

Recognition of Distinction in Global Health

University of Alabama at Birmingham Heersink School of Medicine

Clinical Elective: Taichung, Taiwan. CSMU: Chung Shan Medical University

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As I sat on the long flight from San Francisco to Taiwan, the final part of my journey from Birmingham, I experienced a flood of emotions. I had never left the U.S. before, and with finishing up the final assignments of my MS1 year, I hadn't taken much time to think about my expectations for this trip. I had a suitcase packed with clothes for the humid Taiwanese summer, a few Mandarin phrases in a notebook from a friend, and a heart full of excitement as I stepped into a big unknown.

Landing in Taipei, my roommate and I navigated our way to Taichung, where we were greeted by the kind face of a CSMU student. As we were taken to our dorm, I stared out the window, taking in all the scenery of what would be my new home for a month. Taichung was busy, full of color and lights, and warm in more ways than one. The first day was full of tours and a wonderful breakfast with the CSMU student and a CSMU staff member, and any feelings of nervousness I had were quickly dissolved.

My first two weeks were in the pediatrics department. Rounds moved quickly, filled with a mix of Mandarin and English, and I often relied on translations from other students. However, I quickly learned how much information could be gained from nonverbal communication. While watching our attending physician talk to a patient and their parents, I was able to discern the symptoms they were describing from observing the patient and the way the physician spoke with his hands. Determined not to let my lack of Mandarin skills impede my interactions with patients, I carried my stethoscope, and one of my earliest opportunities was listening to the lung sounds of a young child with croup. Though the words around me sometimes felt out of reach, the physical findings spoke their own language, and I began to appreciate how medicine can transcend verbal communication.



As we continued our pediatric rotation, I was able to walk through the PICU, NICU, and pediatric hematology-oncology ward. Our attending brought us to the newborn nursery and walked us through performing a cranial ultrasound on a newborn, taking time to teach us brain anatomy as we scanned. However, the part of my pediatric rotation that left the biggest impression on me was my time in the outpatient clinic. I sat in the exam room and watched as patient after patient came in for a quick 10-minute visit and promptly left. I was astounded at the volume of patients that were seen in the clinic, and I was even more impressed by the clear continuity of care. While rounding, I saw a child who had been admitted for respiratory distress and was able to observe their progress over a few days, and while in the clinic, I got to see them one



day after being discharged for a quick follow-up visit. Observing this seamless continuity of care stood out to me and highlighted how different healthcare delivery systems are from the U.S.

My second two weeks in gastroenterology were equally eye-opening. I watched procedures ranging from abdominal ultrasounds to colonoscopies and ERCPs, and again, I noticed the large volume of patients that were seen per day. It became clear quickly that most patients were choosing to have colonoscopies performed on them without any sedation. When I asked about this, it was explained to me how little the cost is to have screenings like colonoscopies performed due to Taiwan's National Health Insurance and that sedation is typically not chosen because it is an extra charge. This again highlighted a large difference between Taiwan's NHI and the U.S. healthcare system. Even more impressive was watching patients finish with their colonoscopy, recover for a few minutes, and then hop off the bed and over to the side of the room to talk with their physician. The patients were immediately given any findings by their doctor and were shown pictures from the scan (although, some patients had watched their

scan in real time!). I observed this same level of communication when abdominal ultrasounds were done – as the physicians talked to the patient about findings throughout the scan. Watching these interactions, I could sense the trust and comfort between patient and physician. This deeply inspired me to strive in my own future practice to provide prompt, transparent communication and foster trust through openness.

CSMU physicians and staff were incredible at offering additional and unique opportunities to learn, and I am happy to have had exposure to new skills. The GI residents let me practice behind the wheel of an endoscope on a model – which was a humbling reminder of how much skill and patience is needed to master these tools. A pediatric surgeon took time to teach me basic suturing in a one-on-one session, an experience I had been initially intimidated by but ended up being both exhilarating and empowering. I also sat in on case discussions and departmental meetings, learning not only the technical aspects of medicine, but also how teams collaborate to reach decisions.

Language remained a recurring challenge. While many of my supervisors and peers spoke English, some discussions and most patient encounters unfolded entirely in Mandarin. There were moments I felt like an observer on the outside of a glass wall, watching but not fully able to participate. Yet these moments also underscored the importance of humility in medicine. Even when words were beyond me, I could still listen, observe, and learn. I was reminded that empathy is not bound by language — a



reassuring lesson for my future practice with diverse patient populations.

Outside the hospital, I found balance in exploring Taiwan's rich culture and landscapes. Weekend excursions took me to Sun Moon Lake and Tainan, while weeknights took me to local night markets and shopping adventures with friends. Most importantly, these excursions showed me the warm hospitality of Taiwan, which has only made me eager for my next opportunity to explore there.

By the final days in Taichung, I reflected on how far I had come from those first uncertain mornings on rounds. I left Taiwan with new technical skills — from cranial ultrasound to suturing — but more importantly, with a deeper appreciation for adaptability, cultural humility, and the universality of patient care. This experience has reinforced my interest in global health and my desire to pursue a career that bridges clinical medicine with cross-cultural collaboration. I am grateful beyond words to the patients, faculty, and peers who welcomed me into their world, and I look forward to carrying these lessons forward as I continue my journey in medicine.

