



MSU

Medical Students' Union
NEWSLETTER

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Medicos Fiesta 2013

In This Issue...

- Fighting a Crusade
- MSU Activities
- Young Voices against gender based violence
- Medicos' Week 2013
- Antibiotics resistance: 'A risk as big as terrorism'
- Think of things before they fix you up!
- SLUG 2013

Dean's message



I am pleased to give this message to the newsletter published by MSU. One of the key outcomes expected out of this activity is improvement in English language skills. In addition it will improve the skills of students on information gathering, editing and designing. I understand that the first newsletter comes with information about MSU and students' activities. I urge the students to continue this activity by releasing newsletters periodically, incorporating important and interesting information. Integrate your newsletter with the other internal communication tools and get feedback from staff and students, and continue to improve the newsletter. I wish all great success and work towards empowering the community through health and medical journalism.

Dr. S. Balakumar

Dean,
Faculty of medicine,
University of Jaffna.

MSU PRESIDENT'S WORDS



I am very pleased to pen this message as a president of Medical Students' Union on the release of this newsletter. This newsletter gives an opportunity to notice the composition of the various aspects on health related information and recent events and activities of our students. The comprehensive coverage of the subject is noteworthy and valuable.

I admire the devotedness of all members who have contributed for the betterment of this newsletter. There is no doubt that the release of this newsletter will definitely widen the knowledge on various aspects.

Joy Danisious
President, MSU.

EDITORIAL

Our community considers the medical education as one of the necessary fields of studies that directly beneficial to the community. Medical students get higher expectancy from their own society and the whole country towards their future services for the mankind. To be a productive doctor in the community, the amalgamation of the active participation of the students and the effort by teachers is needed. In addition, the "curriculum" and the learning environment play a crucial part in moulding a better craft. Furthermore the soft skills such as effective communication with the patients and the other clinical practitioners, taking leadership, learning skills through practical experiences also impact a lot in practicing medicine.



But with such understanding, most of the medical students initially come across the fear of personal inadequacy and making errors. When their uncertainty is being denied by the teachers, they feel publicly belittled which suppress the student's curiosity making them to think in terms of "Why should I try?" and "Let me assess myself when the teacher discloses". Failure to provide a well organized and efficient clinical environment (a Professorial Unit, etc.) by the institution is also affect the learning of students. And the exam based learning method which followed by many students will also lead to ineffective learning and a challenge to the best outcome of the institution. Another challenge for the students is the feeling of social isolation due to tight educational program and so they become addicted to social networks at their free times, which compromises their academic performance. Lack of health seeking behavior for their psychological and medical problems also affect the learning capacity of the students.

In my view the institution can't simply humiliate and ignore students' distresses and teach them to respect and empathize with patients. As the institution has to support students' educational and emotional needs, the mentor programs have been initiated, but the success of that is under question, may be due reluctance of the students in seeking the support for their needs. But there is an egalitarian attitude among students which will make them to realize that they are not alone in their fears and problems. Therefore, a major challenge of contemporary medical education is to improve the clinical medical learning environment, where errors and uncertainties are acknowledged and corrected rather than simply ignored, and students are trusted and supported, rather than judged and occasionally derided.

Considering the students' problem for an effective medical education, one of the important things is change of attitude towards medical education compared with the past. The knowledge seeking behavior is now becoming reduced which may be as a result of the technology providing all the information with a touch of a finger. But the information in the brain of the students is still questionable. Not only that, but also lack of punctuality, communication skills and an attitude towards the appointments that to 'finish it off and go to the home early' are the important factors that considerably reducing the outcome of the institution. Although the institution providing some special co-modules like Introductory courses, English, IT, PPDS and Medical Sociology for the students, the outcome doesn't seem to bring some changes in students rather than it has been worsening compared to the past. It seems we are heading towards a future where the selfishness pop out the most and no man help the other, but the devices. Is the current system promote selfishness among medical students?

Students need to change their attitude to become good medical practitioners or that should be induced by the institution otherwise. It can be done by having a critical analysis of the problems faced by students, teachers and the institution for achieving the outcomes and make possible changes in all sectors of the institution that would direct the students towards the right path.

A. Annieston
Editor, MSU

FIGHTING A CRUSADE

Paul Wilson Brand is a missionary surgeon who worked in south western India. He was the first professor of orthopaedics and hand research at the Christian Medical College in Vellore, where he pioneered surgical work in treating those suffering with leprosy.

In India, back in the 1940s, leprosy was viewed as a curse from the Gods. Thus, as a result of false stereotypes and ignorance, leprosy became a disease marked with stigma. The discovery of sulfone drugs was a major development in the treatment of the disease. Even though sulfone helped to arrest the disease, lepromatous leprosy caused severe deformity.

After visiting a leprosarium, where he saw clawed hands of its inhabitants, Brand became interested in leprosy. It was, then, widely believed that those suffering from leprosy lost their fingers and feet because of rotting flesh, although it was recognized that the disease silenced pain signals. However, Brand was not satisfied with this explanation. He began comparing finger measurements of patients over a period of months and years. His study showed that some of the most severe loss of digits occurred in people who were tested negative for leprosy, which showed that tissue kept dying even after the bacilli became dormant. This made him more curious.

He became the first surgeon to use reconstructive surgery to correct deformities caused by the disease - in hands and feet. He also developed many other methods of prevention and healing from the disease. Dr. Brand began treating leprosy with a single desire to

repair damaged hands. But along the way, he met with an even greater challenge: protecting the repaired hands and feet from (further) damage. For example, while following up with his patients after the tendon transfer surgery, he noted that the surgical wounds of the hands healed on schedule, while foot ulcers in the same patients did not. He observed, after dressing a grossly contaminated wound, the patient put his entire weight on the wound while walking! He explained that this was due to lack of appreciation of pain at the site of lesion.

Through his studies related to leprosy, he assumed that all damage to hands and feet of the patients was due to their insensitivity to pain. To prove this, he assembled a team of leprosy patients every day and tried to track the causes of their injury and came to a conclusion. His theory was that leprosy merely silenced the pain and further damage came about as a result of the patients' insensitivity to pain. Normally people prevent many injuries unconsciously through pain reflex. Preventing these avoidable injuries, when one is deprived, so of pain reflex, required that he consciously anticipate possible dangers. So, Brand along with his team made a set of rules for his patients and discovered new forms of prevention and healing. For example, he applied plaster casts to foot ulcers and observed that a sore sheltered in a cast healed much better than a sore wrapped up in a dressing. By his new methods the amputation rate of leprosy patients began to drop dramatically.

In 1951, Vellore became the first general hospital to build an entire ward for the treatment of leprosy patients. Paul Brand



Dr. Paul Wilson Brand
1914-2003

sensed that repairing hands and feet alone did not adequately equip the patients for their day to day life. As result he began to perform reconstructive surgeries and found a New Life Center to rehabilitate the patients. He fought hard to change the social stigma associated with leprosy, by educating the public that the disease was caused by an organism, namely *Mycobacterium leprae*. He succeeded in telling the public that most people had built-in immunity against leprosy; the disease can be treated easily; and, as such, with proper care it need not lead to serious complications.

After working for 20 years in India, Dr. Brand extended his work into the treatment of diabetes mellitus. He earned several distinguishing awards, he was honoured by Queen Elizabeth II as Commander of the Order of the British Empire.

He summarized his work best:- "More than promoting a cold scientific theory, our little group in Vellore was fighting a crusade: to help overturn ancient prejudice against leprosy"

MSU *Activities*

Mr. V. Sinthujan, Secretary, MSU

Medical camp at Delft, Jaffna.

Medical students from our faculty have participated in a medical camp for the people of Delft on 2nd and 3rd of February 2013 which was organized by our former MSU president Mr. Mohanakumar, MOH Velanai. Our students, medical officers, nurses and attendants have participated in the programme in which more than 400 people had been done clinical checkup and it turned out very satisfying experience for our students and all the other health staff to be a part of the programme. In addition to free checkup and medicine, screening for non communicable diseases [Random Blood Sugar and Blood Pressure for all patients above 35 years], screening for heart and other diseases to all children less than 5 years and worm treatment were also provided.

ARUMBUGAL CHILDREN'S FUND

'ARUMBUGAL (means buds) children's fund was initiated by Medical students' union in 2003 with the guidance from senior students and doctors. The objective of the fund is to help the paediatric patients at the Jaffna Teaching Hospital who need financial assistance for the further investigation, treatment and other medical necessities which requires high expenditure for which they are unable to afford. Since 2003, the fund has been providing financial help for hundreds of patients. We thank the consultant paediatricians at Teaching Hospital, Jaffna for their kind cooperation.



Young Voices Send a Message Against Gender-Based Violence Competition



Mr. Jeyarajah Sanjeyan presenting his short message to the faculty board at its 285th meeting held on 10.07.2013



Mr. J. Sanjeyan Receiving the prize award by world bank from Prof. (Ms.) V. Arasaratnam. The Vice-Chancellor of the University.

"Developing public awareness of 'zero tolerance toward gender-based violence,' especially domestic violence."

Winner of the World Bank's contest within South Asian Youths called "What Will It Take to End Gender-Based Violence in South Asia?" Mr. Jeyarajah Sanjeyan, Medical student from 33rd Batch, Faculty of Medicine, University of Jaffna has received the prize from the World Bank, which has been awarded during Faculty Board meeting by Prof. (Ms.) V. Arasaratnam, the Vice-Chancellor of the University. His entry's as follows, "Developing public awareness of 'zero tolerance toward gender-based violence,' especially domestic violence." The message and a short video clip had been displayed during the World Bank's annual spring meetings in Washington, D.C on last April 18, as well as on the World Bank's website and social media channels.

MEDICOS' WEEK



MEDICOS' WEEK

The Faculty of Medicine of University of Jaffna was established on 8th of October 1978 and ever since it has produced hundreds of eminent doctors who are renowned worldwide. Academic knowledge alone cannot produce intellectual, competent, compassionate and dedicated health care professionals. To become as a reflective professional, they must develop their personality, interpersonal relationship, ability and leadership qualities. In view of this, the Medicos' Week is being held annually.

MEDICOS' WEEK 2013

Nearly 400 students of 4 batches (32nd-35th) have participated in this year's event.

We have conducted 12 games including Football, Cricket, Volleyball (M/F), Basketball, Carom, Chess, Netball, Badminton, Table Tennis, Thachchi (M/F), and Athletic events, with the total of 60 rounds and also the aesthetic competitions such as Drama, Poetry, Quiz and Short Story writing.

Until the last Medicos' week, the overall champion was awarded considering the total number of 1st places in all events, but according to the suggestions and requests from students of all batches, this year we have introduced the scoring system which emphasized the individual contribution to the ultimate total points of a batch and overall championship is given according to the Total score. This have increased the participation of students throughout the event.

Though there were concrete difficulties in equalizing the aesthetic components with the sports and games, we believe that the proposed scoring system would had been justified by the outcome beyond its odds and limits.

OBJECTIVES THAT ARE...

1. To enhance students' sports activities by creating a sportive environment.
2. To build up creative talents of students by giving them opportunities in aesthetic field.
3. To give an opportunity to work as a team in succeeding a given task.
4. To develop leadership qualities, personality and inter personnel relationships.
5. To enhance planning skills and implement different tasks.
6. To enhance students' will to face and tackle challenges.
7. To develop organizing capabilities of the students.

N. Gowikan
President, Medicos' Week Organizing Committee

"He is no fool who gives what he cannot keep, to gain what he cannot lose"

-Jim Elliot

Antibiotic resistance is the ability of a microorganism to withstand the effects of an antibiotic. There is a growing recognition that action must be taken to deal with the alarming rise in the incidence of bacteria resistant for today's antibiotics. "The more we use an antibiotic, the more bacteria become resistant to it."

ment where infections kill us as a result of routine operations. We won't be able to do a lot of our cancer treatments or organ transplants. A new infectious disease has been discovered every year for the last 30 years but there have been almost no new classes of antibiotics discovered since 1987. There are very few antibiotics in development.



Prof. Dame Sally Davies
Chief. Medical Officer
England.

Antibiotic resistance: 'A risk as big as terrorism'

Recently, Professor Dame Sally Davies, the government's chief medical officer for England has alarmed the world about the new threat of antimicrobial resistance in future.

Some information from her warning to the world...

Antimicrobial resistance is "a ticking time-bomb" for the world. The danger posed by growing resistance to antibiotics should be ranked along with terrorism on a list of threats to a nation. Now the world is facing an "apocalyptic scenario" where 7% of all hospital admissions are taking place due to drug-resistant infections. Routine operations could become deadly in just 20 years if we lose the ability to fight infection.

If we don't take action, then we may all be back in an almost 19th Century environ

Dame Sally has urged the British government to raise the issue during next G8 Summit in London.

Her Recommendations to tackle the problem.

- ✧ New infection control measures should go beyond hospitals and be applied to home and community care settings
- ✧ The national approach to tackling antimicrobial resistance should not just focus on humans and the risk of antimicrobial resistance in animals should be managed closely.
- ✧ Further promotion of the benefits of vaccination and encouragement of vaccine uptake during pregnancy to prevent diseases should be undertaken.
- ✧ Directors of Public Health should work with schools to ensure the school nursing system is well-placed to deliver new immunization programmes.

- ✧ "some useful education" on antimicrobial resistance should be given to medical students and doctors; to ensure fewer antibiotics are prescribed, so that they are used only when needed.

Do you know..?

In 2000, six per cent of serious bloodstream infections of E coli were resistant to the powerful antibiotic ciprofloxacin. That has now risen to 21%.

Penicillin is no longer effective against wound infections caused by staphylococcus.

Doctors are alarmed by the emergence of an untreatable form of the sexually-transmitted infection, gonorrhoea.

Think of things before they fix you up!

B. P. Bright (33rd Batch)

Life is like a sprinting river and most people jump-frog on the river without ever deciding where they want to end up. They set off on journey without even a little spade work. In a short period of time, they find themselves caught up in the current: current events, current fears and current challenges. When they come to forks in the river, they don't consciously decide where they want to go or which is the right direction for them? They merely 'go with the flow'. They become a part of the mass of the people who are directed by the environment instead of by their own values.

As a result, they feel out of control. They remain in this unconscious state until one day the sounds of raging water awakens them and they discover that they are five feet from Niagara Falls in a boat with no oars. At this point, they say, "Oh Shit". But by then, it is too late.

The phenomenon of jumping on the river of life without any anchors or destination or desired outcomes in mind is called "Niagara Syndrome". The term was coined by Anthony Robbins and he extensively written on the syndrome in his book, "Awaken the Giant Within".

Stephan Covey relates a similar analogy of the person who spends his entire life climbing the ladder of success only to realize, when he arrives at the top that his ladder is leaning against the wrong wall. The obvious difference between these two

described analogies is, the person in first phenomenon is "passive and lethargy" while the other is "active and zealous" and so he climbs against the pull of gravity!

Throughout life, we are faced with choices that determine whether we jump in a different river or climb a different ladder. When we base decisions and actions on our values, we end up where we want to be!

Are we, the Medical Students, quite sure that we are not in the middle of the ladder of success that leans against the wrong wall? Do the sounds of raging water awaken us? Or still we need time to get them into our ears?

How to avoid or recover from Niagara Syndrome in our life?

1. Decide what to focus on:

When we are going to take a fall; it may be a financial set back or the breakup of a relationship or maybe even a health problem or unable to triumph in the field we have preferred, in almost all of the cases the fall could have been prevented by making better decisions up stream.

2. Developing proactive approach and fixing things before they fix us up

We need to act to control a situation by causing something to happen rather than waiting to respond to it after it happens. As we delay to act, we get a narrow spectrum of choices and we get fixed to take a particular decision.

3. Erecting second and third line of defense (Plan B & Plan C):

Forget not to include the failure of current strategy as one of the possible results and think of alternative approaches to get your goals.



4. Value Clarification! Have an own value of life:

Finding out what is most important to us may seem like an overwhelming task because we have so many things to consider. Value clarification a process of clarifying and applying what we truly value is helpful to reduce the stress that comes from making choices that are inconsistent with our values. Value clarification is a cognitive process that helps close the gap between what we value and what we actually do.

Clarifying and prioritizing values have great benefits. Many companies and corporations around the world have gone through the same process of finding what is most important to the company and then striving to live according to that understanding. The end result is commonly called a mission statement or a constitution. And it is true with individuals too. If we keep on striving without having an anticipated destination, we will end up in vain like the person climbing the ladder of success that leans against the wrong wall.

Actions are based, either consciously or unconsciously, on values. Our values become the basis for every decision that we make, by often reminding us of our values and thinking deeply about what they meant to us, little by little these values will become part of us. They will guide us to become the person we most want to be.

Inner Peace is the natural consequence!



SLUG 2013

The Sri Lanka University Games - SLUG is one of the most eagerly awaited events in the Sri Lanka University calendar that has been held triennially from 1980. The university sporting community call it as the 'Mini

Miss. S. Thuvraga (TT), Mr. N. Gowcikan (Carrom) and Mr. J. Jeyaraja (Chess-men) took part. Mr. K. Achutan (Cricket), Mr. B. Paul Bright (Hockey), Mr. U. Chalaka Wijesinghe (Volleyball), Mr. T. Sanchayan and Mr. S. Nisanthan (Chess-men) and

strength by winning the runner up medals. This is expected to be a good start for the Jaffna hockey team, starting with silver.

The gold medal for men's high jump was won by our university student Mr. E. Jeyaruban who made a record of 1.80m

Summary of Football Matches

Preliminary Round

JAF Vs. EST	Win (3/1)
JAF Vs. RAJ	Win (6/0)
JAF Vs. UVA	Win (7/0)

Quarter Final

JAF Vs. WAY	Win (2/0)
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Semi Final

JAF Vs. COL	Win (3/0)
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Final

JAF Vs. MOR	Win (4/1)
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Hockey Team, University of Jaffna - 2013.

Olympics' which provides the young under graduate students a great opportunity to prove themselves highly talented not only in academics, but also in the sporting arena.

At present, in the SLUG during its course, 35 events are held under 22 sporting categories. The University of Colombo has won the highest number of championships in the SLUG history, with seven champion trophies, while the University of Peradeniya next on the list with three trophies.

This year, the 11th Sri Lanka University Games was hosted by the University of Moratuwa, from the 2nd to the 12th of May. The universities which took part in this sports festival were the University of Colombo, University of Peradeniya, University of Moratuwa, University of Sri Jayewardenepura, University of Kelaniya, University of Jaffna, University of Ruhuna, Eastern University of Sri Lanka, Rajarata University of Sri Lanka, Sabaragamuwa University of Sri Lanka, Wayamba University of Sri Lanka, South Eastern University of Sri Lanka, University of Visual & Performing Arts and Uva Wellassa University of Sri Lanka.

This year, nineteen Medical students from the University of Jaffna took part in SLUG 2013. From the 32nd batch; Mr. T. Abirajan & Mr. R. Archan (Basketball),



Mr. P. Abiwaran

Miss. P. Suwana (Chess-women) from 33rd batch took part. From 34th batch; Mr. K. Sanjeevan (Badminton), Mr. V. Paramanathan (Badminton) & Mr. S. Sivakanesan (Chess-men) were participated. From the 35th batch; Miss. B. Aranee & Miss. S. Krishanie (Chess-women), Miss. L. Logica (Netball) and Mr. P. Abiwaran (Basketball & Athletic-High Jump-men) participated in the event.

The Jaffna University football team became the champion by winning the final challenge against the University of Moratuwa scoring 4:1. They were able to win all six matches played throughout the slug 2013. While speaking the Captain, University of Moratuwa football team mentioned that "UOJ football team is a very strong team. Some of their players have surpassed university level and they have reached professional level". The Jaffna university have become the football champions for the third time since 2009. The Vice Chancellor of Jaffna University Prof. Vasanthi Arasaratnam said that football players have made the University proud.

Our Hockey team, for the first time of Jaffna university history had become the Runner-up in SLUG 2013 while Moratuwa became the champions. J'pura became the 2nd runner-up by winning the Consolation Final against Kelaniya. In the past the University of Jaffna had become 2nd runner-up in 1981 and 1982. The UOJ hockey team was qualified to play the semifinals in the year 1978, 1980, 1995, 2000 & 2004. This time in SLUG 2013 the team has proven its

height. The bronze for the event was won by Mr. P. Abiwaran, a fresher, from 35th batch who recorded a 1.77m height.

The teams of Basketball-Men, Basketball-Women and Elle-Women was able to reach up to the Quarter final level. Jaffna University students from other faculties won silver and bronze medals in karate (kata) and weightlifting.

SLUG 2013 brought together young men and women from all over the

Summary of Hockey matches

Preliminary Round

JAF Vs. WAY	Win (1/0)
JAF Vs. MOR	Lost (0/3)

Quarter Final

JAF Vs. UVA	Win (2/1)
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Semi Final

JAF Vs. KEL	Win (5/2)
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Final

JAF Vs. MOR	Lost (0/2)
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island, forging new bonds through the shared experiences, while providing a platform for young athletes and encouraging the growth of university sports. It is indeed a memorable life time event for all the university students who took part.

We thank all who contributed for the success of SLUG 2013. Jaffna University will hold the 2016 Sri Lanka University mini-Olympics, held once in three years among universities.

B. Paul Bright, Faculty representative / sports council

MSU committee 2012/13

Patron: Dr.S.Balakumar Senior Treasurer: Dr.A.Muruganathan President: Mr.A.Joy Danisious Vice President: Mr.B.Paul Bright

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Email: jaffnamsu@gmail.com

Website: <http://www.jfn.ac.lk/med/index.php/msu>