

101 年 摘要

海外見習

2012 Overseas Clerkship Report

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成大醫學院在醫學生五升六年級的暑假，提供國外交換見習的機會。基於對美國醫療體系的好奇、個人生涯規劃的考量、以及增廣見聞的渴望，我選擇參與此計畫，並決定以布朗大學作為我交換見習的地點。我見習的部門分別是：羅德島醫院的胸腔內科（主要負責照會）以及羅德島紀念醫院的急診科。

在見習過程中，我的角色和布朗大學的醫學生完全相同，可以獨自接觸病人、問病史、身體檢查，最後報告給住院醫師和主治醫師討論。在六周的見習中，我感受到美國的醫學教育重視臨床教學的程度。主治醫師總是希望學生先闡述自己的臨床思考，再以教學的角度提出建議。在這樣的要求下，學生更有動力學習擔負臨床決策的責任，對於醫學生的成熟和獨立相當有幫助。此外，和不同文化背景的同儕／師長互動，也是相當寶貴的經驗。

總結來說，我相當推薦學弟妹能參與國外交換見習的計畫。

Introduction

NCKU medical college provides their junior clerks with opportunities to have oversea exchange clerkship. This year (2012), we had several choices: Brown, Duke, Pittsburgh, Temple, and Mississippi. The main purpose is to make students exposed to different healthcare systems, to work interculturally, and to sharpen medical knowledge and skills. I chose Brown University, and I had two clinical rotations, 1) pulmonary diseases (consult team) in Rhode Island Hospital for 4 weeks, and 2) Emergency Medicine in Memorial Hospital of Rhode Island for 2 weeks.

Process

In this section, I am going to describe three major things I learned from my exchange rotations (mainly about how the teachers guided students) and to compare with the learning experience in Taiwan.

Before the discussion, I want to point out that US medical student have only their 3rd and 4th year of medical school doing clinical practice (clerkship), but Taiwan medical students have 3 clinical years (clerkship + internship). I think this is part of the reason why the education content is different.



Pic.1. Dinner with Luke Foundation members, Brown medical students and Dr. Sung

1) The role of medical students:

In the US, medical students work independently. For example, they usually approach a patient (history taking, doing physical exam, working out assessment and plans) by themselves. And they are integrated to a team, primary-caring patients under supervision of the attending physician.

On the other hand, in Taiwan, medical students lack chances to do primary care. They usually follow a resident or an attending physician to approach patients. And they are not always asked to have their own clinical opinion for patients they approached. But in the Taiwanese intern year, which is the last year of medical school, they do primary care as a resident do.

2) Presentation requirements:

In the US, as medical students are asked to have their own assessment and plans for the patients, it is required to do case presentation (either in morning meeting, in rounds, or in seminars) and then discuss with residents and attending physicians. It can not only improve presentation skills but also increase students' sense of responsibility of their patients. In contrast, in Taiwan, students don't have much presentation. But the situation is also different in their intern year. Because they do primary care process.

3) Clinical practice opportunities:

In the US, medical students lack opportunities to do clinical procedures. But medical students in Taiwan have many opportunities, even in their clerkship, not to say in internship. Clinical procedure are required skills!

Here is a quick summary:

	US (Clerkship)	Taiwan (Clerkship)
The role of medical students	Integrated as a team member.	Following the team working.
Presentation requirements	Yes, usually.	Yes, sometimes.
Clinical practice opportunities	No, not on patients.	Yes, if you asked.

Fig.1 Comparison of clerkship between US and Taiwan

Reflections

For me, I seriously consider to practice in the US. The exchange clerkship experience provided me with an overview of US healthcare system and opportunities to have deep talks with residents and attending physicians especially from Those who had overseas backgrounds. There are several issues we talk about: how to prepare for the US board exam, how to get a good residency matching result, how to adapt to a new environment, and how to choose specialty and subspecialty.

In the emergency rotation, I met an attending physician, Dr. John Riedel, whose personal interest was pretty similar to mine. He majored in philosophy as his undergraduate in Stanford. We not only talked about medicine but also philosophy and life. He taught me that, as a doctor, you have to put equal emphasis on both physical and spiritual life. This was really a precious experience, and his advices were very practical.

During the exchange clerkship, I met different people. To people with similar age, we discussed about our future - whether/how to go for a Ph.D. degree, whether/how to practice in the US, and how to take care of parents when being abroad; to people older than me, they were more experienced and willing to share their perspectives to those questions.

To sum up, this exchange clerkship helped me rethink my future and my career. Although I don't have a definite answer yet, this is well enough - better late than never.

basic medicine, and then clinical medicine. The most important adjustment for the authority is to enhance the clerkship training, providing clerk students the opportunity to do more primary care. Otherwise they will not be competent enough after graduation, and not prepared enough for residency.

Recommendations

1)About our medical education:

The medical education in Taiwan is going to transform from 7-year-system to 6-year-system. This is mainly based on US medical education design - first 2 years premed, then



Pic.2. Dr. Jerome Liu, My intern in ER, Memorial Hospital of Rhode Island



Pic.3. Dr. Alexis Drutchas, My intern in ER, Memorial Hospital of Rhode Island



Pic.4. Dr. John Riedel, Dept. of Emergency Medicine, Memorial Hospital of Rhode Island

The basic medicine courses should incorporate more clinical thinking and encourage students to do case discussion from clinical perspective. This way, students can “feel like being real doctors”. It is really important to have such feeling, because then we would take things more seriously.

2) About the pre-overseas course:

I think the classes focusing on introduction of our own culture and school could be reduced to one or two. That is good enough because in the hospital, people usually don't have much time to talk. If they're really interested about Taiwan, I believe that we are familiar with our own country and school well enough to do a good introduction.

I suggest to spend more time on practicing case presentation and getting used to medical abbreviations. We should emphasize the comparison of difference between US and Taiwan healthcare systems, for example, insurance, laws, and design of healthcare system.

Lastly, interviewing seniors who went to the school you are going is really helpful. And to watching US medical dramas is also helpful for you to get used to the talking style and medical abbreviations.

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Pic.5. Dr. Mohammed Salhab, My intern in ER, Memorial Hospital of Rhode Island



Pic.6. Dr. Jonathan D. Lin, My intern in Pulmonary Medicine, Rhode Island Hospital



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