reform in medical schools. Other quotes are from authors of books about leadership. Actually, the whole book is a literature study, and at the end a couple of books are summarized for further reading.

I must say that I greatly enjoyed reading this book. It is very stimulating to read about all the different ideas about leadership, and to make your own thoughts about it more explicit. The book is not only useful for those who wish to change the curriculum of their school; it applies to any organization. An extra reason for my enthusiasm is that I can try to put in practice what I read. And so can anybody who is active in this organization; look at IFMSA as a laboratory for future leaders in health care, it is the perfect playground where you can test your theories and abilities!

IFMSA would benefit a lot from more knowledge about leadership. We need to think of a more structural approach of educating ourselves (and, more important perhaps, our successors) in the related skills and attitudes. Traditional medical education does not provide these, so we shall have to establish our own "leadership school". The Leadership Training Programme is one aspect, and should be extended to the national and local level. Literature can be another important tool. "Leadership for Change in the Education of Health Professionals" is an excellent start.

The book can be ordered directly from the Network for NLG 60,- plus 25,- for mailing costs. The way around the mailing costs is to ask Ivo (SCOEE Director, ivo.vandooren@studver.rulimburg.nl) to buy the book for you; he can then bring it to the EOM. Also it is possible to order it at the EOM; a "book shop" will be organized where publications of the Network, WHO and IPPNW can be ordered (problem remains how to deliver it later on).

After reading this challenging book it is time to turn to the challenging reality: turning IFMSA into a learning and leading organization.

## **Lennert Veerman**

President

Neufeld, V., Khanna, S., Bramble, L. & Simpson, J. (1995). *Leadership for Change in the Education of Health Professionals*. Maastricht: Network Publications.

Network of Community-Oriented Educational Institutions for Health Sciences, P.O. Box 616, 6200 MD Maastricht, The Netherlands.

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DOES MONEY RULE THE WORLD OF IFMSA?

## **Fund-raising for IFMSA**

In recent years IFMSA has not been very active in the field of fund-raising. In 1993-94 NLG 9.000 passed through the IFMSA account on its way to the Sudan Village Concept Project; IFMSA as such only had income from membership fees and interest. Last year was the same. But at least we managed to apply for funds from the European Commission, so that over NLG 20.000 could be added to this year's budget, of which it makes out 20%. Though the situation is improving, IFMSA has attracted few funds in the past, nor has it been able to support its projects very much in this sense.

Still, IFMSA has a very good credentials. First of all we have many activities, and many of them are certainly marketable; they are after all aiming to improve our world by providing health care to the disadvantaged, by promoting international understanding, and by improving our own education so that we may better serve our patients and communities. The Village Concept Projects for example, or our thousands of exchanges, give credit to IFMSA.

Second, IFMSA is recognized by many senior organizations. To give you a list: IFMSA is in official relations with WHO (as the only student organization!), Associate member of CIOMS (Council of International Organizations in Medical Sciences - organization between WHO and UNESCO), holds C status in UNESCO and is on the roster of ECOSOC (UN Economic and Social Council - not widely known but very important). We have relations with World Medical Association, IPPNW, World Federation for Medical Education, Health Action International, and are associate member of the Network of Community-Oriented Educational Institutions for Health Sciences. On a European level we are associated to the CP (Standing Committee of European Doctors - very influential in European policy towards health care) and have relations with the PWG (Permanent Working Group of European Hospital Doctors - for young hospital doctors and postgraduates). The European contacts are dealt with by EMSA, but we can nonetheless use them as reference for fund-raising purposes.

Third, we reach thousands of students, many of whom spend a fortune on travelling. This should be interesting

Conclusion: IFMSA is a very marketable organization. Then why is this potential not turned into financial support from the outside? The answer is simple: we never asked for it.

Last year I spent about two weeks preparing the application for the EU money. Getting hold of the application form, collecting data and input, finding the right way to formulate and structure the document, making it look appealing, collect the annexa, having it reviewed by someone else...; these things take time! Formally seen the President should be raising funds for IFMSA. But (s)he should also be doing numerous other things, and possibilities for delegation of this task are not widely available.

Preparing the application was an instructive experience. "Include your last annual report..." IFMSA did not have an annual report; so this year we made one. "Indicate the number of individual members..." So I made a balanced guess of the number of students IFMSA represents. "Estimated impact of activities..." Would you know what to reply to that? I wasn't so much into that kind of language.

Barriers to effective fund-raising for IFMSA:

- lack of manpower
- lack of training
- lack of presentation material
- lack of data
- lack of addresses and requirements for funders
- lack of things to offer

#### ***Lack of manpower***

At first I was thinking of installing a special fund-raiser, or a small group of people. But even for LTP coordinator or MSI editor nobody volunteered this GA, so chances are small that you'd get a medical student for the job. So now I hold the opinion that the responsibility has to be spread throughout our organization. Everybody should be raising funds! Project groups for their projects, Standing Committee Directors for their committees, the MSI Editorial group for MSI, the Financial Committee for the Travel Assistance Fund, etc. Anyone, and certainly anyone within the "IFMSA International Team" can help to raise funds for the IFMSA general budget at times when their primary responsibilities are not too demanding.

The EB should have a coordinating and supportive role in addition to submitting applications and proposals they prepare themselves. And simply make more time by postponing their studies for a year. Being an IFMSA EB member is not something you do in your spare time.

#### ***Lack of training***

The EB should provide opportunities for anyone who wishes to learn the appropriate skills.

During the Leadership Training Programme much attention should be paid to project planning and fund-raising. The one that will be held after the EOM will do so, just come and learn.

Written material should also be available. I am collecting them; available upon request:

- "Project Formulation & Proposal Writing". WHO, 1987. Sort of beginner's manual on project planning and fund-raising from international donors, governments, and private foundations. Very good.
- "Write a Project Document". UNDP, 1990. Somewhat comprehensive document describing in detail and with examples how UNDP wants project proposals filed.

#### ***Lack of presentation material***

We have an Annual Report, Standing Committee leaflets are on the way. A general presentation leaflet/brochure is in the planning phase (but when will I have time?!). We have run out of copies of 40th Anniversary Booklet, which presents the glorious history of the Federation, but a 45th Anniversary Booklet is scheduled to appear at the GA.

It is also nice to have some earlier applications, to serve as an example and to copy sections (like a general presentation of IFMSA and its activities). So I am compiling all applications (especially successful ones) in the IFMSA laptop computer. The plan is to make a diskette with all you need to fund-raise for an IFMSA project; a preliminary, rough version will be available at the EOM. Anybody who can support this database by adding a presentation is welcome to do so.

#### ***Lack of data***

NMOs, and especially NEOs and NECs, should realize the importance of the statistics. If we cannot state whom we represent and what we do, and how many students go from where to where, it is hard to get support from anyone. The "technical data card" and SCOPE Statistics form are a step in the right direction, but the overview often lacks.

#### ***Lack of addresses and requirements from funders***

I am at present compiling all information about funds and fund-raising that I can lay my hands on to create a database which all IFMSA can make use of. At present it contains:

- "Digest of Community Resources available for financing NGO activities in the fields of Development Cooperation and Humanitarian Aid". EC, 1995. 94 pages presenting 37 areas in which NGOs can apply for support.
- "Report from the Commission 1993" EC, 1994. Reports on what projects got EU support in 1993.

- "Support for International Non-Governmental Youth Organizations under article A-322". EC, 1995. Only for European organizations; IFMSA got 10.000 ECU (about 13,000 USD) last year.
- "Guidelines for the co-financing of information and training sessions and seminars for ACP nationals". EC, 1993. Mainly for events in the EU in which people from African, Caribbean and Pacific countries.
- "The Alfa Programme". EC, 1994. For academic cooperation between EU and Latin America.
- Information about several large private foundations active in the field of health care.

I am grateful for any copies of information concerning funds or fund-raising, so that we can build up a solid, well-supplied database that all IFMSA projects can draw from.

### ***Lack of things to offer***

Charitable funds will not usually ask for much in return, but corporate sponsors will want to see their name presented somewhere. We can offer exposure at IFMSA meetings, in the Newsletter, the Annual Report (where we thank all our supporters; no ads), MSI, and with a little creativity much more. However, if you promise something, you are bound. In the case of MSI this means that IFMSA should do much more to ensure the continuity of the magazine [if you would like to help to raise the funds, the lack of which blocks the project at the moment, please contact Michel (mtorbey@attmail.com) or Luis (ifmsa@ulb.ac.be)].

At the moment in the International Team we are thinking about how to better structure our approach to companies (or actually, to *have* an approach).

With all of this, a little luck and perhaps some help from you, we may be able to finance some activities to make this world a little bit better. As said several times in this article, if you would like to receive some of the items mentioned above, or can make a contribution, you are welcome to contact me. And of course: attend the Leadership Training Programme to learn the tricks of the trade!

### **Lennert Veerman**

President

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AN ILLUSTRATED STORY ABOUT MR. N.

## **The story of an EB-meeting**

(SEE SEPARATE FILE)

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STANDING COMMITTEE ON PROFESSIONAL EXCHANGE

## **Some SCOPE news**

Hello NEOs (and other interested)!

Back in Helsinki again and very busy with the EOM preparations, could life be nicer? Just a little question that arises to my mind when I'm sitting at the FiMSIC office with our NEOs and NEC at nine o'clock on a Saturday evening...

I hope you already received the NEO-letter I sent you some time ago. If not, here you get the most important information for our Working Committee in Croatia. The most important thing for us to discuss there will be the evaluation of the exchange program. I hope you'll all have time to browse through the draft I've made for a new evaluation form and have some ideas about how we should use it in the best way.

There are some new NEOs again: Jordi at AECS and Sarah at SISM. More about new NEOs: in the last Newsletter there was a wrong name and address of NEO of EMSA-Egypt. The real new NEO of EMSA is:

Mohamed Tawfic  
11 Ahmed Mekhemer st.  
El-Nozha El-gedida  
Heliopolis  
11769 Cairo  
Phone: +20-2-299 0701  
Fax: +20-2-285 9928  
e-mail: Asherif@alex.eun.eg

As the last thing, here's a short check list of the things you should take with you to the EOM:

- AFs (prepare to cancel your flight back home if you loose them...)
- a WRITTEN NEO report
- statistics
- address list form
- exchange conditions

Well, I guess that was all for this time. Hoping to meet you all in Opatija,

**Hanna Tapanainen**  
SCOPE Director

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STANDING COMMITTEE ONELECTIVES EXCHANGE

## What's new for SCOEE?

Dear IFMSA friends,

As most of you probably know, SCOEE had a supplementary meeting at the end of December in Umeå, Sweden. Although it was a very small meeting, only 8 NECs, and despite the fact that it was f..... cold, we had a very good meeting and we did a lot of work. One of the things we did was writing a questionnaire for LECs to give us an idea about how they feel about electives, the quality of the programs, the organization, etc. I think that we might get some great idea's from them. After all, the LECs are the ones that are actually working with the electives. We also made a new evaluation form, that really gives students the opportunity the write down their comments.

And finally, SCOEEs nightmare has ended: the leaflets are printed and they look VERY nice!!! After missing diskettes, missing leaflets, etc. they are ready. I shall bring them to the EOM.

So, you all can see that there is nothing but good news from SCOEE. The invitations and agenda for the WoCO in Croatia are sent out and I hope (know) that we are going to have a wonderful meeting, again.

See you soon,  
Via Happymail:

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## Another long contribution from Wolfram ...

And for all those who have been waiting for it a long time: Here's a real long contribution from SCOME again - there's quite a lot of stuff to report upon. One thing is of course the **2. International Medical Students' Workshop on the Future of Medical Education** which took place in Belo Horizonte, Brazil, from January 07 - 12. I'll only give a rather brief summary on the meeting, a detailed report will be available in the EOM. You will also find a report contributed by Eva Schmidtke about her experiences with an **Elective in Medical Education** under the rubric SCOME. Furthermore there is a questionnaire on **Medical Education Evaluation** compiled by Ylva Trolle. Finally, take a look at some thoughts about the **Book Aid Project** and a proposal for an **agenda for the SCOME working committee** in Opatija.

Let's go to the workshop, which started with quite an impressive climatic experience for me: Let me assure you that it is quite unique to first take part in an EB meeting close to the polar circle at a temperature of about minus 30 degrees and then go more or less directly to the Brazilian summer with up to forty degrees - without the minus in front. Before the workshop we had quite some difficulties concerning the financial side: Our original goal had to be to get together enough money to be able to support at least some participants concerning their travelling costs. Unfortunately, we did not at all accomplish that goal. Accordingly, many countries could not afford to send participants to the workshop and thus the international participation was lower than we had hoped. For some time we were even quite concerned about the finances for the workshop itself, but due to the terrific job that the members of the local organizing committee in Belo Horizonte did, that part of the budget finally turned out to be well balanced.

Finally, we could welcome 62 participants from 9 different countries in three different continents. The participants worked in five working groups, one focused on "the role of primary health care and public health in medical education", another one on "medical education evaluation". Two groups dealt with "different approaches in medical education" and one with the topic "preparing for life as a doctor". Input for the group discussion was provided three lecturers, who had agreed on sharing their rich experience with us: Prof. Edison José Correa gave an introduction to the educational concept of the Medical Faculty of the Federal University of Minas Gerais, the hosting medical faculty. Prof. Francisco Tancredi presented the UNI project, which aims at integrating medical education with the needs of communities in Latin America. Finally, Prof. Mario Chaves presented an overview of the theory of medical education evaluation. Additional information for the participants and their work in small groups was available on a literature table with various articles and books on topics of medical education concerned. Each small group started work with presenting the situation in the different participants' home countries/universities concerning the topic to be discussed in the group. This presentation was followed by the identification of major problems related to the group's topic. The problems were then grouped and sorted according to their importance before possible solutions and ways for their implementation were discussed. More on the results in the final report.

Apart from the groups sessions and the lectures, there was a possibility to take a look at a rural health centre, used for teaching in the medical faculty of Belo Horizonte. And then, of course, there was quite a lot of time for personal discussions, exchange of experiences, long nights, samba, disco and party and fun. All those of you who did not attend: Blame yourselves!

All in all, I feel that the workshop has been a success, at least for the students who participated. Still, there are a lot of things left for us to learn for the future. I do not think there is any doubt, that there will be a third, a fourth ... workshop in the future, but we will have to raise our efforts to reach more students in all parts of the world. For that purpose intensified and more effective fund-raising, collaboration with regional medical student - and with senior organizations and a more active approach to possible participants will be possible. An idea already discussed in Brazil was to have the workshop in conjunction with regional organizations' GAs or meetings of senior organizations such as the Network in future. A topic for the SCOME working committee in the EOM!

But then, as mentioned above, SCOME is not only the workshop in Brazil. During this fall, Eva Schmidtke from Sweden was the first and so far only IFMSA student to take part in an "Elective in Medical Education" offered by SCOME in collaboration with the faculty of medicine in Maastricht, The Netherlands. You can find her report on the pages following this article. Her experiences with this way of

getting to know a different approach in medical education were very positive and I do very much hope that her report will make even other people interested in such a project. Next fall, all 30 places for “Electives in Medical Education” in Maastricht will be available for IFMSA students and they will be announced not only via SCOME, but also in the Dutch elective catalogue. Again, there will be three different blocks with different topics to choose among, starting in October, November and January. Visiting students will take part in an English speaking tutorial group consisting of Dutch students in their fourth year. If there is any interest for that, we will also have the possibility to some places for “Electives in Medical Education” in other reform-oriented universities, such as Albuquerque/New Mexico and McMaster and Sherbrooke in Canada. During the EOM we may have to discuss, how we can make the program better known in IFMSA and among potentially interested students!

And so there’s the Book Aid Project: This project has been a little sleepy throughout the past five months. As reported earlier, the last delivery of books from mainly Switzerland and Germany was successfully delivered to Latvia in September. Plans to involve new countries such as Ukraine, Bulgaria and Bosnia on the recipients’ side and Austria, the UK and Malta ... on the donors’ side. Still, so far not too much has happened. A couple of books have been collected locally, but our problem now is to find people in both the receiving and the donating countries, who are willing to take over the transport coordination. It was relatively easy for me to that on the level that we had before with only seven countries involved and me living right in the middle. As it is now, the situation is slightly different, with me in the far North of Europe and the focus of the project having moved more to the South. So please consider, whether maybe just you could be interested in engaging yourself in this very concrete and thankful project! The future of Book Aid will have to be a major point in the EOM.

Even the Medical Education Evaluation Project has received relatively little attention throughout recent months. Nonetheless, now Ylva Trolle from Sweden has finished a small questionnaire to be distributed among all NMOs to get some basic facts about medical education evaluation in the different countries. You may remember that our overall goal was to create some kind of handbook for student organized curriculum/course evaluation. In order to accomplish this, we need active support from all NMOs: Share the experience that exist in you countries with us. If possible, fill in the little questionnaire until the EOM!

A last thing that I would like to take up in Croatia is a new form of activity that I have written about a little bit in the last SCOME letter: You may remember that I, together with some fellow students from Linköping, went to Malta, where we had a workshop on problem-based learning together with Maltese medical students. Experiences with that workshop were very positive for all parties involved and I would like to discuss in how far there is a need and a possibility to have more common activities between students of two medical schools within the framework of IFMSA-SCOME.

*And here comes my proposal for an agenda for the EOM SCOME working committee:*

- 1) Opening of the meeting
- 2) Agenda
- 3) Report of the SCOME Director for the first 1/2 working year 95/96
- 4) Report from the medical education workshop in Brazil: live stories, photos, results and truths
- 5) Electives in Medical Education: results and future
- 6) The Book Aid Project: new countries, further coordination
- 7) Medical Education Evaluation: Ylva’s questionnaire, results from Petra (Czech Republik) and Sophie (Canada)
- 8) Bilateral/school-to-school collaboration in medical education within the IFMSA-SCOME framework.
- 9) Any other business
- 10) Closure of the meeting

*And here’s the questionnaire Ylva has made for SCOME (Don’t you forget to fill it in!):*

## **HELP US!**

It only takes a couple of minutes! Are you one of those fortunate students attending a faculty where you are able to evaluate your teachers? Well, not everyone is. It’s time to do something about it and now we need your help.

SCOME is constructing an "evaluation-kit". This is to be a future tool to make a change - either to get evaluation in medical education or to improve an already existing evaluation system.

The kit will contain data on the usage of course evaluations in the world and to show how it can be made there will be a number of examples. Here we need your cooperation! We would like you to send us the questionnaire of your faculty - or maybe you have an oral evaluation session? Write us about it!

Make sure to give us the basic information stated below and send that and your example of evaluation to:

Petra Kvasna  
VSK SVEHLOVA  
Slavikova 22  
130 00 Praha 3  
CZECH REPUBLIC

*Information we need from you:*

Country:

Name, address and contact-person of your university:

Number of students:

When is your course evaluation done?

Who processes it?

**THANK YOU!**

Last but not least, enjoy reading Eva's report on her "Electives in Medical Education" in Maastricht (see next article!).

**Wolfram Antepohl**

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EVA WAS IN MAASTRICHT ...

## **An elective in medical education and an experience for life**

Dear friends,

As our one and only SCOME director, Wolfram, mentioned in the last Newsletter I have now finished a twelve week elective at the University of Limburg in Maastricht, the Netherlands. And I am still here, but that is an entirely different story.

The block that I was going to take: 4.2 "Abdominal Complaints" started on the tenth of October. I arrived some time before that and began adjusting to the city and my new home; room 484 at Annadal dormitory. It is often called "The old hospital". I think living at Annadal is similar to staying at one of our big meetings. It's buzzing with life. You meet students from all over the world, you sleep too little, you talk too much and learn even more (everything from the American Constitution to how to make real Japanese sushi).

There are many more things to be said about this place but I'll stop at that for now.

The Blockopening was a nice introduction led by our block co-ordinator, a likable gastroenterologist with an amazing talent for languages (he's fluent in about eight different languages). He spoke about the Problem Based Learning system in general, and the way the different disciplines are integrated when it comes to both problem-solving and clinical practice. Present were of course the Dutch students and exchange students from Sweden, Germany and Italy.

We were divided into so called "tutorial groups" with approximately eight students in each group, including one foreigner. This block is one of the three that are held in English at the faculty. The weekly schedule included two group sessions of two hours, and 1 - 2 lectures. Attendance was mandatory for both group sessions and some of the other "programmes" offered. These included anatomy and pathology and consisted of a morning/afternoon session with training or repetition. Then there were of course the famous "skills labs". These are sessions where you learn practical skills, either on your fellow student; e.g. palpation of the abdomen, or on dummies; e.g. a basic gynaecological examination. I would call the skills lab one of the most useful inventions since Pasteur. Every faculty should have one. That concludes most of the facts.

For me, as for many of you, this approach is extremely different from what I experienced earlier. As you can imagine I was quite excited when I went to my first tutorial group. For those completely unfamiliar with PBL there had been an introduction the week before, so we started with a "normal" session.

So, what does one do in the tutorial group:

Apart from the tutor every class has a "chair" and a "secretary". These jobs rotate between the group participants. The "chair" sees to the "order" of the discussion and leads the group back when it has gone too far astray. The "secretary" writes the group's hypotheses and conclusions on the blackboard.

Problems are processed according to the so called "seven step jump". This process can be described as follows:

You define the problem you're presented with, and then try to create hypotheses to explain or solve the problem. Then you discuss and try the different hypotheses and hopefully come to a conclusion which one is most likely. According to this you establish the so called "learning goals" for the next session. During the time between two tutorials you work on the goals individually, or in group using the excellent facilities in the library. At the next session you discuss what you have found and hopefully make a final conclusion.

In the beginning I had some difficulties with self-discipline; since it's up to you and you alone to get the job done. Recommended textbooks are available in sufficient numbers at the library. However, one of the system's objectives is also to teach the student to choose among a number of sources, there are many alternative books, publications, videotapes, etc.

Once I had overcome my initial difficulties, I enjoyed an immense feeling of freedom and joy because of my self-autonomy. I felt more motivated than I've ever been before.

"Chairing" a session provides the student with excellent leadership-training in a relatively "safe" environment. The "chair" was informally evaluated after each session; something I found very instructive.

My final impression after six weeks of studies is overwhelmingly positive. This system, however, is not perfect. Like every other it has its flaws and weaknesses to. All in all though, to me it has become obvious that emphasising your own responsibility; and at the same time supporting you in the way this system does, will lead to you becoming a better doctor.

On top of that it's fun.

The second half of my stay was supposed to be an elective. After having given it some thought I contacted the "department for educational development and research" ; which I found in the list of departments available for electives. There they were very welcoming and friendly. After some discussion we'd made guidelines for a paper about how to implement PBL in a single course or a parallel track, which I spent the following six weeks writing, with the help of a tutor that was assigned to me. Working on a paper like this was also a rather new and pleasant experience for me, and now that it's ready I'm rather pleased with the result.

Finally, I want to say that an important factor in making this elective such a success is the international co-ordinator; Marion Aarts. She is always there for you. Also, my general experience is that wherever I came with questions or a need for help people were more than willing to help me out.

I would encourage all of you who are curious and want to try something new, to go for an elective in medical education.

**Eva Schmidtke**

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## Hi again Public Health interested readers!

Hi again Public Health fans !

This is going to be a very short input, and although I know that is always pathetic to come up with excuses, I will still do it. My excuses are that I was away from Umeå from the 24th of Nov. to the 26th of Dec. Where I was I had no e-mail, no telephone and I admit that I took advantage of this period of no contact - well almost - with the world ( but common, be reasonable, it was during Xmas...). So no SCOPH, no IFMSA, not even studying. An other reason was that I was expecting the second Newsletter to come out to see when the new deadline will be. Well, the deadline was set to the 7th of Feb. Which should have been reasonable if the Newsletter would have come out before the New Year...

I received the 2nd Newsletter for about two weeks ago - so there was not to much time to find any news. And, because of the lack of well functioning information channels and routines, if the director is not asking, except for some rare occasions, nobody is reporting anything.

And as the last excuse I can say that (sorry Jean-Marc) I have my doubts that the 3rd Newsletter will be ready before the EOM. Or maybe it will be ready but I don't think that you will be receiving the copies in time to read this before the EOM.

I got under this period three letters and I'm waiting for one. First, the one that I'm waiting for is from Lennert, who received a letter from South-Africa about a project Lennert consider should be under our committee - although it can't be accepted (yet) as SCOPH project because it is only for the south-african students. This is all I know for the moment - after a phone-chat with Lennert.

One of the letters I received from Deborah - NPO of Spain. She was complaining about the DENEM project co-ordination, the problems the students had. She wanted me to publish her letter, so I scanned it. It was in the beginning of this input, but meanwhile I received, another letter from her in which she asked me not to publish the letter because she managed to contact DENEM and they promised to change everything, in better. So I'll wait until the EOM and we should listen to DENEM to hear what they can say in their "defence"

The third letter I received from Ulrika -NPO of Sweden. Not having to much to put to this newsletter I considered that it would be an interesting reading for all of you - especially Erik's letter, about the Uganda projects we were so enthusiastic about in and (a short period) after Barcelona.

Here they come:

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*To everybody involved in or interested in the "maybe" SCOPH project in Uganda!*

Dear friends !

Happy new year! I hope you are all well. I'm fine, the new semester has started and it seems to be a nice change to the last one when I studied surgery 10 hours (well, almost...) a day.

About three weeks ago I received a letter from Eric. It had taken him a lot of time to find some information about the expenses for the old project in Uganda. I'm sending you his letter and copies of what he sent me. To me it's still not clear how things are supposed to work after the expensive planning part of the project. And also not how we are supposed to get involved in that part of the project. It seems to me, that the budget for the planning is still about the same as before, even if Eric emphasises that we don't have to work with more than four villages, or as many as we can "afford".

To me, things seem to be quite difficult. I don't know what you all think?? I know that there is a new SCORP project in Uganda, are you involved in that, Myra? ( I met Eva Bergström today, and she said you are going to Uganda, Myra, that's great!) As for SweMSIC, it is impossible to get involved in such an expensive and big thing for the time being. And I know that there are many interested students in both Germany and The Netherlands, willing to start working with the project.

What I'm trying to say is that I don't think I'm the right person to handle the co-ordination of this new project, as it is developing. Who want's to take over? Should we let it rest until we meet in Croatia?

Please, let me know what you think! I'm waiting for your replays, and I won't write to Eric until you have all replied to me!

Hope to hear from you very soon!  
Use my e-mail address !

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223 61 Lund  
Sweden  
+46-46-150519  
e-mail med91uli@lustudat.student.lu.se

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*Here is the letter from Erik. (The cursive style word are my comments)*

Dear Ulrika Dahl,

First, I would like to thank you for your reply of September, I am very sorry that we have taken such a long time in replying, the reason being that we were unable to get all the documents we thought would be of help, sooner. Even now as I write, we have only managed to get the 1992 summary of expenditures and a copy of an emergency fund request used for some workshops. We have to trace the treasurer who unfortunately stays in the community (he is a community member) and goes to work every day, so do we, we nevertheless will try and find this documents for you to give you an idea of what it takes in terms of expenditure on the project.

*...(some personal matters...) and it continues :*

When we discussed with you, I did not estimate the cost of overheads (*how can OVERHEADS increase massively the costs of a project ??*) which unfortunately contributed to the massive increase in the initial funds needed. However, do not get scared because we can discuss further and have some items in the budget either scaled or even left out if we can. The governments official suggestion to cover more than 4 villages was just an addendum or "food thought" as I had indicated in the proposal, we are not bound by this choose, they accept what we want to go along with. It was just an alternative thought which is not binding.

The cost of faxes and postage could have been overestimated, because we thought we would use more faxes, but as the postage is more efficient these days it should be much cheaper, even then about two months ago, the Uganda Post and Telecommunication announced a slash on the cost of faxes by about US \$ 1 less that what it used to be, so that cost will definitely be much lower.

Please also note that this year 1995 the US \$ exchange rate is about 1000 Ug.Schilling to 1 US\$, (*remember well this number 1 US\$=1000 Ug.SHS.*) so the figures we have sent you of 1992 should be adjusted accordingly.

I have received so far two inquiries on the project from Michael in Germany and from the Netherlands. I will inform them that we had a delay in our side, but we will still try our best to send you the most recent documents on our expenditure especially this year and last year as soon as we get hold of them. (*as it seems, he misunderstood the idea of having an IFMSA project, he seems to want to deal only with Ulrika...*)

In the meantime though, do not lose heart and steam, what I would suggest is find out how much can be raised from your end in the co-operation, communicate that and we work out a budget and work-plan that may accommodate the funds available. (*...it sounds like a car shopping - you tell me how much you have and we can discuss about it. Is this some kind private business ???*)

Dr. Eric S. Lugada  
Project co-ordinator

Budget for UPNHR Community Seminar - to be held on 27th march, 1993:

Introduction

Few people in African Community have the chance to go to school in order to get the basic knowledge about care. Most lives in community are lost due to preventable diseases. It is now necessary to educate people about the possible causes of the diseases through seminars.

#### Aims

- to create general awareness that a committed family should live a good life in society
- to build a healthy environment
- to build a good modern home by the year 2000
- to exchange experience and information on the development of Primary Health system and services

#### The seminar Design

The project will consist of 2 major elements :

- a) Phase one for Parish Leadership Seminar in 4 parishes of Kanyanya, Kawepe II, Komambonga and Mpererwe.
- b) Phase two for grass-root (household members)

#### Participants

Participants will be 100 from the parishes and included in here will be some other Resources Personnel drawn from the Executive members and Makerere University

#### Methodology

Participants will be given guidelines to be followed up; and part of the seminar will be conducted in group discussion.

*Here are now this very interesting calculations :*

#### **Budget**

	US \$	Ug. SHS
<b>Administration:</b>		
- stationery	20	24000
- advertisement (radio,newspaper & TV)	33	40000
- organising expenses	17	20000
- transport	8	10000

*until here the exchange rate is 1US\$ approximately 1200 Ug.SHs*

#### **Seminar:**

##### Refreshments:

- 5 crates of soda	29	35000
- 8 packets of biscuits	4	4800
- 1 packet of straws	1	1600
- transport of soda	4	5000

*here we have between 1160 to 1600 for 1 US\$*

##### Lunch:

- 100 participants	83	100000
- 2 Jerricans of water	2	1000
- 1 piece of soap		200
- transport	13	15000

*here it is only 1000 to 1200*

##### Resource Personnel:

- 8 lecturers	133	160000
- 6 participants from the university	25	30000
- photographs	25	30000

**TOTAL**                      **397**              **476600**

*... and it continues in the same way in the whole document. If I'm not wrong when you do a budget, you usually have certain expenses which are quite the same, not depending on much from the fluctuations of the currency on the external market. You can then count the expenses of anything, - a project in our case - in a more stable and well-known currency. And if we do this with the budgets presented here I simply can't understand what Erik means saying that the exchange rates are better today. For the Ugandan people, yes, but for the project, no. With the new "better" exchange rates the budget presented above would be 476 US\$ instead of 397.*

### Emergency budget for the University Partnership Project in Uganda:

US \$

#### **A. Administrative:**

- stationary	200
- postage/communication	350
- transport	100
- tea & meals	400

#### **B. Trainers of Trainers Workshop (5 days):**

(45 participants and 5 facilitators)

##### Food

- break teas (50 \$ x 5 days)	250
- Lunch (125 \$ x 5 days)	625
- afternoon teas (50 \$ x 5 days)	250

##### Transport

- facilitators (5 pers x 3 \$)	15
- participants (45 pers x 5 \$/day x 5 days)	135

##### Allowances

- facilitators (5 pers x 10 \$/day x 5 days)	250
- participants (45 pers x 5 \$/day x 5 days)	1125

##### Miscellaneous

- stationary	250
- contingency (5%)	185

#### **C. Medical students Sensitisation Workshop-one**

(100 participants and 5 facilitators)

##### Food

- break teas	100
- Lunch	250
- afternoon teas	100

##### Transport

- facilitators (5 pers x 5 \$)	25
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### Allowances

- facilitators (5 pers x 10 \$) 50

### Miscellaneous

- stationary 245  
- contingency (5%) 45  
- report 50

**TOTAL** **5000**

-----  
This was it. Read it again carefully and judge it - what are the money for. However I try to look at it all the money goes basically to food, transport of participants ( aren't the villagers supposed to be in their village - why should they be transported anywhere ) and talking. It is very nice with talking and it is useful as well (sometimes). BUT: where is the project???

This is not what we've been told in Barcelona. Correct me if I'm wrong, but as I understood from what Erik told us, with this amount of money raised we should be running the projects at this very moment.

This is one of the issues we need to have a serious discussion about at the EOM, where I hope to see as many of you as possible.

IF - against all odds - you are reading this before the EOM, don't forget that there will be NO INFORMATION ABOUT SCOPH FOR NEWCOMERS AT THE WoCo. YOU SHOULD READ ABOUT OUR ACTIVITIES BEFORE OR DURING THE MEETING (THE HANDBOOK WILL BE AVAILABLE AT THE EOM).

That's it folks !

Take care and see you in Opatija.

Greetings,

**Nicholas Brodzki**

SCOPH Director

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STANDING COMMITTEE ON AIDS AND STDs

## **How to prepare yourself for the SCOAS Working Committee at the EOM in Opatija**

My dear SCOAS National Coordinators  
(or any students that are willing to come and enjoy with us),

In this letter I will try to prepare you for the work that we are going to do during these 5 days of EOM. It is very short time for all the plans that we need to realize, so we have to get ready before we start.

FIRST, leave all your personal, school, or family problems at home, and try to pack in your suitcase as much energy, ideas, enthusiasm, and patience, as it can fit in.

SECOND, do not forget to bring at least one condom from your country, for our SCOAS Condom Collection (and certain number for yourself, and your irresponsible friends from other countries, who never have them).

THIRD, try to find out and bring to the EOM, at least one address of NGO dealing with AIDS in your country.

FORTH, choose the most popular motto, video projection, poster or drawing suggestion about AIDS, from your friends or from media.

FIFTH, write short report about AIDS and STDs in your country, what is done to decrease incidence, and what is your NMO doing to fight against it.

SIXTH, write in short, what were the plans for the 1st December, 1996, World AIDS Day, and what you realized.

SEVENTH, think of the message that you would like to say to others.

EIGHT, bring all interesting magazines, newsletters, or pictures, about AIDS, STDs, or safe/unsafe sexual intercourse.

NINTH, think of five minutes educational presentation of AIDS to your peers.

TENTH, do not forget YOURSELF!!!!!!!!!!!!!!

At the end of this somehow, not very interesting recommendations, I just want to tell you that I'll be glad to see you and work with all of you, thus create something very, very, special for the future IFMSA life. Let some of these things remain secret.

With love,

**Jelena - your SCOAS Director.**

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STANDING COMMITTEE ON AIDS AND STDs

## **IFMSA World Aids Day Event**

Hi, dear everybody!

I have the strange feeling that some of you might be bored reading what follows, but ... I give it another try, hoping that this time it will work.

My news regard the IFMSA WORLD AIDS DAY EVENT, that I am trying to "put together", but seems quite difficult to convince everybody to send some information. I've been sending several e-mails (to all the offices on the address list) and also mailed this information to all the people on the SCOAS address list.

I would really like to thank people from Mexico, Japan, Macedonia, Brazil (DENEM and IFLMS) and Holland for their interest and receptivity. And I mean, with this, that I have only received these information, added to those from RFMSA and my owns.

It's a pity, because the SCOAS' "project" idea is a nice and useful one. So I am still willing to work it out, but I do need some help. It shouldn't be more than one page, sent by fax, e-mail, or even mail. So, although I fixed a deadline, I give it up! You can still send me all your information regarding AIDS WORLD DAY organised by your medical students, until the end of the month, but no later than that!!! You can send even

pictures, tapes (video or audio) - I can try to make a "collage" of "IFMSA & SCOAS' members at work". I don't need a big report, but only the informations, ideas, plans that worth to be placed in a booklet on this issue.

Thanks everyone, again, and really hope to hear from you soon. Lots of fun, joy and full speed through the last weeks before EOM (success to the OC)

All by best,

**Monica Surdu.**

*SCOAS Co-ordinator of IFMSA World AIDS Day Event*

SSSMN

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STANDING COMMITTEE ON REFUGEES AND PEACE

## **Chirac stopped testing after IFMSA letter!**

Dear friends,

There is not much additional news about the refugee projects. I hope you all received the posters on the refugee projects in Thailand and Sudan. They have been sent out to all NMOs on the 6th of February. Furthermore I am making a booklet with all the information about all the project and some advises how to raise money for the projects, how to get drugs and equipment to take with the ones whom are going. It will be ready the EOM. I hope it will stimulate enthusiastic students to join in the projects. The only person I have not been talking to for a long time is the project coordinator of Sudan, I hope I will see him at the EOM so we can think of a better communication..

Some good news about the landmine-project, about mister Chirac and about the workshop which we are organising before the GA in Prague and in which we should all join in!!!!

The work to ban landmines has been taken up with enthusiasm by Laila Agag in Alexandria, Egypt. She will together with other students in Egypt arrange an exhibition on the landmine crisis. For a recent serious and good study on the impact of landmines take a look at BMJ, Sept.1995, 311:718-21.

Mr. Chirac in France promptly stopped his nuclear experiments in late January, when our IFMSA protest letter seems to have reached him. As we sent the letter in November last year we have complained to the French mail service, whose obvious slowness caused four extra nuclear tests. We are continuing to worry about the mail service in China. The World Court in Hague still have not made up their opinion, to ban or not to ban the use and threat of use of nuclear weapons. Their decision is expected in early March.

Of great importance to the work within SCORP is the IFMSA Workshop on Medicine & War. We are working together with the local organizing committee in Prague to make this as rewarding as possible for the participants and for IFMSA. See announcement with this newsletter.

I have sent around a letter round to all the people that have been at the GA at the working committee of SCORP and also contacted some of you from the EOM before ... I hope to hear from all of you. Also if your are not coming to the meeting any longer.

And, please to anyone who reads this please let me know about refugee or peace activities at your faculties. I know that thee are people working on that, but mostly on their one or in all different kinds of committee. In my opinion it is better to combine our forces and help each other out. We could make a databank with all information how to organise activities according to refugee and peace. Please don't hesitate.

### **Jet and Kurt**

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JUST BEFORE THE GA STARTS ...

## **Workshop on Medicine & War**

## **Hradec Kralove, August 1st to 4th, 1996**

IFMSA realizes that today violent conflicts are a major obstacle to health in many parts of the world. Emergency relief work is necessary, but the only long-term and sustainable solution lies in prevention. The remedy for this problem therefore is persistent work for disarmament and for a change in attitude of people as individuals and in their societies. Medical students, as future advocates of health, can play an important role in promoting a more peaceful world.

Before the IFMSA GA in Prague there will be a workshop in Hradec Kralove with the theme "Medicine and War". The workshop will be aimed to inform about and discuss the medical effects of war and the physicians role in treating and preventing these. There will be lectures by experts and presentations by medical students working with refugee relief and violence prevention issues. In smaller working groups we intend to brainstorm for ideas and discuss the IFMSA work and strategy in promoting peace, tolerance and post-conflict peace building. A more detailed program will follow in the next newsletter.

Want to participate ?

Contact Petr Vaculik

Fax: +42 49 26653 or E-mail: Petr.Vaculik@lfhk.cuni.cz

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PUBLIC RELATIONS & MARKETING

### **New T-shirts and stickers!**

Hi!

Peter now has his own homepage too - just like Kurt, our IPPNW Liaison Officer. Peter's homepage can be consulted at: <http://crick.fmed.uniba.sk/~kubica>.

And ... we have new T-shirts and stickers!!! More at the EOM

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THE EUROPEAN MEDICAL CURRICULA ACCESS DISKETTE

### **2nd EMCAD diskette during the EOM?**

Dear EMCAD-interested readers!

The computer expert working on the second edition of the EMCAD (European Medical Curricula Access Diskette) has most probably finished it before the EOM.

Since I do not have any diskettes to give to you (the budget was entirely used), please bring a 1.44 MB, PC formatted, diskette with you to the EOM if you are interested in receiving a copy.

Yours,

**Jean-Marc Cloos**

EMCAD Project Co-ordinator 1994/95 (and still continuing)

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INTERNATIONAL PHYSICIANS FOR THE PREVENTION OF NUCLEAR WAR

## Teddybears for Guns

Dear friends,

I would like to share with you a letter from Belinda Jim, a medical student in Physicians for Social Responsibility (PSR) the IPPNW affiliate in USA. She informs here about a special project they are planning.

**Kurt Hanevik**  
IPPNW-Liaison Officer

### *"Teddybears for Guns"*

This letter is to inform you of an upcoming Regional PSR meeting to organize a massive "handgun for teddy bear exchange" next year. Many schools are doing great things through PSR in community outreach, violence prevention, nuclear and environmental issues. Schools have been able to set up unique programs (from the ground up in some instances) to tackle these issues.

As part of our focus on working effectively as a region, we would like to organize a region-wide "Handgun for Teddy Bear Exchange" next year. Several schools around the country have already had one or are planning to have one in the near future. These exchanges have historically been seen as high on symbolism, with the real value being public awareness of gun safety, rather than the number of guns turned in. We feel though, that a collective effort will garner the type of national attention that is needed to produce a large response, and to focus national attention on the issue of handgun safety and children.

However, to set up such a collective effort requires timely planning and a commitment from schools to follow through. We have prepared a detailed guide of the steps toward producing a successful event. This guide will be presented by Burke Richmond, of the University of Vermont College of Medicine. He is the original mastermind behind these exchanges and has a wealth of experience that can help us get started.

If your school is interested in attending this meeting, or would like more information regarding the Regional Handgun for Teddy bear exchange, or other ways to network with us please contact me.

**Belinda Jim**  
e-mail: jim@aecom.yu.edu

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UNESCO LIAISON OFFICER

## UNESCO News in short

Hi you all!  
Greetings from the north - 18 degrees...

*UNESCO News in short:*

- \* Lennert, Kurt and I have applied for some money from UNESCO for the LTP in Croatia and for the Workshop on Medicine and War in Prague in order to get more participants from the developing countries to our meetings.
- \* I'll bring "the Resolutions of the UNESCO General Conference" and some other UNESCO material to Opatija to be copied for people who are interested.

- \* The final report of the Workshop on Medical Education held in Belo Horizonte, Brasil will be sent to UNESCO division on Higher Education as soon as it is published.
- \* The UNESCO liaison officers' duty is available for a young, energetic, out-going medical student...If you are interested, please, express yourself!

See you all soon in Croatia!

### **Katja Nevala**

Puutarhakatu 20 A 5

90100 Oulu

Finland

Phone & fax. +358-81-311.99.31

e-mail: katjan@paju.oulu.fi

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THE IFMSA REGIONAL OFFICES - DOES ASIA GET CLOSER?

## **IFMSA greets AMSA!**

*No major news from our Regional Offices in Africa, South-America and Europe - I would really like to get some articles from them for the next newsletter. However, Lennert, our dearest IFMSA president, is hardly working on the Asian side - as the following article, written for the AMSA (Asian Medical Students' Association) newsletter proves to all of us:*

Up to last summer I knew of the existence of the Asian Medical Students Association, but not so much more. It was therefore a pleasure to read the first AMSA News, and learn more about AMSA and its activities. (Thank you, Dick!). I hope AMSA and IFMSA will become good friends, now that we are getting to know each other.

But let me introduce the organization that I am presiding this year, the International Federation of Medical Students' Associations. IFMSA was founded in 1951 in Copenhagen. The second world war was still fresh in everybody's memory, and medical students from different countries came together to ensure that such a terrible thing would never happen again. They did so by promoting international friendships and understanding on a professional basis.

In the 44,5 years of its existence the Federation has grown into a well-established organization with national member associations in 49 countries worldwide, and contacts in about 50 more countries. IFMSA organizes many activities in different fields.

The main activity, right from the beginning, is the Professional Exchange programme. This programme offers students the possibility to do a clerkship of 4 weeks in a hospital abroad, see how things are arranged in another country, get to know foreign people, and make new friends. Every year about 5,000 students do an IFMSA Exchange!

About 500 students participate in the Elective Exchange programme. Via this programme students can join in a research programme in a medical school abroad. Usually an elective takes 6 weeks, but longer periods are possible.

For both types of exchanges the students of the host university arrange board and lodging, the place in the hospital or research team, and most often a social programme is organized, so that you get to know the city and the people.

A third area IFMSA works in is of course medical education. We discuss what medical education should look like, what you can do in your own faculty to improve the education, organize workshops, compile and compare curricula, collect medical books to send them to countries where the libraries are not well-equipped, and represent medical students in international forums about medical education. As medical

students we know, after all quite a lot about our own education, and we can certainly help to make it better.

Fourth, we are active in Public Health. In this committee we run several projects to improve the living conditions of our poor fellow citizens on this globe. In Sudan, Ghana, Tanzania, and soon also Ecuador so-called "Village Concept Projects" are organized in order to help villagers to improve health and sanitation, and in cooperation with the agricultural, forestry, etc. students also other sectors of daily life. In Calcutta we help to put up a clinic for the poorest citizens, in Romania we help orphans, in Brazil there are many projects, and in Uganda, etc. More projects every year.

AIDS is another field IFMSA is active in. In different countries medical students go out to secondary schools to inform you people about this terrible disease and what you can do to prevent it.

Last but not least, we have a committee on Refugees and Peace. In this committee we develop projects to help refugees in camps in Sudan, Uganda, and near the Thai-Burmese border. There is also a project to help student-invalids of the war in Bosnia-Herzegovina. The "Peace part" of the committee hopes to prevent wars by campaigning against land mines and nuclear weapons, and promoting a peaceful world. IFMSA supports the international campaigns against anti-personnel land mines and nuclear weapons (and testing).

IFMSA also aims to represent medical students towards the international community and organizations, and is as such widely recognized. IFMSA is the only student organization that has official relations with the World Health Organization, we have relations with UNESCO, the World Medical Association, the International Federation for Medical Education, the Network for Community-Oriented Educational Institutions for Health Sciences, IPPNW, and many more. We cooperate with similar student organizations from other disciplines, and we have cooperation agreements with the regional medical students' organizations in Latin America, Africa and Europe.

IFMSA has two annual meetings; a General Assembly in the beginning of August, and the Exchange Officers Meeting in the beginning of March. In both meetings about 200 to 300 people participate. Our upcoming General Assembly will be held in Prague, Czech Republic, from 6 to 11 August. Before the GA there will be a workshop about "Medicine and War". I would like to take this opportunity to invite you to come and join us there.

Well, that was IFMSA in short. If you would like to know more, you are welcome to write us. Or you can take a look at our Homepage on the net: <http://crick.fmed.uniba.sk/ifmsa/IFMSA.html>.

Greetings on behalf of your global friends, who hope to meet you some day!

**Lennert Veerman**

IFMSA President

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EXTERNAL RELATIONS AND IMISO - LUIS IS BACK!

## **Back on the IMISO tracks**

Dear all, so, here you've got me again!

During the last months, I've been dedicating basically to my personal projects, even though I never totally disconnected from all IFMSA affairs: on the minimum stage, I still acted for a while as Jean-Marc's e-mailbox in Brussels.

As more troubling news about IMISO were coming up, I just could not stay quiet any longer (guess you already know me...), and offer myself to Lennert as liaison to some external contacts that were becoming difficult through the year, namely for IMISO matters, but also to keep regular contacts with FELSOCEM.

It's a question of timing to know if I'm already appointed as External Relations officer, or not yet. Approval from my NMO is coming...

IMISO seems always at this time of the year to bring out all the problems that nobody sees through the year, just because we're going to hold the annual meeting. By the time I'm writing this, it is not clear even if there is going to be a meeting. After two years dedicating to this task, I feel a personal concern on this issue, and am almost sure that we'll finally come to a solution.

One of the main problems is regarding the extension of the IMISO concept on the national and local levels, that is failing, due to the same reasons why there are problems on the international: we are usually busy enough with problems in our own organisations and do not find a little time to dedicate to the others... I'd like to use these lines to encourage you to have some joint meetings (if you still do not hold them) with you partner organisations on the national/local levels... there's so much you can do together! Joint selection exams for exchangees, reception/social programs, seminars... just think on the basic things you all have to do anyway, rather than starting a new ambitious project that will be in the end forgotten because there are CAs waiting. Experience on the international level has already shown that co-operation is better done on the basic things that are realistically achievable (not news for many, I guess, but took a while to realize...).

Hope that at the EOM you have the opportunity to exchange among you several good experiences on what you've already been doing successfully, just as an example that gets me close: AIESEC-European University of Brussels, AIESEC-Ecuador and IFMSA-AIEME came to work together on a Development Project, that will soon be presented as a new VCP; on the same time, this has motivated FELSOCHEM members in Ecuador to apply for IFMSA membership and join the project too.

I'm sure there's still much more all of you have done and we didn't realize yet.

Hope to see a lot of you on the LTP in Croatia!

**Luis Ramos**

External Relations Officer

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## ASSOCIATIONS IN CORRESPONDENCE

### Some mail ...

Even though we can't publish everything in the newsletter, here's just two of the many letters we get from our associations in correspondence ...

*From NASYO, Non-aligned students & youth organization (Iraq), dated January 3, 1996:*

NASYO General has thankfully received the IFMSA newsletter released on October 20, 1995 which actually acquainted us with your efforts and activities in promoting programmes related to Public Health and improving health and development in small and rural communities. According to the decisions of our Organization, I am pleased to invite a group of medical students to visit Iraq so that they can be acquainted with the health problems arising due to the on-going economic sanctions imposed on Iraq for more than five years because of shortages in food and medicine for Iraqs.

We, as an international organization, will do our best to ensure all the necessary facilities by coordinating with the National Union of Iraqi Students (NUIS), so that we can make this proposed visit successful.

We do hope that our proposal receives your kind concern and interest. [...]

**Saif Al-Mashhadanni, General Secretary**

21 st., Building 19, P.O. Box 4105, Adhamia,  
Distric - 314 - Baghdad, Iraq

*From NMSS (Nepal Medical Students' Society), dated January 12, 1996:*

Thank you very much for sending IFMSA newsletter and invitation to EOM in Croatia.

[...] We were full member of the IFMSA. Due to some different reasons we could not renew it during Barcelona GA and became a member in correspondence. We share an exchange program with SweMSIC and NeMSIC.[...]

I kindly inform you that on behalf on NMSS, Gopi Aryal has applied for the TAF to make his participation possible in EOM. He is an active member of the society and of great potential. His presence in the meeting will further help the NMSS to expand its exchange program. So kindly consider on providing him the TAF assistance and make his participation possible. Now here I'm working for NMSS Public Health program and considering how to project it in the next IFMSA GA and make it IFMSA project.

Thanks for mentioning something on Nepal in the newsletter. Besides the Tibetan refugees, there are almost 100,000 Bhutaneese refugees in South East of Nepal.

I look forward to be in touch.

**Biplav Yadav, President**

NMSS, Tribhuvan University, Institute of Medicine,  
P.O. Box 4240, Kathmandu, Nepal

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CLINTON DEPLOYS VOWELS TO BOSNIA

## Cities of Sjlbdnzv, Grzny to Be First Recipients

Before an emergency joint session of Congress yesterday, President Clinton announced US plans to deploy over 75,000 vowels to the war-torn region of Bosnia. The deployment, the largest of its kind in American history, will provide the region with the critically needed letters A, E, I, O and U, and is hoped to render countless Bosnian names more pronounceable.

"For six years, we have stood by while names like Ygrjvslhv and Tzlynhr and Glrm have been horribly butchered by millions around the world," Clinton said. "Today, the United States must finally stand up and say 'Enough.' It is time the people of Bosnia finally had some vowels in their incomprehensible words. The US is proud to lead the crusade in this noble endeavour."

The deployment, dubbed Operation Vowel Storm by the State Department, is set for early next week, with the Adriatic port cities of Sjlbdnzv and Grzny slated to be the first recipients. Two C-130 transport planes, each carrying over 500 24-count boxes of "E's", will fly from Andrews Air Force Base across the Atlantic and air drop the letters over the cities.

Citizens of Grzny and Sjlbdnzv eagerly await the arrival of the vowels. "My God, I do not think we can last another day," Trszg GrzdnjklN, 44, said. "I have six children and none of them has a name that is understandable to me or to anyone else. Mr. Clinton, please send my poor, wretched family just one 'E.' Please." Said Sjlbdnzv resident Grg Hmphrs, 67: "With just a few key letters, I could be George Humphries. This is my dream ..."

The airdrop represents the largest deployment of any letter to a foreign country since 1984. During the summer of that year, the US shipped 92,000 consonants to Ethiopia, providing cities like Ouaouoaua, Eaoiiuae, and Aao with vital, life-giving supplies of L's, S's and T's. The consonant-relief effort failed, however, when vast quantities of the letters were intercepted and hoarded by violent, gun-toting warlords.

*P.S. For those who didn't realize it by now - this was a joke! But I kind of liked it because I have to type all this strange names into the IFMSA address lists and get killed by you if I make any spelling mistakes.*

*Your devoted Secretary General,  
Jean-Marc Cloos*

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TRAVEL ASSISTANCE FUND (TAF)

## Regulations for the IFMSA TAF

The purpose of the IFMSA TAF is to make it possible for National Member Organisations (NMOs), and others, with weak financial status to send one delegate to IFMSA General Assemblies (GAs) and Exchange Officers' Meetings (EOMs).

**Participation fee shall be covered completely for GAs and EOM's. Additionally, the travel expenses (for the cheapest means of transportation) for GAs and EOMs shall be covered up to 50%.**

Money for the TAF shall be gathered through specific fund-raising by IFMSA (for example part of the membership fees), contributions from IFMSA NMOs, from private individuals and from other sources.

Applications for support from the TAF can be made by delegates of organisations in need. The application should be sent by registered mail to the General Secretariat and by regular mail to the Financial Committee (FC) co-ordinator. The application must be present before the 1st of January for EOMs and the 1st of June for GAs. The application will be answered before the 31st of January for EOMs and the 30th of June for GAs. Late applications are in general not granted. The FC will inform the Organising Committee (OC) of the meeting, for which travel assistance is sought, about applications. The FC will also inform the OC, one month in advance, about which of the applications have been approved and proposals to the OC to handle the registrations as early registrations. An application must be specifying intended private fund-raising and all expected costs and signed by the president of the organisation in question. The following should be added to the application:

- \* membership status
- \* the economic status of the country and organisation
  - gross income & address changes, starting income for medical practitioners
  - inflation rate
- \* documented efforts of private fund-raising made by the applicant
- \* the level of activity of the NMO /equivalent (for instance exchange, etc.)
- \* whether the organisation in question has recently received support from the TAF

The FC takes into consideration the criteria mentioned above. **Even if the applicant fulfils these criteria, the grant shall not be paid if the organisation in need has shown up with more than one delegate at the meeting.**

All the travelling tickets for coming to the meeting must be presented to the FC at the respective meeting.

All payments must be countersigned by the General Secretariat (GS) and Treasurer of IFMSA or by the President of IFMSA.

Money shall be paid to the selected organisation/s after the meeting, not in advance.

Money intended for the TAF shall be kept in a bank account separate from the official bank account of IFMSA, and the transactions shall be carried out in the same way.

The TAF book-keeping shall be separate from other IFMSA book-keeping.

The FC shall present to the Treasurer:

- \* copies of all granted travelling tickets
- \* reasons for the selection done

Information about the TAF is the responsibility of the secretary general and should be presented in every IFMSA Newsletter, added to every invitation to the NMO's, and organisations in correspondence, for IFMSA GAs or EOMs.

Complaints concerning the management of the TAF shall be brought to the GA.

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TRAVEL ASSISTANCE FUND (TAF)

# Guidelines for application to the TAF

Application is ideally made on the application form and shall be sent to the GS (address see below) by registered mail and to the FC co-ordinator (see enclosed address list) by regular mail. You can of course initially make contact via fax or e-mail.

Do not forget to register for the meeting that you are seeking travel assistance to come to BUT do not register more than one delegate. Register on time! Notify the OC that you're applying for TAF. IFMSA officials can only apply if they are the only delegate from their country.

State your address/fax/e-mail/phone number clearly.

The application must be present before the 1st of January for EOMs and the 1st of June for GAs. The application will be answered before the 31st of January for EOMs and the 30th of June for GAs. Late applications are in general not granted.

Mrs. Mia Hilhorst  
IFMSA General Secretariat  
Meibergdreef 15  
1105 AZ Amsterdam  
The Netherlands  
Phone: +31-20-566.53.66  
Fax: +31-20-697.23.16

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TRAVEL ASSISTANCE FUND (TAF)



## IFMSA TAF Application Form

NAME .....

ORGANISATION .....

POSITION .....

COUNTRY .....

ADDRESS .....

PHONE ..... FAX ..... E-MAIL .....

THE BEST WAY TO CONTACT ME IS: .....

**SPECIFICATION IF EXPECTED COSTS IN NLG:**

PARTICIPATION FEE .....

TRAVEL EXPENSES .....

KIND OF MEMBERSHIP IN IFMSA (FULL/CAND./ASS.) .....  
LEVEL OF ACTIVITY (FOR INSTANCE EXCHANGE, ETC.) .....  
ECONOMIC STATUS IN GROSS INCOME/CAPITA .....  
AVERAGE STARTING MONTHLY INCOME FOR A MEDICAL PRACTITIONER .....  
INFLATION RATE .....  
PRIVATE FUND-RAISING .....  
WHEN WAS THE LAST TIME YOU RECEIVED TAF? .....

DATE AND SIGNATURE

PRESIDENT'S SIGNATURE

BOARD MEMBER'S SIGNATURE

Received at the General Secretariat

Accepted/denied

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ANGRY ABOUT OLD ADDRESSES IN THE IFMSA ADDRESSBOOK? - WRITE ME!

## **IFMSA e-mail News and address changes**

Well - now that you received the IFMSA Addressbook (dated January 12th, 1996), please compare the addresses and update them if necessary. Major changes should be done by using the IFMSA NMO Technical Data Card. Minor changes (e.g., new e-mail) can be notified by informing me at: [cloos.jm@chl.lu](mailto:cloos.jm@chl.lu)

And here's the changes ...

*Mia Hilhorst, General Secretariat*  
e-mail: [f.w.hilhorst@amc.uva.nl](mailto:f.w.hilhorst@amc.uva.nl) (sorry, Mia!)

Nishaban Talukdar (*Conference on "Priorities in Health Care"*) and Lars Hagander (*ERASMUS and TEMPUS Liaison Officer*) share the same e-mail address: [anm-ele@pop.lu.se](mailto:anm-ele@pop.lu.se) (Please mention "To Nishaban" resp. "To Lars" in subject field). Nishaban's fax number is: +46-46-222.41.70

*ISRAEL - FIMS*  
New NEO and Vice-NEO: Rami Sack & Guy Choshen (address unchanged)

*ROMANIA (Iasi) - SSMN:*  
President and NEO e-mail is now: [monic@umfiasi.ro](mailto:monic@umfiasi.ro)  
Public Health and Medical Education Officer e-mail is: [cristina@umfiasi.ro](mailto:cristina@umfiasi.ro)

*RUSSIA - St.Petersburg (St.PMSA)*

St. Petersburg Medical Students' Association  
Pavlov State Medical University  
197089 Lev Tolstoy str., h.6/8  
St.Petersburg  
Russia  
Phone: +7-812-395.25.89 / 585-63.21  
Fax: +7-812-234.01.25 / 394.75.62  
President: Andrew V. Zauter

*SLOVAKIA (SloMSA)*  
New NMO fax number: +42-7-32.30.71  
NEC e-mail: Katarina Siagiova (e-mail: 4siagiova@doktor.jfmed.uniba.sk)

*AUSTRALIA (in correspondence)*  
Australian Medical Students' Association (AMSA)  
AMA House  
88 L'Estrange Terrace  
Kelvin Grove Old 4059  
Australia  
Phone: +61-7-38.72.22.38  
Fax: +61-3-93.49.45.11  
President: Sarah Whitelaw  
Flat 3, 11 York Street  
Indooroopilly Old 4068  
Australia  
Phone: +61-7-38.71.00.90

**The IFMSA HOMEPAGE is at <http://crick.fmed.uniba.sk/ifmsa/IFMSA.html>**

**The IFMSA MAILSERVER is at [ifmsa@lesvos.med.auth.gr](mailto:ifmsa@lesvos.med.auth.gr)**

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## Calendar of events

### Conferences

- \* **IFMSA Exchange Officers Meeting**  
March 1 to 6, 1996. Opatija, Croatia.  
More info: [zrinka.milosevic@mamed.medri.hr](mailto:zrinka.milosevic@mamed.medri.hr)
- \* **IFMSA Leadership Training Programme**  
March 6 to 11, 1996. Opatija, Croatia.  
More info: [zrinka.milosevic@mamed.medri.hr](mailto:zrinka.milosevic@mamed.medri.hr)
- \* **FAMSA General Assembly**  
March 30 to April 4, 1996. University of Witwatersrand, South Africa.  
More info: [famsa@medicine.uct.ac.za](mailto:famsa@medicine.uct.ac.za)
- \* **World Health Day**  
April 7, 1996. World.  
More info: [goldstein@who.ch](mailto:goldstein@who.ch) & [powellc@who.ch](mailto:powellc@who.ch)
- \* **2nd International Medical Students' Congress**  
April 11 to 14, 1996. Katowice, Poland.  
More info: Medical Students' Corporation "Asklepiada" - Fax: +48-32-152.38.17
- \* **6th EMSA International Scientific Symposium**  
April 17 to 19, 1996. Antwerp, Belgium.  
More info: [emsa@uia.ua.ac.be](mailto:emsa@uia.ua.ac.be)
- \* **2nd European Medical Students' Symposium on Public Health**

May 4 to 5, 1996. Thessaloniki, Greece.  
More info: papadimi@edu.uch.gr

- \* 20th International Medical Students Scientific Congress  
May 10 to 13, 1996. Ohrid, Macedonia.  
More info: fax +389-91-11.18.12 (MMSA)
- \* Second UN Conference on Human Settlements - Habitat II  
June 3 to 14, 1996. Istanbul, Turkey.  
More info: ifmsa@ulb.ac.be
- \* The 7th Ottawa International Conference on Medical Education and Assessment  
June 25 to 28, 1996. Maastricht, The Netherlands.  
More info: devries@educ.rulimburg.nl  
Gopher: //www.educ.rulimburg.nl
- \* 11th International Conference on AIDS  
July 7 to 12, 1996. Vancouver, Canada.  
More info: robyn@hivnet.ubc.ca or scoas@osmeh.fon.bg.ac.yu
- \* **Workshop on Medicine & War**  
August 1st to 4th, 1996. Prague, Czech Republic.  
More info: kurt.hanevik@ikb.uib.no
- \* **45th IFMSA General Assembly**  
August 1996. Prague, Czech Republic.  
More info: nemsic.buro@med.vu.nl
- \* 6th EMSA General Assembly  
September 1996. Crete, Greece.  
More info: 6thGA-96@emsa.med.uch.gr
- \* 1st International Medical Students' Congress  
September 1 to 5, 1996. Izhevsk, Russia.  
More info: fax: +7-3412-78.58.40 (Congress Secretariat)
- \* 1st International Conference on Priorities in Health Care  
October 13 to 16, 1996. Stockholm, Sweden.  
More info: nemsic.buro@med.vu.nl

### **Summerschools, seminars, workshops, etc.**

- \* European Medical Students' Orchestra (EMSO)  
April 5 to 14, 1996. Ljubljana, Slovenia.  
More info: emso96@mf.uni-lj.si
- \* 3rd German Eurotalk Freiburg  
April 6 to 14, 1996. Freiburg, Germany.  
More info: gerthom@mibm.ruf.uni-freiburg.de
- \* English Eurotalk  
May 17 to 19, 1996. Würzburg, Germany.  
More info: phone +49-931-57.21.03 (Frauke Löhlein)
- \* Congress of medical students of the republic of Bosnia and Herzegovina  
June 1996. Tuzla, Bosnia and Herzegovina.  
More info: bohemsas@zamir-sa.ztn.apc.org
- \* English Eurotalk Moscow  
June 24 to 30, 1996. Moscow, Russia.  
More info: fax +7-095-205.31.87 (Inna Zolnikova)
- \* German Eurotalk Kiel  
July 13 to 20, 1996. Kiel, Germany.  
More info: KLI01@rz.uni-kiel.d400.de

- \* International Medical Students' Camp  
July 20 to 30, 1996. Moscow, Russia.  
More info: fax +7-095-205.31.87 (Inna Zolnikova)
- \* International Summer School Stop AIDS: "Do the action, but use protection"  
July 20 to August 4, 1996. Belgrade - Kopaonik, Yugoslavia.  
*Same time, same place: Student congress on HIV infection and AIDS & supplementary SCOAS meeting!*  
More info: scoas@osmeh.fon.bg.ac.yu or yumsic@osmeh.fon.bg.ac.yu

**Please contact the Secretary General for the reporting of future events  
you would like to see included in this Calendar.**

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