

THE STUDENT'S VOICE

## **An Interview of Elina Mantere**



Elina Mantere is a sixth year medical student at the University of Helsinki Medical Faculty. She will graduate at the end of June 2003. This edited, abridged report is based on an interview held at the University of Helsinki in the spring of 2003.

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### *What made you enter medical school?*

It is difficult for me to say because we do not have any doctors in the family. My parents were in totally different fields. But already during my childhood I wanted to become a nurse at first, and then a midwife. But things went well at school and somehow the idea of medicine started to develop. My schoolmates also started to encourage me to become an obstetrician instead of a midwife, as I was good at mathematics.

For a while I was thinking of becoming a musician because I had played violin for quite a long time but then the idea of becoming a doctor won. I think that my own characteristics also favoured that because I am mathematical but at the same time also social.

### *Did you take any courses to get prepared for the medical school entrance examinations?*

No, they were too expensive. I ordered the old entrance examination questions and the only result was that I became angry and then just started to read at home although the sun was shining and the spring was very beautiful.

### *Where are you from? Where were you born?*

I have lived in all kinds of places. I was born in Helsinki but then lived in many places both small and larger, rural and urban, in Eastern, Western and Southern Finland.

*Do you have any sisters or brothers?*

I have three brothers and in addition three step brothers from my mother's second marriage. None of them is in the same field as I am. Most of my friends are also in other fields. For example, many of them are musicians.

*Now that you have studied medicine during the past 6 years, do you feel that you, or the students in general, can influence the educational programme or the studies?*

Nowadays, the feedback and evaluation questionnaires are becoming compulsory and we are encouraged to give feedback, so that's one way of giving our opinion. Although sometimes we get tired of it and we just rapidly write something on the form. I think that there are other ways of influencing the process, if you are active in student organizations and act as a student representative or a student member on various faculty committees like the planning committee on undergraduate medical studies, for example. An ordinary student's role is mostly limited to criticizing the present system and filling in the evaluation questionnaires.

*Do you have a feeling that there has been any benefit from filling in those forms?*

Yes, I think that it very much depends on the departments in question. Those departments that are interested in educational development seem to use the student feedback more than some others that collect the feedback only because it is required. In general, the departments that are more student-centred will try to develop their teaching and in doing so they also examine the student feedback more carefully. Departments vary very much.

*During the 6 years that you have studied medicine, there have been reorganizations or educational reforms almost continuously. What is your opinion about new teaching methods, such as Problem-Based Learning?*

At first I thought that I was a critical student and I felt responsible for giving critique, but then I realized that I was not critical at all because to me good lectures were good, but I liked the other forms of teaching, too. Most group sessions have also been rather good, although there is some variation from course to course. My class has studied during an educational transition period and I feel that the mixed model that this has resulted in has been very good. There has been quite a lot of free time and students have been able to decide themselves how and what to read and how to find the material. I think that more free time is a good development. However, not all students like this kind of self-directed study model. I do think that at some point lectures are needed and it is good that experts explain how things should be done, so that students do not have to go to the library every time or do a Medline search. And sometimes it happens that a lazy student only follows the presentations of others in his group.

*Can you mention some courses or study periods which you remember as especially good from the learning point of view?*

One of the most popular was the oncology course because not only were the learning objectives very well defined, but also the subjects we did not need to learn were specified. Another course in which learning by doing and practical learning was very much emphasized, was the gynaecology and obstetrics course, which was very good in my opinion. It was a very heavy course with many lectures but it was also very practice oriented, and there was a lot of group teaching.

*What about the doctor–patient interaction teaching using actors?*

I regard it as a nice leisure time activity. It is probably a good format but at present most students seem to regard this teaching as somewhat amusing and as sessions which just have to be taken. It is obvious that communication is important in a doctor–patient relationship, but it's our impression that not many students' personalities have changed as a result of these studies. The way we communicate with patients is probably exactly the same as before those sessions. In a real consultation situation you do not necessarily stop to think about the way you formulate your sentences. For some reason the teaching of doctor–patient interaction has got a certain label among the students. However, I think that I liked the actors in this course.

*We can now expand this a bit. If you were the Minister of Education, how would you change the present undergraduate education?*

Oh, this is terrible! I have always disliked everything connected with administration. However, gradually I have come to understand that it can also be important. I think that I would most probably increase the role of health centres in the educational programmes. Nowadays they are very often only mentioned in side sentences as most teaching still takes place in the university hospital. I would somehow try to tie health centres more to teaching during the clinical stages so that they would go more side by side with teaching in special clinics. Nowadays there are visits to health centres at some points and there is a course later in the curriculum, but somehow this is scattered and there is no continuity and connection to special clinic teaching.

*You are graduating soon. Have you already thought about specialization?*

At this point family medicine is the only field I can think of. This is because I am not interested in any specialty as such but I am interested in people of any age.

I have been working in a health centre for short periods, and there I have realized how much more I could help the people if I knew them better. As a family physician I would face a multitude of various problems, not only something specific. So, this is how I feel now.

*At present we are facing a situation in which young doctors do not so willingly seek positions in health centres, although the income is quite good. What do you think are the reasons for this?*

It is difficult to tell. I think that to some the idea of being only a health centre doctor is not sufficient. So partly it may be an image question. Another factor is that many of those who go there get tired because there is so much work. The idea of a very heavy workload may be one of the reasons that a health centre post is not of interest to many students. And one more reason which I can think of is the scope of work. There are so many things you have to know.

*Now that you will graduate soon, what are your plans for the near future?*

My fiancé is living in Switzerland and I will go there to do my 2-year specific training before I get my license here. I have already worked there for a short period. My fiancé is an economist and his family is similar to mine in the sense that there are no physicians around. Only one physiotherapist, who has, however, started recently to date a psychiatrist.

*So, there is a strong and important international aspect in your life. I wish you well and thank you for this interview.*

Thank you very much.