

101年 海外 見習

2012 Overseas Observership Program Final Report

摘要

兩年前在 101 級學長姐的海外見習經驗分享會上，我第一次知道這個美國見習的機會。聽著學長姐熱切地訴說在美國醫院的所見所聞、台灣與美國的異同，讓我很佩服他們的勇氣和見識，也期待自己能像他們一樣去看看不一樣的世界。因此當我得知甄選的消息時，就毫不猶豫地報名了，也很幸運地取得在今年(2012)暑假前往天普大學醫院見習的資格。

雖然一開始對天普大學的了解並不多，但在與學長姐討論過後，對於其急診、創傷外科等專業很有興趣，又加之在台灣見習時實際操作的機會比較少，因此我便選擇了「急診床邊超音波」課程。這個課程之前沒有學長姐選過，因此去之前我有點忐忑不安，好在最終證明這個課程完全符合我的需求—既能在急診觀摩、參與他們的教學活動，又能實際進行過去只能在旁觀看的超音波檢查。而且天普大學醫院急診部的工作環境友善、教學氣氛濃厚，這四週的見習課程使我如魚得水，過得充實又愉快。



雖然從申請到見習的過程中，偶有洩氣的時候，但總是會遇到許多來自師長、同學們的幫助，讓我十分感恩。如果讓我重新選擇，我還是會毫不猶豫的做出一樣的決定，也會非常鼓勵學弟妹們參加海外見習計畫，希望他們也都能跟我一樣收穫滿滿。

Abstract

The first time I learned about this program was at the 2010 overseas observership sharing session. I still remember those senior students who stood on the stage sharing their experiences with sparkles in their eyes. At that time, I told myself that I wanted to be like them. I wanted to see the world and to experience different culture. Therefore, when I knew the application for overseas observership program started, I sent my application immediately. Fortunately, I got the chance to be a visiting student of Temple University School of Medicine and chose Emergency Medicine Bedside Ultrasonography (EMBU) as my elective course.

At first, I was a little bit nervous because no senior students had chosen this course in the past. However, the environment in the emergency department of Temple University Hospital (TUH) was so friendly and the attending physicians and residents were so enthusiastic about teaching that my anxiety disappeared immediately. I was so excited when I was allowed to perform ultrasound examination and discuss the result with the attending physician, which I was only allowed to observe in Taiwan. I was impressed by a gunshot wound, which is rarely seen in Taiwan. I also enjoyed chatting with both colleagues and patients to discover the differences between cultures.

I had a great time and learned so much during my four weeks in TUH. This overseas

observership program totally exceeded my expectations. If I could choose again, I would still make the same choice. What's more, I will definitely encourage junior students to join this program in the future.

Introduction

Temple University (TU), founded in 1884, is a comprehensive public research university in Philadelphia, Pennsylvania, United States. It is the 26th largest university in the United States with more than 37,000 undergraduate, graduate, and professional students, and well known for its programs in areas such as communications, business, education, art, music, science, and the health professions.



Temple University School of Medicine (TUSM), established in 1901, is located on the Health Science Campus in the North Philadelphia. Each year, the School of Medicine educates approximately 720 medical students and 140 graduate students. This school has a close educational and working relationship with the Temple University Health System.

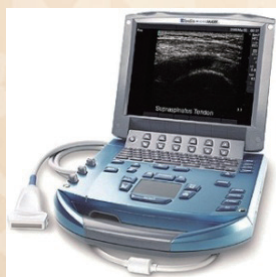


TUSM welcomes visiting students who are in their fourth or final year of medical school and have completed all core clerkships. Fortunately, my school (National Cheng Kung University; NCKU) has an international affiliate with TU. Therefore, this summer there were 4 students in my class applying for its clerkship.

Temple University Hospital (TUH) is the chief clinical training site for TUSM. It's a 740-bed Philadelphia hospital offering comprehensive inpatient and outpatient services to the surrounding community, and highly specialized tertiary services to the entire region. It not only provides medical services but also has the function of research and education. **Department of Emergency Medicine (ED) of TUH** is staffed by 17 emergency medicine (EM) physicians and has 36 EM residents with a patient volume of 75,000 adult.



The course I chose for my 4-week overseas observership was **EMBU**. The rotation consists of a minimum of 14 8-hour days spent in the ED, with additional time at home for reading. When I was on duty, I would perform EMBU studies, interpret them and discuss with EM attending physicians. All studies would be documented for a weekly EMBU didactic conference; in the conference, the teacher would discuss some studies and focus on a specific EMBU topic.



Process

During my observership, I found some differences about how the teachers guided students during clerkship in the US and Taiwan.

1. When I did my clerkship in NCKU, most of the time, both attending physicians and residents were too busy that I would hesitate to interrupt them and ask questions. However, in the ED of TUH, the barrier between attending physicians, residents and students seemed smaller. They interacted more like colleagues and friends, so the educational discussion was conducted in an encouraging atmosphere. I'm not sure whether this difference was due to the variety between departments or between countries because I haven't done my ED rotation in NCKU hospital. The comparison might not be totally appropriate, but I have to say I really liked the learning environment in the ED of TUH.

Under this friendly environment, although much of the EMBU rotation was without direct supervision, I still learned the knowledge and technique of EMBU well. Senior residents were really kind and enthusiastic about teaching. Therefore, it was easy to find an aid when I had no confidence to perform the studies alone. They not only guided me but also gave me useful advices and encouraged me. I really appreciated that.

2. Although the 4th-year medical students in the TUSM and the 6th-year in NCKU are both clerks, the Temple students treated themselves as a physician much more than we (the NCKU students) did. They were more active in participating medical care. In NCKU hospital, clerks were more like students with no clinical function for patients. Sometimes we even said that clerks are roadblocks ironically.

I think there are 4 main explanations.

-First, the US medical degrees are classified as Second entry degrees, which means that the students are required to complete at least 3 years of “pre-med” courses at the university level. I think this design of medical education provides students more time to determine their future career. In Taiwan, medical education in most medical schools is undergraduate program. Students have to make a decision after high school, when they usually haven’t considered their future clearly. Therefore, the US medical students’ learning motivation are stronger than Taiwanese medical students.

-Second, for the US students, the 4th year is their last year and they have to decide their future and apply for their residency, but for us, the 7th year is the last and it’s the year of internship with real duty. Therefore, the pressures we face are smaller.

-Third, the 4th-year medical students who rotate through the ED, has the responsibility of a sub-intern. In every shift, they are assigned one patient presenting undifferentiated medical complaints, and they will function as the primary care giver of the patients under the direct supervision of an attending physician or a senior EM resident. They are expected to discuss about their case with their supervisor and to participate in the decision-making process. I think this clerkship design is like our internship in 7th year and can really encour-

age students to learn.

-Fourth, the patients in TUH are really kind and seldom refuse to cooperate with medical students, although they suffer from physical discomforts. This makes the learning environment more friendly and comfortable for medical students.

3. In the case conference of EM residents in TUH, the presenter would act as the patient, and one volunteer audience would be the doctor. The doctor can choose a partner to discuss, but he is the only one who can ask the patient questions. Like the clinical situation, information is provided only if the doctor asks. The volunteer would go through the whole medical thinking process (history taking, physical examination, lab and image examination, and differential diagnosis).

In NCKU, we also do similar doctor-patient acting in case conference. However, there is one small difference — every audience asks questions in turn. The advantage is every audience can participate in the discussion; the disadvantage is that everyone’s thinking process may be interrupted by others’ questions.

It’s hard to define which one is better, but I think the US way would work better in residents’ conference than in medical students’ discussion because the discussions require more personal knowledge and experience.

4. There is a simulation center in the Medical Education & Research Building in the Temple Health Sciences Campus. It’s similar to the Guo-Ding Clinical Skills Center in NCKU. They both provide simulated clinical situation for students to practice. The difference is that the Temple one has more simulation and technique training room with human patient simulators, but the NCKU one has more consulting rooms.





On Aug. 2, I joined a simulation training of ED. In the training, several residents and medical students worked as team to solve a simulated ED scenario. The human patient simulator would react to our medical action. I think this was an efficient way for medical training, and I really enjoyed it.

Reflection

After the observership, I can approach patients friendlier and with more confidence. If patients asked any questions, I would try to explain in an easier way patiently. I think this opportunity helped me improve my doctor-patient relationship.

If I work in a medical center which provides medical training program, I will teach younger trainees actively. I would encourage them to take care of their patients and discuss everything about case with me. I hope they will feel like being a member of the health care team.

Recommendations

1. Now that the medical system will change from 7 to 6 years in Taiwan, the internship will be excluded from undergraduate medical education program. If so, those who graduate from 6-year program will lack practical clinical experience. Even if they pass the license exam successfully, they only know the knowledge in the textbook but have no real ability. To avoid this situation, medical students should to change their mind during their clerkship. They are not roadblocks but future doctors. What's more, the learning environment should be friendlier and encouraging. The patients who come to medical center should realize that the hospital is a place not only for medical service but also for medical training, and they should give more chance to medical students. In the meantime, to protect the patients, the hospital should make sure the supervision system works smoothly.
2. Beside TUH, TUSM has teaching affiliates with a wide array of Pennsylvania-based clinical campuses, so the 3rd and 4th year student has other choices for their clerkship rotations. I think this is a good chance to see different types of patients and observe how other hospital runs.

In NCKU, we have only one month to go to different hospital in Taiwan and the choices of hospitals are few. I think NCKU should make its clerkship more flexible.
3. The public security of North Philadelphia is poor, so TUH pay much attention to ensure the safety of the hospital. There are several security guards at every entrance,

and the guards also patrol the ED regularly. People who want to enter the hospital should wear their IDs. Even the salesperson of the pharmaceutical company cannot enter.

Recently, the news about EM staffs attacked by patients or gangsters were heard frequently in Taiwan. Taiwan hospital, especial ED, should pay more attention to security like TUH does.

4. For future students who apply for overseas observership, my recommendation is the same as others' — improve the English ability. While discussing about medicine, it's easy to understand the conversation, but when it turns to chatting, it's hard to catch up. Watching more American movies or TV series might be useful.

5. For those who choose Temple in the future:
Temple doesn't provide accommodations. If they don't want to spend much time searching accommodations or they don't know anybody living in Philadelphia, "International House, Philadelphia (IHP)" is a good choice!

IHP is in west Philadelphia, near University of Pennsylvania. Although it takes about 40 minutes to get to TUH by subway, the room is comfortable and the neighborhood of IHP is really safe and beautiful.

The best is that there are residents from different countries, so it's a good chance to meet new friends.

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