

Medical Student Enrichment Program

University of Alabama at Birmingham School of Medicine

Clinical Elective: Taichung, Taiwan – Chun Shun Medical University

Dates of Training: June 4, 2018 to July 01, 2018

Student: Karyn Ding, MS1

Date of Reflection: August 20, 2018

Taiwan Self-Reflection

During the month of June 2018, I spent my days in Taichung City, Taiwan building and gaining an invaluable experience. At the Chung Shan Medical University (CSMU) hospital, I observed incredible efficiency in clinics, compassion in the medical field, and incredible diversity of religion. These experiences will undeniably shape me into the physician I hope to become and guide my future perspectives.

While a multitude of aspects about the hospital resonate with me, one in particular stands out: the high level of demand that the doctors and nurses face and how they manage the need. When observing outpatient clinics, I noticed that patient visits were very short in comparison to patient visits in the US. In my experience, a nurse will take a patient’s vitals and afterwards, the patients will wait for the physician in a private



clinic room. The doctor will come in to take a history and perform physical exam. During this time, doctors and patients will familiarize themselves and form a doctor-patient relationship. However, in the outpatient clinic for Pediatric Neurology in Taiwan, patients waited for their doctor in a communal area where privacy was essentially non-existent. The doctor stayed in one clinic room for the duration of his outpatient clinic and the nurse would call patients in one at a time. The nurse would take quantifiable data, such as weight and height while the patient

and their family would sit in chairs to talk to the doctor. The encounter was always short, to the point, and lasted around 10 minutes on average, so chit chat was minimal. The tradeoff of maintaining efficiency in a clinic is establishing a closer relationship with a patient. In Taiwan, encounters between the physician and patient have necessarily evolved to be so short because of the incredibly high population density. If Taiwanese doctors built relationships with the patients, as American doctors do, they would have to significantly cut how many patients they see daily. However, these short encounters reduced the amount of time the doctor and patient interact, which limits the amount of patient health education the physician can provide – such as educating patients of the carcinogenic dangers of chewing betel nut, which has been a big factor in the growing number of head and neck cancers in Taiwan. On the other hand, our medical education system places considerable emphasis on building a relationship with the patient. I think this is an important part of our training because the dynamics of a healthy doctor-patient relationship foster trust from the patient's point of view, which could lead to higher medical compliance and patient engagement in their own illness. I think the US model of establishing a good relationship with the patient at the beginning is beneficial in the long run for patients who need health education or have chronic diseases that require trust and compliance to physician orders.

Compassion has always been a pillar of physician society. We expect physicians to be cognitively and emotionally aware of the patient's suffering and to want to alleviate that suffering. This aspect of the physician is something that I saw in the healthcare workers in Taiwan. Now I recognize that compassion is a fundamental element of a physician regardless of geographical location. Due to the nature of the Taiwanese educational system, I didn't know what to expect from the doctors. High school seniors in Taiwan take a standardized test in their senior year of high school and get placed into a college. If their scores are high enough, they have the option of going straight into a medical program where they can graduate with a medical degree in 6-7 years. Many students choose the medical path strictly because they have the scores and experience necessary for medicine, not necessarily because of the passion for medicine that I feel US students have to prove in their applications. Despite this difference, compassionate care was actually something that I received from medical students at Chung

Shan Medical University. Their kindness towards us as visiting students is unparalleled to anything I have experienced outside of my own family. Students would stay up all night for an on-call shift and knowing that we are not familiar with the city, voluntarily show us around their city the next day. Another student that we met on our first day at CSMU took us under his wing in the hospital. He acted as our personal translator and got called by doctors to help translate complicated medical jargon from Mandarin to English. He even let us bother him with questions like “what is this baby here for?” and “what is this patient’s history?” and kindly looked up their charts to answer our questions. When I didn’t show up for my last day of work because of a stomach bug, he messaged me offering to take me to the ER the night before I left so I wouldn’t have to go by myself. Even though I had spent a month in Taiwan and 5 days a week in the hospital, this student – who pursued the medical field purely because he had the grades to – recognized my suffering and how unfamiliar going to the hospital as a patient (rather than intern) in a foreign country would be, and subsequently made an effort to alleviate my suffering. I believe that even though some students enter the medical field strictly because of their good scores, there is something else that leads them to medicine and that “something else” might just be their inherent compassionate nature.

Growing up in the South has made me no stranger to religion. I grew up in a city where everyone at school went to church on Sundays and usually a weeknight, too. Religion is so complicated and my time in Taiwan has taught me that I don’t know nearly enough about the different religions around the world. In the month that I spent there, I met people who are religious, spiritual, or just superstitious by tradition. It is obvious that religion is a prominent part of their society as you explore the city. The various temples placed throughout the city represent a deep-rooted respect for religion and faith in history. Although the most common religions in Taiwan are Buddhism and Taoism, there is also incredible religious diversity. During a visit to the largest temple in Taichung, I saw a large poster with Chinese characters and blank spaces at the front of the temple. The poster had a scripted prayer dedicated to students during finals season with blank spaces to fill in their name, the grade they want, their test ID number, and other logistical values that would specify the class and exam. Cars and scooters had red pouches hanging from the rearview mirror with small tokens or paper inside that symbolize

'safety'. In the hospital, many babies in the neonatal intensive care unit (NICU) also had similar red pouches hanging from their incubator for 'protection' or 'luck'. I encountered a plethora of superstitious behavior during my time in Taiwan, and it is hard for me to differentiate between that and religion - especially if the superstitious behavior is linked to a religion. These things were not something that I recognized early on during my time there, but something that I noticed more and more distinctively as I talked to people about religion or saw the spiritual items that people carried with them. I realized that I need to be increasingly cognizant of my patients' personal beliefs whether they are passionately religious, spiritual, or superstitious. As I move forward in my training, I hope to be respectful of the different beliefs people carry, become a better healer, and learn by listening in order to provide the best care that I can. I know that this experience abroad will have an impact on my journey to becoming a well-rounded and well-cultured physician.

Karyn Ding

