

International clinical elective rotation: value added education

Viraat Harsh

"It's a beautiful tie," she said and closed her eyes. "Thank you Ms. Woods* but you did not answer my question," I said. "Ya ya doc no fresh overnight complaints, I am pooping and peeing fine. I'm just a li'l bit sleepy, they will take me for a computed tomography scan today; will you be there too?" "May be I will Ms. Woods, have a good day" I said, to which she sheepishly smiled and looked into my eyes with hope and confidence. I wish I had the same confidence in my eyes returning the smile to her. Every day at 5:00 AM in the morning I was strongly struck by the emotionally challenging situation that every medical student finds difficult to handle at the outset of her/his career, and I am clueless why it is more difficult with patients like Ms. Woods, a 68-year-old lady with terminal stage breast cancer and other co-morbid conditions, very pleasant, polite and sweet, and now had one wish, that is, playing peek-a-boo with her newly born great-grandson whom she is yet to meet.

Kansas University Medical Center (KUMC) located in Kansas City, United States (US) is a tertiary medical center established to serve the rural communities of the Kansas State. Over the past few decades it has proved to be the "state-of-the-art" center catering to all health care needs of the communities in and around Kansas City and exploring new dimensions in health through research, innovation and discovery. Since my medical student days, I was very interested in Neurosurgery, and I am fortunate to be accepted for doing my clinical rotations in Surgery and Neurosurgery Departments at KUMC. During my elective rotations at KUMC, I sometimes faced a situation where all the medical training that I had received over the last 5 years in India seemed to be insufficient. As a medical student, I had never witnessed doctors in India addressing patients' emotional requirements, and suddenly it was completely new to me. Similarly, addressing patients' similar factors that made me feel glad and blessed to obtain an opportunity of rotating at KUMC. It was both daunting and rewarding to wake up at 4:30 AM every day, reach the hospital by 5:00 AM, gather my patients' latest lab reports, talk to them regarding any new complaints, and be ready for briefing my residents at around 6:00 AM. Between 6:00 and 7:30 AM, the entire team would round and see the patients, write new prescriptions if required, take samples for lab tests, etc. At around 7.30 AM we, medical students, were sent to the operation rooms (ORs) for the day.

* Name changed to protect the privacy

Department of Neurosurgery, Baylor College of Medicine,
Houston, Texas 77030, USA

E-mail: harsh@bcm.edu

The rest of the day in the OR passed before I could even know the day had ended. On clinic days I loved interacting with the patients and learnt from several attendings' different yet impressive style of caring for and treating patients. In addition, I attended lectures with 3rd year medical students, twice a week that enhanced my learning experience. Moreover, I attended noon conferences, seminars and grand rounds as and when time permitted. Overall the education at the KUMC was excellent and yet the environment was so relaxed that there were occasions when I attended a case discussion while sipping juice!

In the Department of Surgery, I was on gastrointestinal (GI) and vascular service, while in the Department of Neurosurgery I was on the spine, vascular and neuro-oncologic surgery service. I had the opportunity to interact, diagnose and manage a variety of patients, whether it was in an outpatient clinic, emergency room (ER) or the OR. While on the GI service, interacting with patients confirmed operative for bariatric surgery was a new and difficult experience for me, however as days passed by I was very much enthusiastic to interact with them. While on neurosurgery service, I had the opportunity to see very rare diseases and pathologies including the Hunter-Carpenter-MacDonald syndrome.

In the OR my training began with 'how to scrub' for a case, proceeded with how to put on the gown without contaminating it, and went on to learning the methods of holding a retractor to operating laparoscopic instruments. During the procedures in the OR, the attending surgeon would pose few simple and basic related questions, and I would rummage through knowledge from my medical education and answer them. The attending would complement me for answering the questions correctly and then provide information that would either fill my knowledge gaps or advance my current knowledge. Most often, I was asked about how I would proceed about treating a particular case, an intra-operative complication or the steps in a particular procedure. I was glad that my medical knowledge and creativity were appreciated, and I was overwhelmed and humbled with the praises from testing my wit in the application of knowledge coupled with imagination in operating patients. During the off-clinic hours, I used to work on a research project in the Department of Neurosurgery, which resulted in the publication in a peer-reviewed journal [1]. During the weekends when I was not on call, I used to go to see places around the Kansas City, the city of fountains. The KUMC international clinical elective rotation also helped me in making friends from different parts of the world.

ELECTIVE REPORT

With no deficits of resources, the best management protocols being followed, it was like a surgical fairytale coming true for a student who had earlier trained in a government medical school in a developing country, where the doctors often have to compromise on the patient's health management protocols because either the procedure is too expensive to be paid for by the patient or the government, or the necessary equipment, skills and dedication required for the appropriate level of health care are lacking. All of a sudden, all the equipment, instruments and procedures I had read only in books, became real for me.

My rotation days at KUMC were the most wonderful days of my medical undergraduate education. Especially, the elective rotation gave me a new perspective about the emotional needs of the patient and the methods to address them. Being an international student and adapting to the hospital environment in a foreign country is usually difficult [2], yet, given the opportunity, I strongly opine that every medical student should opt for an international elective rotation, as a good program with international class standards profoundly alters your clinical acumen and approach. In addition, it provides an opportunity to witness new dynamics of medical education and also gets exposed to different cultural and divergent health-care environment.

References

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