

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

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Every experience we have, whether big or small, shapes us as a person. As I anticipate becoming a physician, I realize that for me these daily experiences are not only molding me as a person, but they are molding me into the doctor I will become. During my 4 weeks in Taiwan at Chung Shan Medical University, countless experiences made their mark on me and impacted my worldview as a future physician. One of these experiences took place while shadowing in the NICU as part of my pediatrics elective.



As an English-speaker in a primarily Mandarin-speaking workplace, I had a routine of going from one incubator to another in the NICU and stopping to look at the infant inside to see if I could notice anything unusual. Then I would review the baby's vitals, and I would read over the chart if it was there. One morning, I noticed a nurse tending to a baby in an incubator which had a lot of steam pouring out. I stopped to watch and see if I could figure out what was going on and how the nurse was caring for the infant. I looked at the vital signs and noticed the baby's sO_2 was lower than normal. I assumed that was why the incubator was being infused with steam, but I still could not figure

out what the nurse was doing. Moments later I noticed the baby's heart rate start to drop. The nurse seemed to be looking around the room, but she did not appear frantic and her movements did not seem to be made with any urgency. She walked over to the nurses' station and said something in Mandarin. While she stepped away, I kept my eyes on the baby's vital signs and the sO2 and heart rate kept dropping lower and lower. Finally, several of the nurses started to disperse in different directions and the original nurse took her place by the incubator. Slowly a crowd started to gather around the incubator and almost everybody in the NICU was now surrounding the baby. A lady dressed in jeans and a t-shirt walked over and made her way to the side of the incubator and was looking at the monitors. This whole time the baby's vitals continued to deteriorate. The crowd that had gathered were all chattering amongst themselves and no one seemed to be working swiftly. Several nurses eventually came with a crash cart. The baby finally stabilized and the crowd dispersed. Before long the baby was alone in its incubator with no one else around and it was back to business as usual in the NICU.

Watching these events play out, I felt frustrated, useless, and anxious. Seeing what I interpreted as a lack of urgency with the nurse who was originally tending to the baby and later with the crowd as they watched and chatted, made me extremely frustrated and agitated. I felt like these people did not care and were not doing their job to fight for the life of this little one. And to make it worse, I got the impression that they were making this baby's potential death into a spectacle. This elevated my frustration to a level of disgust. At the same time, I could not have felt more useless. I knew there was nothing I could do at this level of my training to help this baby fight for its life. But there I was with the rest of the crowd just watching. I tried my best to stand back so the professionals could do their job, but I still wanted to see how things

were going. I remember thinking, "I am about to watch a baby die." The disgust I was feeling toward the crowd around me quickly became a revulsion at myself. All of these feelings I had were being experienced with the backdrop of anxiety. Having never been in a situation where death felt so imminent, I knew everything I felt in that moment was being heavily influenced by the anxious feeling one tends to get when death begins to meet reality.

Looking back on this experience, I think my initial sense that the nurse who was first tending to the baby was not reacting appropriately set the framework for how I processed the rest of the events that took place. Watching those numbers drop on the monitor made me a little anxious and then seeing the nurse's response heightened my anxiety and translated it into frustration. When thinking about other times in my life when I have felt anxious (like when my little sister broke two bones in her leg), I realize my sense of time gets warped. Sequences of events that seem really slow or really fast in my mind may actually pass by on a totally different time table. Therefore, when it felt like the nurse was not quickly responding to the baby's condition it may have just been because I was feeling anxious and my sense of time was impeded. Knowing this about myself, I realize the frustration that grew inside me and set the stage for how I felt the rest of the time may not have even been merited.

Now that I have had time to reflect on this experience and discuss it with friends and colleagues, I am able to see the gaps and assumptions I made in my initial interpretation of the events that morning in the NICU. I had the opportunity to talk to my colleague who speaks Mandarin and happened to see some of the events that morning. I expressed my frustration over the apparent casual chatter of the crowd and the lack of urgency I sensed in their speech. She told me that the people caring for the baby were in fact speaking with a more deliberate

and serious tone. She did not get the impression that they were being too casual or indifferent. It was because I am not familiar with the language or the general demeanor of the culture that I mistook their conversation for banter. And with the input from other healthcare professionals, I was reminded of the frequency of these types of events within the NICU and of the professionalism that comes with experiencing these things regularly over time. That is not to say that seasoned healthcare professionals do not have the same emotional response I sensed that day towards the struggling baby. But with time they learn how to translate those emotions into productivity rather than reactivity. Just as I am learning to do. It was also pointed out to me that the crowd that gathered around the incubator that day, were likely there to learn. They were likely not there for the excitement, but rather for the opportunity to watch and learn in order to grow as healthcare professionals. Most people, including myself, have to learn first by watching how others more experienced than them handle difficult tasks.

Although the feelings I initially had that day in the NICU may not be the ideal reaction of a future physician, I believe it was immensely valuable for me to have had this experience. All doctors, and people for that matter, must experience firsts. For me, this was the first time I experienced the critical moments of someone fighting to live, and it was the first time I was a bystander for a life or death situation in the setting of an unknown culture and an unknown language. As I pursue a career in medicine, I am confident that I will experience many more critical moments in peoples' fight for life, but I am grateful to have had this experience so early in my training. It has made me more aware of how I naturally respond in these situations, and it gives me the opportunity to interpret these responses in order to train myself to react less with immediate emotion and more with critical thought. But what I find to be the most valuable

aspect of this experience is the unique role it put me in as a foreigner observing a critical medical event. As a girl from Alabama who attends medical school in Alabama, my clinical rotations will occur in the state of Alabama. If I had not gone abroad during my pre-clinical years, I would never have had the experience of being the outsider both culturally and linguistically within a medical context. But having this experience gives me insight to how others may feel when they find themselves with a cultural and/or linguistic barrier during a medical situation. I will be better able to empathize with the heightened confusion and worry. And I will have a greater understanding of possible misinterpretations.

This experience has reinforced the importance I see in having cross-cultural experiences within medicine. Because of the importance I find in these experiences, I realize I will have to continue to be intentional about putting myself in situations where I am challenged culturally so that I can learn and grow to be a culturally-competent physician. These opportunities do not always present themselves immediately. It is something I must seek as a student and as a doctor. Therefore, I plan to find opportunities to serve and shadow amongst various cultural communities especially during these formative years of medical training. I am grateful to UABSOM's Medical Student Enrichment Program and Chung Shan Medical University for their role in instilling this desire in me.

