

On the Net

Online lifeline for med school applicants

Students looking for a leg up in the competition to get into medical school can turn to the Internet for help and guidance, because several Web sites offer services ranging from tips on interview techniques to doing well on the ever-intimidating MCAT.

The Medical Education Ring page (<http://nav.webring.org/cgi-bin/navcgi?ring=mededrg;list>) lists 194 sites that offer help to medical school applicants. While most of these target Americans and American medical schools, a few Canadian sites are worth checking out.

Ian Wong, a medical student at the University of British Columbia, serves up advice by outlining his personal experiences. His Web site, Admissions Advice Page for Canadian Pre-Meds (www.geocities.com/HotSprings/Oasis/8998/), also helps potential applications survive PMS — pre-med syndrome.

“I like to define pre-med syndrome as the overly obsessive and unhealthy desire to do whatever it takes to enter medical school,” says Wong. “Stressing out over my exams and midterms throughout the entire semester definitely didn’t make for a fun time, and it doesn’t make you fun to be around.”

Another Canadian site is the Canuck Medical School Applicant Help Page (www.voicenet.com/~popare/poframes.html), which was created by John Po, a Canadian attending



medical school in Philadelphia. It is geared toward helping Canadian students apply to American medical schools. He offers general advice regarding the interview process, and for a fee he will give applicants personalized preparatory training for the all-important interview.

The Medical School Interview Feedback site (www.interviewfeedback.com) is another interesting site. It asks applicants to complete a questionnaire after their medical school interview. Anonymity is guaranteed, with results sorted by school and posted for other potential applicants to read.

People completing the questionnaire can comment on the interview process, the number and type of interviewers, and what the hardest questions were. Applicants are also encouraged to give their impressions of the interviewers’ attitudes and the friendliness of the faculty.

Graham Redgrave, editor of the site, says some admissions personnel are “uncomfortable” with the content of some of completed questionnaires. “The opinions and narratives here are meant to be useful in as broad a sense as possible,” he tells admissions officials. “I hope the feedback contained within the questionnaires is of as much utility to you in your professional roles as it appears to be to the applicants in their pre-professional ones.” — *Michael O'Reilly*, mike@oreilly.net

Doctors in South Africa becoming gun-shy

Trauma caused by guns and knives is keeping South Africa’s doctors busy. “A significant number of casualties are trauma related,” notes Dr. Deon Stoltz, senior medical supervisor at Stellenbosch Hospital. “In 84% of cases alcohol is a factor. You can see the spike [in the number of cases] at the end of the month, when people have money to spend on alcohol.”

On average, Stoltz and his colleagues at the 100-bed hospital, which is about 45 minutes outside Cape Town, treat about 60 victims of common assault on Friday and Saturday nights. Most of these emergencies now involve stab wounds; the number of gunshot wounds has declined in recent months. This is

not unusual. Indeed, hospitals throughout the country are dealing with an epidemic of violent injuries. Stab wounds are common and in some areas the number of gunshot victims is soaring.

In fact, the number of gunshot wounds was so high last year at the Groote Schuur Hospital in Cape Town — 981 patients in total — that doctors and nurses in the trauma unit embarked on an awareness campaign that included placing posters throughout the hospital to increase understanding of the seriousness of the problem. Part of the problem is that firearms are easily available and legal to obtain in South Africa, where Uzi sub-machine guns and AK-47 assault rifles are common.

The problem also extends outside the trauma unit. Doctors at the Stellenbosch Hospital have found themselves caught in the middle of all-out warfare between rival gangs. If a gang member failed to die in a shootout and doctors were lucky enough to be able to save his life, opposing gang members often show up to finish the job, says Stoltz. (For the security of these patients, they are routinely and randomly moved within the hospital.)

The threat of violence also extends to medical staff, particularly nurses who live in the townships where many of the patients, their families and their “visitors” also live. “Staff get threatened that they will be ‘gotten’ in the community,” says Stoltz. — *Donalee Moulton*, South Africa