



JUNIOR DOCTORS NETWORK

The World Medical Association, Inc.
L'association Medicale Mondiale, Inc.
Asociación Médica Mundial, Inc.

Newsletter

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Editorial



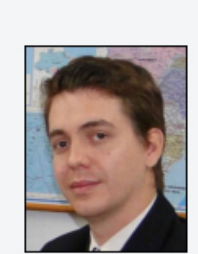
Dr. Wunna Tun
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Director
JDN, WMA
Editor in Chief,
JDN Newsletter,
WMA

Starting from last issue, colleagues with smart phone can decode the newsletter QR code and redirect the phone's browser to all WMA JDN newsletter links. After scanning QR code in this newsletter, readers may receive text, add link to their devices, open a Web hyperlink, and share it to other colleagues via smartphones.

This 3rd Year Anniversary of WMAJDN issue includes:

- Nivio make chair address
- Ahmet Murt, MD highlights our commentary for international collaboration among junior doctors.
- Sam Wing Li shares WMAJDN, WHO, IFMSA joint survey on medical education
- Mustapha Thaim MBChB reports on Young Doctors fighting against Ebola in Sierra Leone
- Fehim Esen, MD discuss about Turkish Young Doctors Annual meeting.
- Roy Shen, MD recounts Holistic approach in community health in Malawi.
- Joanna Xanthaki, MD share about Online campaign regarding working hours in Greece.
- Deborah Shin, MD presents Recent update from Korea.

I am sure you will enjoy the stories in this issue.



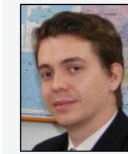
Written by Dr.
Nivio Moreira
Chair, WMA
JDN

The last few months have been intense activity in the JDN. We expanded our communications to include the participation of the African countries in the developed projects, as we seek to participate in various medical meetings around the world. The increased global participation is the main objective to strengthen the JDN.

Among the other activities developed have been working in the JDN Well-Being Working Group, with extensive work to discuss the various situations involving medical education during residency and medical activities.

The performance of JDN members, guided by the board, expands the relationship between WMA and young doctors. New projects are emerging and improving medical training around the world. Be part too. Enjoy the newsletter and send your articles.

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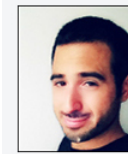
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Acknowledgements

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Join the group of
Junior Doctor Network of
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White Paper

Social media and medical professional-
ism

Relevant Junior Doctor Policy
Ethical Implications of Collective Action
by Physicians

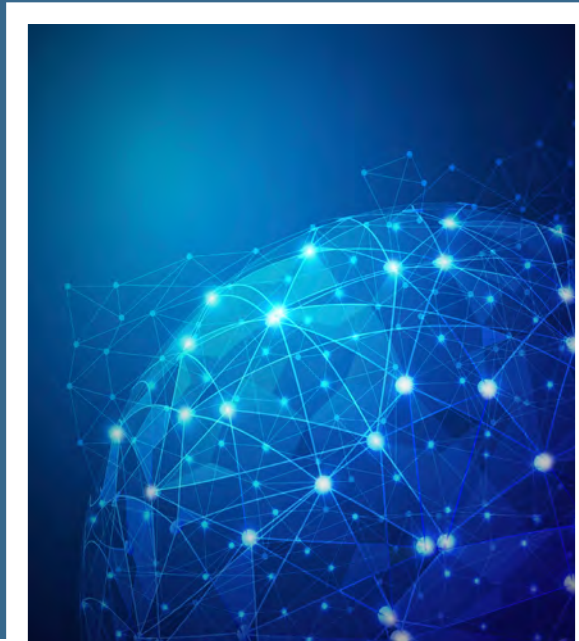
Current projects
Doctors' health and wellbeing
Global health training and its ethical
implications
Quality in postgraduate medical edu-
cation and training

Save the date! Upcoming meetings in 2014-2015

- October 6 - 7 , 2014 :WMA Junior Doctors Network Meeting Durban, Africa
- November 2014: EMR JDN Meeting, Lebanon
- April 15 , 2015 (tentative): WMA Junior Doctors Network Meeting Oslo, Norway
- May 16- 17, 2015 (tentative): JDN Working Meeting in WMA, France
- September 23-25, 2015 (tentative): CMAAO meeting, Yangon, Myanmar

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A Commentary for International Collaboration among Junior Doctors



Written by
 Dr. Ahmet Murt (Secretary of WMAJDN)
 President, Turkish Young Doctors Platform

The globalization of today's world makes the lives of people living in miles of distance alike and the needs of societies start to show big similarities. The consequence of such trend is application of identical job satisfaction or educational outcome indicators worldwide. However, suggesting one type of solution does not generally fit into different national or regional contexts. The most probable explanation of this discrepancy is the failure of people to share their vision although their real-life experiences are almost similar.

I believe that we can find ways to share vision among healthcare providers worldwide which will help our attitudes to develop hand in hand. When our ideas have the opportunity to evolve in an interactive environment with our colleagues worldwide, we will most probably come up with policies and systems that will serve the global community. This kind of an approach is much better than implementing a policy which was composed far away from home. We all should work for taking a step towards stand-

ardization instead of borrowing from each other.

If we are eager to be successful to work in a global harmony, we should implement the concept of membership to a multinational mechanism which will set the agenda, define the rules and build the consciousness among its members. A second sub-mechanism we need is instituting regional operating units which will provide signals to the multinational mechanism. And the third, we all need an explicit process in order to make all the steps understood by involving parties. JDN is aware of the importance of these 3 requirements and tries to accomplish them all.

There are the tradition and experiences of WMA which enlighten our challenging road to form shared vision among junior doctors. We are also putting big efforts to be successful according to our defined framework. Early experience of junior doctors in this area will be serving for tomorrow's healthier global community and we will be working to offer opportunities for junior doctors to improve themselves in the field.



Discovering the missing pieces – WHO Worldwide Survey on Transition from Secondary to Medical Education

World Health Organization needs to hear from you:
 How were you selected to medical school?
 How would YOU select people? Do non-academic attributes matter?
 Were you satisfied with the career advice given?

Written by
 Sam, Wing Sum Li

Dr. Erica Wheeler, technical officer in WHO responsible for Education and Training for Health Professionals, is leading an online survey to explore the unanswered questions. With the able support from WMA JDN (World Medical Association Junior Doctors Network) and IFMSA (International Federation Medical Students' Association), young doctors and medical students around the world are invited to participate in this survey. The results will contribute to the development of a global health workforce assessment tool.

Get to know more about this project. Spend 10 minutes to fill out the survey:
<https://extranet.who.int/dataform/index.php/331487/lang-en>

The survey generates evidence to inform policy makers and improve future medical education around the world. Every opinion counts. This is why we need to hear from everyone of you and your colleagues.

Junior Doctors' Network Hellas Online Campaign "Working Conditions of Young Doctors"



Written by
Dr Joanna Xanthaki, MD

Junior doctors have to learn how to deal with long shifts, lack of sleep, study hours, increased responsibilities, and unrelenting competition in addition to a personal and social life. The amount of pressure on junior doctors can affect their physical and mental wellbeing. In Greece, residency is considered to be a full-time and exclusive occupation, but it is not yet determined how residents view their working environments.

JDN-Hellas organized a week-long online awareness campaign raising the issue of physician wellbeing on its official page on Facebook, as well as on its official twitter account from June 17 till June 24, 2014. During the campaign, interesting facts originating from the results of a survey performed by JDN-Hellas among Greek residents entitled "How satisfied do you feel in our working environment?" were shared with junior doctors all over the country, as well as junior doctors of Greek origin working abroad. These were organized in slides, two for each day of the campaign.

The campaign was very well received by Facebook as well as Twitter users, reaching more than 500 daily views on Facebook for each slide, while on Twitter JDN-Hellas' followers increased by 200% during the week of the campaign and the campaign's posts were retweeted by local news agencies. Campaign slides were also translated in English and reached fellow young doctors

abroad through the IFMSA and EMSA channels. Lastly, the initiative was concluded with the compilation of a scientific paper entitled "How satisfied do you feel in our working environment? A survey to assess job satisfaction among Greek junior doctors," which will be presented by JDN-Hellas representatives as a poster at the upcoming "Zagreb International Medical Summit - ZIMS 2014" taking place in November 2014 in the city of Zagreb, Croatia. The abstract will be published in "Lijecnicki vjesnik", the official journal of the Croatian Medical Association.

This is the second online awareness raising campaign organized by JDN-Hellas since its establishment in February 2014, which followed the previous one organized on the occasion of World Health Day 2014. Young doctors in Greece face lots of difficulties while training in their specialty with bureaucracy being one of the major problems, leading to diminished work efficiency and teaching by senior faculties. JDN-Hellas will continue advocating for more healthcare investments and a better working environment with competitive salaries, as we believe good health is the foundation for a stable society and Greek public health is in part the result of the work of hardworking Greek junior doctors.



WMA congratulates junior doctor on top international resident award

Press Release

(10.09.2014)

Dr. Xaviour Walker, former chair and founder of the World Medical Association's Junior Doctors Network, has been awarded the Royal College of Physicians and Surgeons of Canada International Resident Leadership Award.

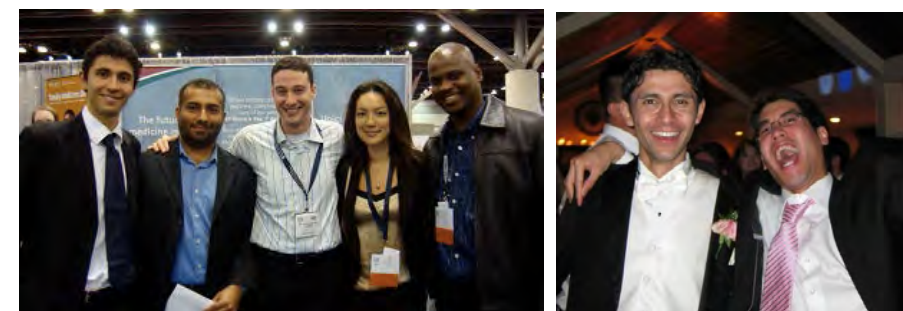
The Royal College citation states that the award was given annually to an international resident who has demonstrated leadership in specialty education and encourages the development of future leaders of medicine. Dr. Walker will collect his award at an international resident leadership summit in Toronto Canada next month.

WMA Chair of Council Dr. Mukesh Haikerwal acknowledged the significant role of Dr. Walker in setting up the Junior Doctors Network within the WMA and his work in progressing important health issues to all doctors across the world in particular the junior doctors group. He said that the award was richly deserved and Dr. Walker was a very worthy recipient.

Dr. Walker, a former President of the New Zealand Medical Students Association, and now an internist resident in Cambridge, Massachusetts, was instrumental in setting up the JDN in 2010, since when it has grown to represent juniors doctors from all parts of the world.



As Junior Doctors Network (JDN) celebrates the 3rd year anniversary by this month, we have proudly heard that Dr. Xaviour Walker, the founder and former chair of JDN, has been awarded the Royal College of Physicians and Surgeons of Canada International Resident Leadership Award. The JDN management team wants to congratulate Dr. Walker for receiving this well-deserved award.



Young Doctors Fighting against Ebola in Sierra Leone

Written by: Mustapha Thaim Buya Kamara, MB, ChB

Newly qualified doctors in Sierra Leone spend their first two years of practice in Freetown as 'housemen', where they undergo hands-on intensive training in Surgery, Medicine, Obstetrics/Gynecology and Pediatrics on a six months rotation. After this period, most of them are posted to the provinces as medical officers. Like in many other countries, junior doctors are the first line of contacts for patients coming to the health facilities for medical care. However, there is a gap in training of doctors in Sierra Leone because almost obsolete postgraduate medical program. As a result, the teaching hospitals lack residents, leaving 'housemen' to do most of the work, with the more specialized roles left for the more experienced physicians. Although this may foster confidence and experience in a very short period, the workload is very unforgiving and the mistakes may be many, ultimately hurting patient care. After months of rumors of Ebola in Sierra Leone, the Ministry of Health and Sanitation reported the first confirmed case of Ebola on May 25th, 2014. As of August 7th, the number of deaths due to this fatal disease is 223. Drastic measures have been put in place by the authorities to counter the spread of the disease, declaring a state of 'public health' emergency and quarantining epicenters, and grounding of all government officials. At present, the number of laboratory confirmed cases is 613. The epicenters of the disease are in the eastern province, namely Kailahun and Kenema districts. However, few cases have been confirmed in the capital city, Freetown, and other provinces in the North (Kambia, Bombali, Tonkolili, and Port Loko districts) and South (Pujehun, Bo, Moyamba and Bonthe districts). Koinadugu district is the only district in the northern province that has not registered confirmed cases of Ebola in Sierra Leone. In the midst of this epidemic, junior doctors have stayed

on the ground in their normal routines that include morning rounds, inpatient and outpatient duties. Doctors have expressed how cautious they have to be in their roles as health providers these days. For example, one of the junior doctors at the military hospital in Freetown mentioned that he had treated a patient weeks back with signs and symptoms of Ebola, but the patient fully recovered and returned home. He, however, emphasized that he uses full protective gear only when there is a strong suspicion of an ebola case presenting, while attending to the rest with non-sterile gloves. In Connaught, the main teaching hospital in Sierra Leone, another house officer that is working in the surgery department mentioned that there have been a drastic reduction of cases coming into the surgical department. Attention is given only to emergency cases of pure surgical nature. This, he says, is a relief for him, as it makes his posting somewhat safer. However, he mentioned that outpatient clinics

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“At present, the number of laboratory confirmed [Ebola] cases [in Sierra Leone] is 613.”

and on-call duties are still going on, and as these are run mainly by 'housemen', one have to be careful in differentiating a surgical case from a medical one, especially those of haemorrhagic origin in their earliest clinical presentation, with minimum contact.

However, not all of us are as fortunate, the death of Dr Sheik Umar Khan, the doctor that was leading the fight against the epidemic, has spurred some interest among young doctors to form an organisation that will represent their interest. Details of this organisation have not been finalized yet, but a Facebook group called JUDASIL, an acronym for Junior Doctors Association of Sierra Leone, has been formed. Nonetheless, we continue to fight this epidemic with obstacles that may seem impossible to overcome.



Holistic Health in Community Approach – Our experience in Malawi

Written by: Dr. Jen-Hsiang Roy Shen



In our previous article, Stepping into the Warm Heart of Africa – Malawi, we introduced our ongoing work. In briefing, we are 2 young doctors trained in Malawi, under program of Taiwanese Ministry of Health and Luke-International-Norway (LIN). About 80% of the staff are local Malawians. As medical doctors, there are many things we can do in our local community to strengthen holistic care. We would like to share two of our experiences.

Titemwanenge

This word mean “let’s love each other” in Tumbuka. The main source of income for people living with AIDS in certain areas is through soy. They make soy milk, soy muffin and many other soy products. Soy product is a good nutrition supplement since maize/sima is the main food here. Therefore, Lin guided them to initiate and coach their business. Besides medical attention, having jobs and regular income are also crucial for this population. These supports could hardly be provided by hospital, but can be

provided in community projects.

Kanyika

Kanyika is a support group of people with disabilities. According to their coordinator, they were sometimes called beggars, and viewed inferiorly in the past. They gathered to show that they can work as ‘normal’ people, and hope to end the discriminations they face daily.

They have their farm, paper-coal production, weaving department, and library to keep learning. LIN helped the start-up, and keeps collecting internationally donated books to them.

We know some governments are still developing their policies in helping the citizens with disabilities. As young doctors, we can encourage our patients and their families to learn about and join support groups. Also, we can support these groups by personal strength, or link resources for them. Good support plays no second role than the medical attentions.

Thinking back to the JDN concepts, we know medical treatments are not the whole of medicine. Our patients need holistic care and support. Community, medical facilities, medical staff, government and society are all pillars for the welfare of our citizens. Starting from our doctor career, we can pay attention to all the pillars. In this globalized era, we could use this JDN platform to strengthen our capability, and connect our view and power together. son, the moment we look into the direction of making people pay for their placement of internship training instead of being paid allowances. some of these short comings have to be ironed out. For that matter therefore, discussing internship matters and posting interns in meetings where they have no representation will continue to harvest hassles like what we have all experienced in July 23rd – August 2014 and consequences that ensued.

News from Korea

Written by
Dr Hyunyoung Deborah Shin
Publication Director, WMAJDN
Director of Public Relations and Spokesperson,



In October 2013, the Korean government disregarded the concerns and opposition voiced by the medical community and went forward to announce its plans of introducing tele-medicine between physicians and patients, expanding non-medical services allowed for medical corporations and permitting non-profit medical corporations to establish for-profit subsidiaries. Even though the medical community emphasized that tele-medicine be adopted prudently only after verifying its effectiveness, safety and appropriate medical fees through a pilot project, and that various government policies intended promote the medical service industry be decided through consultation with medical organizations such as KMA in order to not harm the nature of medicine as a public service, the government refused to accept any changes to its original policy plan.

Accordingly, as the very last resort, KMA decided to take collective action on March 10, 2014 and suspended medical care for one day in order to fight for proper public health policies and medical systems in Korea. Essential services in emergency rooms and ICU were excluded from the collective action, but about 60% of all clinics and about 7,000 intern and resident doctors participated in the collective action. Even after the one-day suspension, physicians continued to demonstrate their position by maintaining 40-hour work weeks, and the number of interns and residents joining the collective action actually increased over time. Under such pressure, the government finally agreed to talk with the medical community in search of a solution. Junior doctors played a pivotal role in the collective action not just because of problems in the tele-medicine policy but also because they were driven by a strong aspiration to re-vitalize primary care institutions, to improve the national health insurance system, to reform the medical system and to change medical regulations that infringe upon the autonomy of physicians.



Meaningful progress was achieved in improving the training environment of interns and residents. Thanks to continued efforts by the Korea Intern Resident Association and KMA, the govern announced a presidential decree requiring training hospitals and institutions to establish written rules on key factors that influence the training environment such as training time, number of days on duty and break times and to keep such rules available for the access by medical trainees. Training hospitals that violate such training rules may be sanctioned by having their designation as a training hospital cancelled or having the number of interns and residents decreased. The presidential decree also provides interns and resident with ways of seeking relief if their training hospital or institution undergoes change during their training period. The amended bill is a positive development in that it is the first legal device that addresses the training environment of interns and residents. While the controversial government proposal to require interns or residents to repeat training years if they fail to meet certain training standards was withdrawn, penalties against hospitals that do not comply with training guidelines were strengthened and the Korea Intern and Resident Association will participate in the assessment and disciplinary decisions of such violating hospitals. The Korean Intern Resident Association welcomed such progress, but expressed that it will continue to focus its energy on the enactment of a Special Law on Interns and Residents that would provide a legal basis for a humane and professional environment for work and training.

Lastly, KMA announced the list of its new leadership last June, and Dr. HyunYoung Deborah Shin has been appointed as the Public Relations and Spokesperson for KMA. KMA's bold choice of inviting Dr. Shin to join its top leadership shows that KMA places greater weight on the capabilities and potential of Korea's young doctors, especially with their voices and roles increasing in Korea's medical community.

Residents across Turkey came together to discuss their problems and suggest solutions at Turkish Young Doctors Platform Annual General Meeting

Written by Fehim Esen, MD, Resident in ophthalmology, Secretary General, Young Doctors Platform, Istanbul, Turkey

More than 200 residents representing 55 medical schools and teaching hospitals came together in Konya (an ancient Anatolian city) to attend Annual General Meeting [AGM] of Turkish Young Doctors Platform (TYDP) on 12th-13th April 2014. AGM was preceded by a workshop organized jointly by TYDP and Konya Necmettin Erbakan University for the residents to discuss their problems with colleagues from different regions of the country and to be able to compare their conditions and unite their voices to be stronger. Many of the addressed national problems also remain as global problems affecting many countries. We believe that formal addressing of these issues and seeking for the best solution together in a global effort is important. Here are some highlights from the Turkish national workshop: There is no regulation that directly defines the upper limit of resident working hours in Turkey. An upper limit of 70 hours per week was suggested at

the previous TYDP workshop in Istanbul in February 2014. This limit is a reachable target for the country to begin with. There is no regulation that directly defines how long a resident can work without a break. The suggestion of the previously mentioned national TYDP workshop was implemented. An upper limit of 30 hour of continuous working is suggested and minimum 5 hours of uninterrupted sleep should be ensured during overtime work. Duties not directly related with postgraduate medical education (PME) take an important proportion of the residents' time in the hospital, causing unnecessary exhaustion and loss of educational time. Other healthcare professionals (nurses, secretaries etc.) should be employed to reduce the amount of

such work. This would also make the suggested upper limit of the working time more reachable. At some institutions, residents are not allowed to take their legal holiday time fully and may not be allowed attend scientific meetings because they are expected to contribute workforce more. These breeches of law should be followed closely and proper action is needed to prevent this issue. Residents may not be encouraged to contribute medical research and may not have proper support, time and equipment. Residents are commonly expected to do research at their "free time" after work in order to keep the amount of service delivered at the same level. Every resident should be encouraged to do research, should get proper research training,

supervision and have some dedicated time during work hours if the resident desires to engage in research. Residents are seen as lems in a detailed report before their possible as trainees. Education should prevail in the entire residency process to ensure the quality of PME. Trans and interdisciplinary with the university rector, medical rotations, which are an important part of the curriculum, are neglected in some institutions to threaten the quality of resident training. Proper inspection of teaching hospitals is emphasized to ensure quality of PME. Resident admissions at teaching institutions are not stable across semesters and this imbalance adversely affects the distribution of work among residents while impairing standardization of clinical education at the same time. Proper planning is needed by relevant authorities to overcome this chaos.

In this meeting junior doctors representing different regions of the country had the opportunity to formally describe their problems in a detailed report accessible at http://www.gencekimplatformu.org/tr-tr/in-dir_event.asp?Loc=e&SID=9&dID=b (in entire residency process to Turkish). The official report was also shared at the same day and interdisciplinary with the university rector, medical rotations, which are an important part of the curriculum, are neglected in some institutions to threaten the quality of resident training. This union of the all stakeholders about residency at the end of the conference. of the same room was impor-

tant for the delivery of the message to the ones who have the authority to solve the problems. The annual general meeting also served to improve the structure of TYDP with some minor improvements with national consensus. TYDP continues with national and international partner organizations to serve junior doctors better.

