

單號



慈濟大學
學生海外交流活動交流心得報告表

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| 國家/城市 | USA/New Jersey | 服務人數 | 2 | 活動日期 | 自 104 年 3 月 2 日 至 104 年 3 月 27 日 |
| 活動名稱 | 美國 RWJW 實習交換計劃 | | | | |
| 機構名稱 (中/英文) | 美國 - Robert Wood Johnson Medical School | | | | |
| 授權同意:茲同意無償、非專屬性授權慈濟大學,將本人著作全文及圖片登載於慈濟大學授權執行單位所建置之資料庫及文宣資料。立書人: _____ (書寫簽名) | | | | | |
| 心得報告審核: _____ (由系所主任審核後簽章) | | | | | |

心得分享內容(文字數應在 1500 字數以上,內容需包括交流期間之學習心得、對當地文化之感想、個人應加強努力之部分等,如表格不足填寫,可另加附頁補充) 並附上五張(以上)照片-請附圖說。

Family medicine outpatient experiences

I really enjoy the afternoons at family medicine clinic seeing outpatients with Dr. Lin. The patients would make an appointment ahead of time, which often would need at least one week beforehand, and each would go to a separate room waiting to be examined. I believe that this would give them more privacy and respect. I also found the labels outside each examination room kind of cute for it let people know who is inside right now so that people wouldn't just break in and interrupt. The doctor would spend around 30 minutes with each patient and unlike in Taiwan, apart from their current medical problems, they talk a lot about the patient's social life and other related issues. In our medical classes, when we talk about patient care (全人,全家,全程,全隊,全醫療,全社區), it includes taking care of the patient's physical health and his/her entire clinical course; support the patient's entire family emotionally, socially, and spiritually; work as a team, involving doctors of different fields, nurses, nutritionists, psychiatrists, social workers and if possible to include the entire community as well. However, in reality, it is nearly impossible in many of the sub specialties in Taiwan because of the national health insurance. It is less expensive and more convenient for the patients in Taiwan to see a doctor and Taiwanese culture favors things that are done efficiently. When people are sick, they just want to take a look by the doctor, get the medication and leave the clinic or hospital. But I often ponder, is it really enough? Do we really have enough information we need or are we just treating the apparent disease but maybe missing out other more important elements? Healthiness and illness may seem like two separate things divided by its definition, but in fact, it's a spectrum. To maintain good health requires long-term and devoted efforts that cannot be resolve overnight. People usually don't get sick without reason and if they get sick, there are often some problems inside as well. Therefore, I hope that we could all establish a good and long-term relationship with each patient. Know them not only through their physical health but also the mental side, for example, the stress they are facing daily.

In addition, I really appreciate the fact that almost every patient here in the United States can present his/her medical history nicely and clearly, such as the year they had their surgeries and the name of their medication. In Taiwan, very few patients can do that. Nevertheless, I think it would be handy if we could put in more effort on educating the patients to be responsible about their health and the ability to present their medical history. Also, most of the patients here are very friendly and are used to medical students and this help a lot for medical students to learn. I faced a couple of times with Taiwanese patients who simply refused medical students. It was very depressing for me and I tried to cope it thinking it as another obstacle I had to concur.

Another thing I noticed is that American doctors also spend a lot of time educating the patient on health knowledge. One example was a mother with her 5-month-old daughter who just went to day-care center and presented with stuffy nose and cough for one day. Dr. Lin explained to her that it was probably because the infant just started day-care center and caught virus infection from other children. Once her immune system developed, this kind of condition would less likely to happen again. Also, since her symptoms didn't sound like bacteria infection, she wouldn't need antibiotics. Another example is the 18-year-old freshman with a chief complaint of coughing for two months. It turned out to be her old allergy problem, but Dr. Lin also paid attention on another area regarding sex. She asked if she knew about protected sex like using a condom and discussed with her about taking HPV vaccination. I think it is really wonderful for doctors to not only focus on one problem but also the whole health concept.

Regarding to varied policies in different countries, I realized another difference from Taiwan is that every patient must have a family physician and need to see him/her before referring to other specialist. I believe it has its benefits and disadvantages. The patients would less likely "self-diagnose" themselves and for example, one would not just visit a chest man if they had been coughing or see a CV man if they had chest pain. Perhaps, this could also lessen unnecessary health cost if every patient is seen by his/her family doctor first. However, it is less convenient for the patient and might delay the treatment for some cases. Lastly, I find it interesting to see how popular acupuncture is here. I thought Western people might not like the idea of needles stuck to their bodies and would think it was crazy that this could treat health problems. However, I found the people here are open-minded and are amazed by the "miracles" of the effects. It got me into thinking that maybe I should put in some efforts regarding this area.



Outpatient clinic at Monument Square

Inpatient service

I found that the patients here have a greater portion of obesity and many are morbid obesity. It was my first time to see a patient that weights nearly 500 pounds, who at admission weighted nearly 600 pounds. It was quite a scene to see eight people trying to turn her to the side to do wound care. I think that obesity is a major issue in the United States and the obesity rate in Taiwan is increasing as well. Perhaps it is the fast food that people eat whether it is because of its convenience or its what they could afford. Or perhaps it is because of lack of exercise or lack of self-acknowledgement and self-discipline. Either way, we should put in more effort in public health to prevent obesity because it is one of the risk factors for non-communicable diseases like diabetes, cardiovascular diseases, and cancers. The methods include promoting regular exercise and introducing policies that allow a supportive environment for healthy eating and active living.

As for the residences, I think that it is really nice that they work as a team which is well-organized with daily sign-in and sign-out sheets and morning reports to keep every one well-aware of each patients. Also, the arrangement of one residence responsible for night shifts only is really considerate because most residents in Taiwan would still have to work even after they did their night duty. Nevertheless, I think this policy would be difficult to apply in Taiwan because of the lack of staff and the enormous amount of work that needed to be done.



Morning report in the hospital

Experiences in Dominican Republic

Before coming here, I never thought I would someday go to Dominican Republic and felt really lucky and grateful to have this opportunity. When we traveled to La Romana, I could not believe my eyes. It was the most desolate and ragged place I ever set my foot on. The houses or in more suited words would be “a room” was made out of iron-sheet and most of the children were running around bare-foot. I was surprised that some of the elder were left alone with no relatives looking after them, but instead, the neighbors would drop by from time to time to check them up. Tzu-chi volunteers told us that what we saw was already in a more bearable status. Before it was piles and piles of trash like mountains and hills. Tzu Chi organization really did the place some good by building an elementary school there and cleaning up the mess. What we did that day was refilling the medical bags that Tzu Chi gave out last year and paid home-visit to some of the residents. One of the families living there had a one-year-old son who lost both of his feet in a fire accident three months ago. You could still see flesh in one of his legs. Of course, sympathy filled our hearts, but apart from that, one would wonder, “What else could we do to help people living in places like this?” Different medical organization would come to Dominican Republic every day bringing in medical support. However, is what we are doing really helpful for the residents here? Another man we saw who lost his eyesight had high blood pressure and he had some medication in his house brought by different medical groups. But does he really know which one he should have and under what circumstances should he take them? Or if the medication had cross effects that might do harm to his health? I think one of the big disadvantages of different medical groups coming in at different times is that it would be difficult to care for the people’s health in the long-run. It would be better if we could involve the locals into the medical field. Perhaps set up a medical team who is trained to have some basic medical knowledge and that the residents could consult or know where to ask for further help. In addition, I think the concept of medical bag is a practical idea because at least the residents could solve some basic medical problems on their own or at least buy some time in case of emergencies. This concept could also be applied in some rural areas in Taiwan.



Home-visit in La Romana

On Sunday, we set up a booth at China town to do free blood pressure and blood sugar check up for Asians. One thing I gained was that practice makes perfect. For example, as I did more and more finger-stick glucose testing, I got hold of the technique and acquired some tips that allowed the procedure to be done more smoothly and more comfortable for the patients. Another thing I learned was when we are giving health education, we need to be more concrete about our advices. For instances, instead of informing people to exercise, you could tell them to take a walk for 30 minutes after dinner. Also, we could ask what they ate for dinner and give direct suggestions regarding to their daily meals. If they ate one bowl of white rice, we could suggest them to cut down to half-a-bowl and eat more vegetables instead. If they like to eat white bread, we could suggest them to change into whole-wheat bread. I believed that I gained some more experiences on how to interact with people less educated than us and hope to apply this communication skill as I practice medicine.



Free health check-up booth at China Town in Republic Dominica

Promise clinic:

The idea for students to run a clinic and practice medicine in their early medical years with attending doctors as their backup is a brilliant idea. Each team has junior and senior medical students and they all give their contribution to the team and to the patient. I think it is wonderful for junior students to have an early exposure to clinical experiences for they would acknowledge better on how the knowledge they study in textbooks be applied in real patients. As for the seniors, not only could they test the water with what they learned but also learn more as they teach and share experiences with the junior students. I believe that at different stages, we have different understanding and by working in a team like Promise clinic can mature the students to become a better doctor. I wonder if we could apply it in Taiwan. Perhaps, in our third and fourth years of medical school, as we are studying anatomy, physiology, and pathology, we could join our seniors at our “teaching outpatient clinic” and be involved in the discussion.



My team at promise clinic

Community services:

Apart from working in the hospital and clinic, we also spent some time participating in the community service. For example, every Friday and Saturday, Tzu-Chi organization would give out free food to the locals with low-income. The food includes fresh fruits and vegetables as well as prepared food. The people could choice from the computer system what they want and this also allows us to keep track of the food each family took every month. As for the source of the free food, some of them come from the government while the rest was donated by Tzu-Chi.

In addition, we also attended a hepatitis B screening for the Chinese in New Jersey. There were 44 people who got screened that day, but I think it was not enough for there are a lot of Chinese in New Jersey and the prevalence of hepatitis B is high among the Asians. Maybe it was because of the inconvenience to drive all the way to Tzu-Chi branch or perhaps the public doesn't take this issue seriously. Nevertheless, I think it is important to put in more effort regarding this area.



Picture with the Tzu-Chi volunteers

Medical education I would like to change

I really like the idea of Promise clinic and hope that if I have a magic wand, I could add similar program into our medical education. One way of doing it is allowing junior medical students (those in our 3rd and 4th year) to join in our “teaching clinics” that was made for senior medical students (those in our 5th, 6th, 7th year). Another way of reaching similar effects is perhaps inviting senior medical students to participate in the home-visit that junior medical students go to every semester. To take care of the health of a family with lower income can be a good challenge for us. As for the finance source, we could apply for the program that the Ministry of Education offers for the University (教育部教學卓越計劃)

Another idea I thought of is a exchange program for medical students to learn “medical English” and “medical Chinese.” We often misuse medical terms here in Taiwan and I see that there are some students in Rutgers who would like to learn medical Chinese. Perhaps we can set up a exchange program that match a medical student from our school with another medical student from Rutgers to become “penpals”. We could use webcam for 30 to 60 minutes per week or every two weeks and teach each other how to pronounce the medical words correctly in English and how to translate them into Chinese. In addition, we can become friends with international students, set up connections, and broaden our global view.



Last day of global health rotation with Dr. Lin (left) and Dr. Escorba (right)

