

UAB 交換學生心得
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When I first considered going to University of Alabama (UAB) as an exchange student, the first thing I looked up on Google.com was an U.S.A map. I had no idea where Alabama was. "Alabama is a state located in the Southern United States. It is bordered by Tennessee to the north, Georgia to the east, Florida and the Gulf of Mexico to the south, and Mississippi to the west."

Birmingham is the largest city in Alabama but is difficult to get around if you do not have a car. The bus transit system is almost non-existent, there are very few routes and you may have to wait an hour for the bus as we learned the first weekend there.

In Alabama, the population consists of mainly Caucasians and African Americans. Many people have a Southern accent and use slang like "y'all" which means "you all" as in "Where are y'all going?" At times it is difficult to understand the speech of some African Americans because they have a tendency to slur their words together. Most of the people there are very friendly, strangers may greet you or smile at you in the hallways of the hospital. The usual greeting is "Hi, how are you?", almost never a "Hi" only, which takes getting used to but by the end I was saying that myself.

The campus of UAB is located close to the downtown of Birmingham. The university hospital is large, with several buildings dispersed over many streets. In the beginning, it was a maze to figure out how to walk from one building to another. They had many walkways connecting the buildings. A few specialties had an entire building all to themselves, like psychiatry, rehabilitation and pediatrics, etc. I completed two rotations at UAB, one at radiology and the other at physical medicine and rehabilitation.

Radiology is split into many sub-specialties which are located throughout many of the hospital buildings. Every medical student doing a rotation has to follow a schedule done up by the education program director. There were two days for each sub-specialty, for example I would go to chest X-rays for two days then I would go to body CT afterwards. The advantage of this is I was able to observe many aspects of Radiology from barium enema procedures done at GI Radiology to looking for fractures on X-rays at musculoskeletal radiology. The disadvantage is the amount of

learning I can do in such a short period is very limited and just when I was starting to feel comfortable with the resident or attending, I had to leave to go to the next sub-specialty. In some ways, I felt even more like a “visiting” student just because of the short time period in each sub-specialty.

There are also lectures by the attendings for the medical students which are usually held once or twice a week. At these lectures, some attendings may ask the medical students to read the images before they give the answer. This in my opinion is the most effective way to learn and it challenges how much I have learned so far.

Image readings at radiology are done in “Reading Rooms”, a dark room with computers. It is extremely easy to fall asleep in the room and most of the residents and attendings there are avid coffee drinkers. Patient interaction is very minimal unless you see procedures being done. The reports made by the radiologists are usually long and detailed. Instead of typing on the computer, they use voice dictations in which they speak into a microphone and the computer interprets their voice and writes what is being said.

There is also an exam and case presentation at the end of the rotation. Although a case presentation can be nerve-wrecking but it is a good learning experience, not only was I able to learn how to present the image findings but I also learned to present in English. Radiology is a very organized rotation and there are always feedback forms to hand in after each medical student lectures.

My second rotation in physical medicine and rehabilitation was my favorite out of the two rotations mainly because I was able to observe more doctor-patient interactions. The rotation is mostly outpatient clinic. Most of the patients are there by appointments. Each patient has at least a 15-minute time slot with the doctor. After checking in at the counter, the patient is brought into a clinic room where the nurse will record his/her body weight and vital signs and awaits the doctor. There is usually enough time for the doctor to interview the patient and allow the patient to voice his/her concerns or questions. After seeing the patient, the doctor will dictate the history and the findings of this visit on a tape recorder. Later on, the tape recorder will be given to a secretary that types up the dictation onto paper. Residents also have their own clinics; they are able to interview, dictate and give prescriptions to the patient on their own and explain the case to the attendings afterwards. If necessary, the attending will go back into the room with the resident to speak to the patient. This is helpful for the resident because he/she will have outpatient clinic experience before becoming an

attending. Since there are not as many patients to see, I feel the doctors there are more able to provide more comprehensive bio-socio-psycho care for the patient. Medicine is definitely an art; the psychological being of a patient is as important as the physiological especially in rehabilitation when some patients are faced with debilitating changes in their lives.

Rehabilitation like radiology can also be split up into many sub-specialties; some attendings specialize in stroke patients, head injury patients, work-related injuries etc. During my one month, I was able to see many of the procedures done at rehab such as nerve conduction studies, electromyography, botox injections, baclofen pumps, pain trigger point injections and epidural anesthesia. I've also spent a morning at physical and occupational therapy watching the therapists work with the patients. Another morning was spent with the crew that made the prostheses and orthoses. During my third week I went to the Children's Hospital to Pediatrics rehab where inpatient rounds were conducted in the morning and outpatient clinics afterwards. This was very interesting for me because I like interacting with children. The residents and attendings at Rehab are all very nice and willing to explain the history of the patient to me and answer my questions. One resident also let me interview his patient before he went in himself.

At UAB, I often find myself comparing medicine in Taiwan to the U.S. I find it is easier in the U.S. for the doctor to spend more time with his/her patient in clinic and that patient privacy and rights are especially important to them. On the other hand, there are a lot of paperwork in the U.S. and at times, resources are wasted because doctors there are careful to protect themselves from lawsuits. Medical insurance companies seem to control the medical system because the availability of patient care and medical resources is largely dependent on how much coverage the patient has. Medical care can never be equal there since some patients are not able to afford the best treatment for them.

This exchange for me was eye-opening, a chance for me to observe what the U.S. medical system is like and what it is like to practice in the U.S. Needless to say, I definitely experienced a culture shock but it made my exchange even more interesting. Not only was I able to observe the culture of Southern U.S.A but doing the two months there, I was living it.