



This Issue in the Journal

Radiology knowledge in new medical graduates in New Zealand

R Subramaniam, T Hall, T Chou, D Sheehan

This study establishes the radiology knowledge of graduating New Zealand medical students about common radiological investigations and the students' ability to request the most appropriate and cost-effective radiological investigation for common clinical conditions encountered in our hospitals. It involved approximately 25% of graduating medical students in 2002 and was carried out in Auckland, Hamilton, Rotorua, Christchurch, and Dunedin. Our new medical graduates have 'just safe' level of radiology knowledge and skill. More radiology teaching is needed in our medical schools.

Healthline: do primary care doctors agree with the advice?

I St George, M Cullen, M Branney

GPs agree with the advice given by Healthline nurses to callers worried about symptoms. About two-thirds of callers to Healthline seek advice about symptoms, and about two-thirds of these call after hours. Many people calling their doctor after hours are now triaged first by Healthline nurses. This article reports close agreement between the advice actually given to people phoning Healthline, and the advice a group of primary care doctors would have given if they were given the same information.

The Strong Parents-Strong Children Programme: parental support in serious and chronic child illness

H Jerram, J Raeburn, A Stewart

Serious child illness is a major stressor for parents. This research is a quasi-experimental evaluation of the first attempt in New Zealand and possibly the World to design and implement a course for affected parents with the aim of learning skills and providing support for managing their situation. It runs for 6 weeks and is parent-driven. The results show significant and lasting improvements on an array of measures, and a high degree of satisfaction with the course.

The health status of quota refugees screened by New Zealand's Auckland Public Health Service between 1995 and 2000

A McLeod, M Reeve

New Zealand is one of about 12 countries in the World which each year accept a quota of refugees from refugee camps and other places. For their first 6 weeks in New Zealand, the refugees stay at the Mangere Refugee Resettlement Centre, where they prepare for their new life. Part of that preparation is a process of medical screening and treatment. This paper summarises the findings of that medical screening, particularly for those refugees arriving between 1995 and 2000, which should be of help to those who provide subsequent medical care for the refugees.

The efficacy of EMG-biofeedback training on quadriceps muscle strength in patients after arthroscopic meniscectomy

M Kirnap, M Calis, A Osman Turgut, M Halici, M Tuncel

In this study, we investigated whether the addition of a EMG-B application (to a postoperative classical home exercise programme after arthroscopic meniscectomy) is effective in improving patients' quadriceps muscle strength in a postoperative rehabilitation program. Results show that during the postoperative period there is more rapid improvement, and quadriceps muscle strength could be increased greater in patients to which EMG-B is administered. EMG biofeedback application may be beneficial for postoperative rehabilitation protocols of knee pathologies and conservative programmes.

Computerised screening for hazardous drinking in primary care

K Kypri, S Stephenson, J Langley, M Cashell-Smith, J Saunders, D Russell

Primary healthcare settings appear to offer an excellent opportunity for patients to be screened for hazardous drinking and to be offered brief advice on how to cut down (drinking); however, this effective intervention is rarely utilised. In this study, over 1,000 patients attending a university student health service (Dunedin, New Zealand) were offered computerised alcohol screening in the waiting room and were asked for consent to be followed-up. Over 90% completed screening and only 4% declined consent for later follow-up.