

Harvard Medical School
Exchange Clerkship Program
Reflection

Location: Beth Israel Deaconess Medical Center
Department: Plastic and Reconstructive Surgery
Student: Austin Chen (KMU M6)
Duration: September 28, 2015 – October 25, 2015

Reflection

Ever since I was admitted to Kaohsiung Medical University, I have been looking forward to the opportunity to attend Harvard Medical School's affiliated hospitals through the exchange clerkship. Words cannot describe how elated I was when I received news that I would be able to go in the month of October for a rotation in Plastic and Reconstructive Surgery. It was my first choice specialty, and I have to admit, the month I spent in the department was definitely eye opening and helped me confirm what I want to pursue in the near future. The time of month was optimal as well, seeing that the weather did not hit extremely cold temperatures and there was plenty of sunlight.

In the Plastic and Reconstructive Department at Beth Israel Deaconess Medical Center, a typical day would consist of morning meetings beginning at 6:00, followed by ward rounds until 7:00. During the morning meeting, which is conducted by the Resident physicians, the list of patients would be run over, with the necessary tasks delegated to the team by the Chief Resident. Ward rounds would primarily consist of checking on each patient's vital signs and performing wound evaluation and dressing change. After, most of the time spent would be in the operation rooms, depending on the preference for certain cases. Most interestingly, all the members of the department knew about Taiwan, stating that it is a world leader in the plastic and reconstructive surgery field.

The time by which rounds were completed, roughly 7:00, the Residents would begin heading towards their respective ORs. For me, I had the leisure of picking what I wanted to do. I could either assist on the floor, help out in consultations, go to the OR, or go to OPD. The majority of the time I would go to the operation room to see whatever cases appealed to me most. The scheduled operations would all be available through the hospital database. Cases would sometimes go late into the night, perhaps until past 10pm, and even later if there were emergency cases. If one wanted to stay late for a specific case, one could apply for an on call room over night.

On the floor, one would follow the interns around and assist them if they needed it. Most of the time, there is not too much to do apart from putting in orders. However, when the interns are called for consultations, they may delegate one of the cases for you to do a complete patient history taking. In addition, in the emergency department, there is sometimes the opportunity to assist in local procedures.

Regarding the OPD, one mainly follows one Resident or Attending, although there is no real restriction. This is the time when you can observe the preoperative and postoperative status of patients. In addition, you are also able to see how the Attending interacts with patients regarding certain procedures. Since there are

usually 10-20 patients per day for OPD, the Attending has time to fully explain things to the patient, and by extension, the student. Sometimes local procedures are also done, and one may assist depending on the Attending.

In the operation room, medical students may scrub in and assist with procedures, usually depending on how many surgeons are already on the table. Most of the time, there is no problem with scrubbing on. However, the amount one is able to assist varies depending on the case, the Resident, and the Attending. I was able to assist in prepping the OR, holding instruments in place, suctioning, cutting the suture, suturing, and cleaning up postoperatively. On one occasion, I was allowed to perform nipple tattooing.

Once a week, there is a department meeting, in which topics of interest are talked about. These range from invited speaker talks to M&M meetings. On one such occasion, one may be invited to speak about a topic, usually a case report, presentation about one's own country's plastic and reconstructive surgery, or research/publication talk. Another meeting, also once a week, is the Grand Conference. Invited speakers give a talk on a topic, followed by Resident teaching. There is ample opportunity to learn, both in terms of the basic sciences and the clinical aspect of medicine.

Although Beth Israel Deaconess Medical Center is the lesser talked about compared to Massachusetts General and Brigham and Women's, I do believe that it is the most welcoming and willing to let students participate. The medical team always emphasizes teamwork, and as such, all the members treat you as part of the team. It is really up to you how much you want to participate. I would say that communication is key to getting the most of the Harvard experience. I am extremely grateful for the opportunity to have this experience.

Compared to Kaohsiung Medical University

In my opinion, the role of the medical student is more or less the same in both universities. There is no immediate responsibility and no real expectation. However, I do believe that at Harvard, students are allowed to participate to whatever extent they want. There is a much more fostered environment, promoting incorporation of the medical student into the team. The opportunities to assist in full patient care and procedures are unparalleled. Medical students are still at the bottom of the food chain, but they are not treated as functionless individuals. Rather, it is encouraged to have a function. In addition, one other aspect I believe Harvard does well is that it opens medical student OPD, solely for clerks to work on patient taking. However, KMU does have its merits. At our university, we students are allowed so much time for 1 on 1 teaching by the Attending. At Harvard, it is rare to even have time to talk to the Attending. In addition, I think that the classes offered throughout clerkship at KMU vastly outnumber those offered at Harvard.