

2013-2014 M4 Students International Rotation Survey Report

M4 Student Survey by Country

Argentina

Brazil

China

Croatia

Ethiopia

Ghana

Haiti

India

Japan

South Korea

Pakistan

Panama

Peru

Taiwan

Global REACH International Activity Survey

General Information

Student	Evelyn Hall
Activity Type	International Clinical Rotation (M4s)
Country	Argentina
City	Buenos Aires
Clinic or Hospital Name	Hospital Italiano
Length of Stay	4 weeks
Date of Experience	
Foreign Attending/Primary Contact	Fernando Goldenberg
Address	
Email Address:	fgoldenb@neurology.bsd.uchicago.edu
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

Dr. Fernando Goldenberg is a neurointensivist who has a dual appointment at the University of Chicago and Hospital Italiano. One of my friends from college attends U Chicago medical school and knows Dr. Goldenberg because her parents are from Argentina and she is planning on going into critical care.

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

My friend and I rotated in the intensive care unit at Hospital Italiano in Buenos Aires. The intensive care unit is a closed unit comprising MICU, SICU and NICU (neuro) patients and is a very diverse patient population. There are both residents and attendings present, but rarely medical students. We arrived at the hospital daily at 7:30 am. Signout typically lasted from 7:45 to 8:45 am. There were four teams, that typically carried 10 patients. I rotated with a general intensivist and also with a neurointensivist. At each patient, we'd discuss the plan, look at labs, and make care decisions for the day. Rounds lasted till 12 to 1. At that point, the residents would break for lunch. After lunch, the attendings would give daily lectures. We would watch procedures (like thoracotomies). The patients were pretty similar to patients at Michigan. We had patients with many diagnosis: on ECHMO, with ARDS, transplant patients (though transplants are less common), stroke, sepsis, TBI, etc. Certain drugs are less available in Argentina, but still were used. All of the patients were private and thus were better resourced. I didn't go to the public hospitals, but apparently they have significantly less resources.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

Absolutely. Hospital Italiano is a very high tech institution, it is private and the residents and attendings are very committed to evidence based medicine. It was interesting participating in discussions of care that would be typical in the US and many of the doctors there have rotated in the US. I gained a greater appreciation for the complexity of communication in another language. Even though my Spanish is conversational, I feel that it's very important for me to always have a translator. I also gained a great appreciation for the quality of care provided at Hospital Italiano. I learned about clinical trials that are run in South America and that while

many of the standards of care utilized in Buenos Aires are from the US, the clinicians are always trying to tailor the US recommendations to South American patient populations.

High Points

What were the best aspects of your experience?

Getting to know the residents and attendings. It was really wonderful to practice my medical Spanish and to work with patients, but the doctors who work at Hospital Italiano are really great. Not only did they welcome us to their team and permit us slowing them down with questions and translations, but they also invited us out and showed us around the city.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

One of my friends from college attends U Chicago medical school, has Argentinian parents, and knows one of the neurointensivists at Hospital Italiano. She informally arranged the rotation in June, and we applied formally in October. The intensive care unit rarely has medical student rotators; however such rotations are common in other divisions in the hospital.

Funding

Please describe the funding source and how much you had to pay out of pocket.

I received \$800 from Global Reach and the remaining funds were out of pocket. My flight was \$1400, lodging was \$200. We routinely shopped at grocery stores, which are priced similar to those in the US, eating in restaurants was cheaper than in the US by 1/3 to 1/2, public transit is really inexpensive. All other costs were subject to the activities we pursued.

Housing

Please describe the housing accommodations and how you found them.

We subletted an apartment from my friend's cousin in the center of the city. We paid about \$250 USD for the month, but most places we looked at online through AirBnB were much higher.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

I think that it is really important for someone doing this rotation to have strong Spanish skills. My Spanish isn't that great, but my friend was able to frequently translate for me. However, even though she is fluent, she had difficulty (especially at first) translating the medical jargon.

Expectations

What were the expectations of you as a student?

Since they rarely receive medical student rotators, expectations were pretty undefined. We attended sign out in the morning, and then rounds with our team. The afternoons were spent in teaching sessions, lectures, watching procedures or touring Buenos Aires if nothing was available.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

Global Reach requires rotations to be approved in December and Hospital Italiano requests at least one month to process applications. Our rotation was streamlined because of my friend's connection with one of the attendings.

Disappointments

<http://www.umms.med.umich.edu/globalreachsurvey>

What were the most disappointing aspects of your experience?

I really struggled at times to understand what was going on in sign out (they talk really fast and use abbreviations just like us). However, it was a great opportunity to practice Spanish.

Suggestions

What factors could have made your international experience better?

Practicing more Spanish ahead of time. We wore both scrubs and professional clothes on the wards. The residents routinely wore jeans to work, which was a little bit surprising. I packed the green book, stethoscope, pens - everything I would bring with me on the wards in Michigan. There wasn't anything that I forgot to pack while there - living in Buenos Aires felt very similar to living in a big city in the States.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

Absolutely. As I mentioned many of the doctors at Hospital Italiano have rotated in the US and I plan to continue to stay in contact with the residents and attendings. I have never worked in a hospital system like Hospital Italiano and it was really interesting to gain exposure to healthcare in Argentina.

Global REACH International Activity Survey

General Information

Student	Adam Baruch
Activity Type	International Clinical Rotation (M4s)
Country	Brazil
City	Sao Paulo
Clinic or Hospital Name	University of Sao Paulo
Length of Stay	4 weeks
Date of Experience	
Foreign Attending/Primary Contact	Edmund Baracat
Address	Avenida Doutor Arnaldo 01246-903 Sao Paulo BRAZIL
Email Address:	ecbaracat@usp.br
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

Elisa Teixeira, Global REACH

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

I conducted a rotation at the University of Sao Paulo Gynecology department. I worked three days a week in human reproduction clinic, a half day in the reproductive endocrinology clinic and half a day in the colposcopy clinic.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

I loved my time in Sao Paulo but it made me appreciate my training in America. As a public hospital, there is a higher emphasis on resident training rather than patient care. As an example, I saw a number of operating room doors left open during laparotomies. When I asked why the doors weren't closed, the doctors answered that since it was a public hospital, no one really followed the rules. I found this shocking and it made me appreciate the orderliness of our hospital, with its emphasis on patient outcomes over physician autonomy. Despite the knowing that I have access to state of the art technology and facilities, I recognize that it is crucial to continue to hone my physical exam skills. As the Brazilian doctors did not have access to as many of the resources that we have in the U.S., they relied more heavily on their physical examination skills. While an MRI or CT may eventually be necessary, having a firm understanding of the normal and abnormal physical findings will serve to strengthen my skills as a clinician. In summary, I need to find a balance between using the hi-tech tools that are ever present in the modern day hospital with the age old tools that doctors have used for generations in the diagnosis and treatment of patients.

High Points

<http://www.umms.med.umich.edu/globalreachsurvey>

What were the best aspects of your experience?

I really enjoyed seeing the rare cases that come to Hospital das Clinicas since it is a major referral center for Latin America. On a regular basis I saw disease processes that I had learned about during M1 or M2 year but had never seen at UofM. Also, there is housing for international students and it was really amazing to meet medical students from all over the world. There were students from Germany, The Netherlands, Colombia, Mexico, Egypt, etc. We had many long conversations about training, attitudes about healthcare and work life balance in different countries. It was a very expansive experience to learn from these students. When discussing work life balance, many of the Latino students made jokes that I was working all the time. I was finishing up a number of research papers while in Brazil and they found it humorous that I came home from work to work more. Living with them helped me to balance my drive for success and allowed me to further enjoy my evenings and weekend. This is something that Americans, with our Protestant work ethic, are not encouraged to do. This environment helped me to take advantage of the exciting diversity of Sao Paulo. In the endocrinology clinic I saw the most rare cases. We had a few mild cases of adult onset congenital adrenal hyperplasia, which I had never seen in the United States. Additionally, I saw three cases of Rokatinsky syndrome, which has a prevalence of 1 in 5,000. While most cases that we will see as residents will be common, it is important to see rare cases in order to develop broad differentials.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

Dr. Tim Johnson, the chair of the OBGYN department, recommended this rotation to me. I have spent time working in, living and traveling through many developing countries. He suggested that it would further enrich my understanding of the world to visit another developed country with a drastically different culture. As usual, he was very right. He also has a number of contacts in Sao Paulo. Due to this connection, I felt confident that there would be a substantive program set up upon my arrival. This was the case and many times during my stay, attendings asked me to send my regards to Dr. Johnson. There was a formal application process to USP, which was more time intensive than I thought it would be. It is best to take care of it as early as possible. Also, you have to arrange your own visa to Brazil. The application is pretty onerous so it is best to take care of that early and meticulously. In order to get a visa, you have to go to this website:

http://chicago.itamaraty.gov.br/en-us/types_of_visas.xml to figure out which visa you will be applying for. For students VITEM-I or VITEM-IV is the right one, I would call the consulate in Chicago to confirm before applying as my first application was rejected. From there you go to: http://chicago.itamaraty.gov.br/en-us/vitem_i.xml or http://chicago.itamaraty.gov.br/en-us/vitem_iv.xml which walks you through the application process.

Funding

Please describe the funding source and how much you had to pay out of pocket.

Global Reach paid for most of my flight and then USP paid for my housing. Lunch at the med school costs less than a dollar for a really nice buffet. My only real out of pocket expenses were traveling to Rio de Janeiro and dinner. There is a kitchen in the student dormitory so it was pretty inexpensive to cook food for dinner. As far as costs: The round trip flight from Detroit to Sao Paulo cost \$1243.96. Housing was provided by FMSUP. Lunches cost less than a dollar a day at the medical school. I cooked most of my dinners in the dormitory and they cost very little (a few dollars for pasta with sauce, etc.). As far as I can remember, the HTH insurance was covered by the medical school. I have travelled fairly extensively so I did not need any additional vaccinations.

<http://www.umms.med.umich.edu/globalreachsurvey>

With respect to transportation, I took the Airport Bus Service from the airport, which cost \$16 each way. I occasionally took the subway, which was less than \$2 a ride.

Housing

Please describe the housing accommodations and how you found them.

USP automatically provides housing to international students across the street from the hospital. It is called the Residents' Dormitory. In the dormitory, there is a floor dedicated for international students. The rooms are basic (beds, bathroom) and each student has a roommate. On the floor there are medical students from all over the world which was really wonderful. There are housekeepers that come through the floor everyday to sweep and make beds. Once a week they change the bedding and towels. There is a doorman at the front door of the building.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

Everything in the hospital is conducted in Portuguese. I luckily worked with a few doctors who spoke English and explained what was going on but language was definitely the biggest barrier for me. It was much more enjoyable to participate in procedures over outpatient examinations because of the language barrier. Despite this difficulty, I felt that I learned a substantial amount during my rotation just from seeing, feeling and listening to the attendings' translations.

Expectations

What were the expectations of you as a student?

I mostly shadowed the doctors. At this point in 4th year I would have preferred more autonomy but due to the language barrier, that was not possible. Also, since there are a lot of very rare cases, it was interesting to see the cases even if I wasn't working one on one with the patients. In the Human Reproduction Clinic I was able to practice my transvaginal ultrasonography skills after developing a relationship with some of the attendings. As far as hours, Brazilian culture is far more relaxed than our own. I generally worked 4.5 days a week and was often sent home early from afternoon clinic if all the patients were seen. My week broke down in the following way: I worked three half days in the Human Reproduction Clinic. This is essentially an REI clinic in Brazil. They provide free assisted reproductive therapy for infertile couples. During clinic, I was taught to conduct ultrasonography on patients, watch egg retrievals and embryo transfers. One half day a week I worked in an endocrinology clinic where we saw rare cases. I shadowed the attendings as they described the disease processes, work ups and treatments of rare endocrinologic cases. One day a week I worked in the operating room watching endometrioma resections. The surgeons rotated so I was not able to develop rapport and therefore was not given and significant responsibilities. Finally, I worked one half day in a colposcopy clinic where I did a number of pap smears, colposcopies and anoscopies. As the hospital is a free referral center, most of the patients were uneducated and listened closely to the doctors instructions without many questions. This differs from the well educated patients at UMHS who have more questions about their care. As far as my expectations for the rotation, arriving in Sao Paulo, I expected to work 9am-5pm in outpatient clinics. As I do not speak Portuguese, I did not expect to have direct patient contact but expected to learn about the delivery of healthcare in Brazil. As every country practices medicine in different ways, I approached the rotation with an open mind. I also expected to develop relationships with Brazilians, which I worked hard to achieve. I spend most of my time speaking to Brazilian students, residents and attendings about medicine in Brazil and Brazilian culture, politics and economics. I also expected to gain a better understanding of Sao Paulo. As one of the world's largest metropolises, it is a major center of commerce and culture.

<http://www.umms.med.umich.edu/globalreachsurvey>

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

Brazilian culture is incredibly warm and gracious. I was regularly invited by students and doctors to their homes for dinner, taken sailing by a students family, taken to private hospital for a delivery. Take the time to get to know some Brazilians and your trip will be much much better. I was in Sao Paulo during a heat wave and most of my clothes was geared towards a Michigan winter. I wish that I had packed lighter clothes so that I would not have been as sweaty in the hospital. Not all of the wings of the hospital are air conditioned, although luckily most of the OBGYN department is well ventilated.

Disappointments

What were the most disappointing aspects of your experience?

As I discussed above, I wish that my Portuguese was better. Although most of the clinics that I worked in were really great, the Friday clinic was pretty hectic and not very useful. I wish that my contact at USP would have met with me half way through to see how things were going and if anything should be adjusted.

Suggestions

What factors could have made your international experience better?

It would definitely be worth spending some time learning a few phrases before going to Brazil. Brazilians definitely appreciated when I was able to say "Hello" or "Thank you."

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

I definitely hope to continue to work abroad. This experience reinforced my interest in better understanding healthcare delivery in other countries. It was my first time working in a country where I did not know the language at all. As I plan a future international project, I think that I will prioritize work in a country where I can communicate more effectively. This was my first project in a developed country outside North America or Europe. It certainly expanded my understanding of how healthcare is practiced and I would appreciate learning more about health care delivery in other areas of the world.

Global REACH International Activity Survey

General Information

Student	Tina Wang
Activity Type	International Clinical Rotation (M4s)
Country	China
City	Beijing
Clinic or Hospital Name	Peking Union Medical College Hospital
Length of Stay	4 weeks
Date of Experience	
Foreign Attending/Primary Contact	Qiang Wang
Address	
Email Address:	
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

No

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

Rounded daily with the inpatient GI team and worked with a Chinese medical student in admitting new patients. Presented on a GI topic at Friday student conferences.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

Yes, this experience has given me a lot of perspective on patient-physician relationships and physician-family relationships. Oftentimes these relationships are significantly different in China. Patients and families are much less involved in decision-making. They sometimes are not interested in learning the finer details related to their treatment and disease and prefer not to participate. Due to this, however, complications related to treatment often leads to very negative confrontations between physician and patient/family. For example, one patient has been on the GI service for over 100 days, refusing to leave until she receives monetary compensation. Another patient threatened violence to the physician. This environment has shown me a lot about the importance of a collaborative relationship between patient/family and physicians.

High Points

What were the best aspects of your experience?

Talking to the local medical students, house staff, and attending about differences between the way medicine is practiced and taught in the U.S. vs. China. For example, medical school training had several differences from the U.S. including it's length (8 years straight from high school), the amount of clinical exposure, the types of rotations (all students rotations on almost all internal medicine specialties), and level of independence (I observed a medical student performing a bone marrow biopsy unsupervised - a fellow-level procedure in the U.S.).

How Located

<http://www.umms.med.umich.edu/globalreachsurvey>

How did you find out about this rotation/international experience? Was there a formal application process?

I knew about the hospital from a previous volunteer experience and it was listed under UofM's affiliated programs. There was a simple formal application for PUMC. This did not have a hard deadline, but their subsequent invitation letter needed to be submitted to UofM for approval a few months before travel.

Funding

Please describe the funding source and how much you had to pay out of pocket.

Global REACH grant - \$1200 Flight - \$1100 Meals - ~\$100? Commute to work - \$20 HTH insurance - ~\$30

Housing

Please describe the housing accommodations and how you found them.

I lived with relatives in the city.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

I could speak Mandarin fluently but had some difficulty in medical term (names of diseases and medications, etc). It's very helpful to know some Mandarin though some of the medical students and staff know English. It's definitely helpful to know medical Mandarin as I had difficulty following discussion during rounds.

Expectations

What were the expectations of you as a student?

I was mostly expected to listen and observe, but they would often ask me questions about the way we would treat certain diseases in the U.S. I was also expected to participate in medical student teaching sessions (with the help of a student who translated) and present on a GI topic (in English).

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

Tb is very prevalent in the patient population in China and no respiratory precautions are used in their facilities. They did not have any N-95 masks to offer so if you are concerned, I would suggest bringing your own.

Disappointments

What were the most disappointing aspects of your experience?

I wish my understanding of medical Mandarin was better as it was pretty difficult to understand without the help of a constant translator. The hospital here allows a lot of practice with procedures for medical students, but the service and month that I was there had very few procedure opportunities.

Suggestions

What factors could have made your international experience better?

It would have been interesting to see multiple inpatient services (as opposed to just GI), maybe 1 week at each? I understand how that can be difficult however, given the need to find a medical student who can show me around and help translate.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

Yes. It was very interesting and helpful to hear the perspective of physicians in other countries and compare both disease management and outcomes.

Global REACH International Activity Survey

General Information

Student	Yao Wang
Activity Type	International Clinical Rotation (M4s)
Country	China
City	Shanghai
Clinic or Hospital Name	Ruijin Hospital
Length of Stay	4 weeks
Date of Experience	
Foreign Attending/Primary Contact	Guo
Address	
Email Address:	
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

UM contact was Amy Huang.

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

I rotated through the traditional Chinese medicine's oncology inpatient service. This was a busy 30+ bed unit. Most of these patients had end-stage cancer diagnosis and are in house for chemotherapy and/or management of its complications. Most of the patients are receiving herbal medications in addition to their chemo/XRT, as they all wanted a holistic approach to their treatments. Around 8-9AM each day, we rounded with the team, and in the afternoon, we attended different subspecialty clinics, such as acupuncture or message. We also had the opportunity to visit the herbal medications pharmacy. A few of the attending doctors also gave us lectures on the traditional concepts and origin of Chinese medicine. Traditional Chinese medicine treatments were all covered under health insurance and it seems that many patients took herbal supplementations for their chronic illnesses, such as diabetes, coronary artery disease, and hypertension.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

To be honest, I have always been quite skeptical about traditional Chinese Medicine, but this rotation really convinced me otherwise. Most of the treatments used are to supplement western medicine, and their strong clinical improvement in patients demonstrates that many of the treatments and herbs do work in terms of improving the overall health of the patients.

High Points

What were the best aspects of your experience?

Below are several important points I learned while rotating in China: - I spoke to several residents regarding medical training and it seems that some aspects are in flux. Overall, being a physician in China is considered a very average profession. Training starts from undergraduate, where there is typically a 5 year bachelors program. Dentistry is also included in this medical undergraduate degree, but that decision to specialize in <http://www.umms.med.umich.edu/globalreachsurvey>

dentistry is made towards the end of undergrad. "Residency" is to be completed after the undergraduate medical degree. Residency typically consists of 3 years of in-hospital training that is very similar to our residency. They must pass a board exam at the end of residency to practice. There are separate medical schools for traditional Chinese Medicine, where it is a 5 year program that teaches western medicine in addition to traditional Chinese medicine. - I gained perspective on the medical training in China, which was very interesting. I spoke to several medical students regarding their decision to go into medicine and neither of them seemed excited to be practicing medicine. One medical student is enrolled in a track that promotes practicing eventually in the United States. Their courses are taught in English and students are required to take Step exams. Another student decided to specialize in dentistry, and also wanted to practice overseas. His reasons mainly included poor compensation and physician safety. - One significant difference is the absence of HIPAA in China. Although physicians try to protect patient data as much as possible, it could not always be done. For example, sometimes the lines outside the physician's office are so long that patients start forming a line within the office. All patients are listening intently to what the physician is telling the patient who was currently being treated. - In terms of the patient population, the sheer volume of the patients seemed a bit overwhelming to me. For instance, during a PM clinic, a physician can see up to 30+ patients. Visits were short, but concise, and seemed very efficient. Patients waited outside the physician's office to be seen. Overall, patients seemed extremely happy with the service at Ruijin Hospital. They were not demanding, inpatient, or discourteous. They would often tell me how great their doctors were at Ruijin.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

I read about the rotation online and saw previous med student's positive experiences. There was a formal application, both through GlobalREACH as well as through the medical school.

Funding

Please describe the funding source and how much you had to pay out of pocket.

Flight was \$870. Housing was \$610 (we stayed at the inn within campus that Ruijin recommended for foreign exchange students). Food was around \$800 (Shanghai was full of delicious foods and we couldn't resist!). Transportation around Shanghai (including taxi and subway) was \$100. HTH was \$37. Global REACH provided a scholarship of 1,200 for the rotation.

Housing

Please describe the housing accommodations and how you found them.

I stayed in a hotel/hostel on the medical campus of Jiao Tong University SOM. I found out through the coordinator at Jiao Tong University.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

I am fluent in Chinese as well as medical terminology, which helped tremendously in understanding morning rounds and afternoon clinics. Patients often spoke in Shanghaiese, which I was able to understand a bit half way through the rotation. Many doctors know basic English but knowing at least "decent" Chinese would maximize learning in China.

Expectations

What were the expectations of you as a student?

Attend morning rounds, participate in afternoon clinic, observe and ask questions.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

<http://www.umms.med.umich.edu/globalreachsurvey>

Wish I could have read up on some of principles of traditional Chinese medicine prior to the rotation. I wish I didn't pack so many dress clothes, as physicians in China can wear jeans under their white coats.

Disappointments

What were the most disappointing aspects of your experience?

N/A

Suggestions

What factors could have made your international experience better?

More hands-on experience with acupuncture, massage, and managing patients

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

Yes, I've learned a tremendous amount on this rotation. I've always been interested in pursuing medical missions, hopefully in the near future.

Global REACH International Activity Survey

General Information

Student	John Nan
Activity Type	International Clinical Rotation (M4s)
Country	China
City	Shanghai
Clinic or Hospital Name	Shanghai Jiao Tong University/Ruijin Hospital
Length of Stay	4 weeks
Date of Experience	2/10/2014
Foreign Attending/Primary Contact	Guo
Address	
Email Address:	
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?
No.

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

I rounded every morning with the Traditional Chinese Medicine team in the oncology department. After rounds we would have a brief lecture on principles or traditional Chinese medicine including acupuncture and herbal medicine. In the afternoon we would visit one of the many traditional Chinese medicine clinics. Our schedule was as follows: round 8-11, lecture 11-12, clinic 2-4. In the oncology department, we saw mostly end stage cancer patients. We did a lot of pain management and antiemetic treatments with various herbal therapies. We also saw various patients who had neuropathy responses to chemo and radiation therapy, and would treat these patients with herbal and acupuncture therapies. The patients were different in that they were able to have a better quality of life compared with the end stage cancer patients here, who are often on high dose pain killers and do not have as much daily function.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

I think this rotation was a good introduction to understanding the culture of thinking in a traditional Chinese medicine philosophy. It is very different from western EBM practices, but may allow me to better understand certain patient populations in the future. Chinese medicine philosophy is based largely on achieving balance between the different life forces. The most well-known is the balance between yin and yang. Yang is characterized by the sun, it is hot, bright, etc. Yin in the opposite. For example, someone whose personality is very volatile would be characterized as an overabundance of yang, while someone who is very lethargic would be characterized by an overabundance of ying. The philosophy of Chinese medicine is different from western medicine in that it is a philosophy, honed through thousands of years of experience and theories, while western medicine is very evidence based and anatomy based. Chinese medicine believes that western

medicine is limited because it largely is based on anatomical studies, which uses cadavers that have already died, or lost their life forces.

High Points

What were the best aspects of your experience?

I had a broad exposure to both western medical practices as well as traditional Chinese medicine philosophies at the hospital in China. Medical training in China is very different. Students need to determine not only that they want to be doctors, but even the specialty that they want to do, by the end of high school. When high school students apply to college, they apply to specific specialty program; for example, first choice cardiology in Shanghai Jiaotong University, second choice endocrinology in Shanghai Jiaotong University, third choice cardiology in Beijing University, etc. The attitude towards medical care is also very different in China. Patients believe that medical care is a service that's just like, say, car mechanic. When you pay for a car mechanic to fix your car, you expect that your car is fixed. Similarly, when you pay a doctor to fix your disease, you expect your disease to be fixed. They are not very tolerant of the idea that not all diseases are treatable, and as a result there is sometimes hostility towards the medical care teams. Also, since there is such a heavy patient burden in China due to the sheer number of people, doctors are unable to spend very much time explaining the theories of medicine. Thus, a failure in treatment is often viewed as a failure of the doctor. It was a good eye-opening experience.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

I found out about this opportunity through friends who have done similar rotations in other countries. The application is on the MCompass website, the deadline is dependent on the period of the rotation.

Funding

Please describe the funding source and how much you had to pay out of pocket.

Global REACH has a \$1200 fund for Shanghai Jiaotong University rotations. This was enough to cover living expenses, but I had to pay for my plane ticket out of pocket. Plane ticket: \$986.70 Hotel: \$565.12 Food/in-city transportation: approximately \$800

Housing

Please describe the housing accommodations and how you found them.

The housing accommodations were at the guest house at the university. It was very similar to a hotel room. It was set up by the university there.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

It is not necessary as many of the attendings can speak English. However, it does make things quite a bit easier.

Expectations

What were the expectations of you as a student?

Not much. It is mostly shadowing and lectures. Be on time and be an active learner.

Other Comments

<http://www.umms.med.umich.edu/globalreachsurvey>

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

I wish I had reviewed pertinent medical terms in Chinese beforehand. Possibly a physical copy of a dictionary, as internet is sometimes finicky in China and there were not uncommonly medical terms in Chinese that I didn't recognize, and that the residents and attendings did not know the English of.

Disappointments

What were the most disappointing aspects of your experience?

Nothing really! It was a great experience!

Suggestions

What factors could have made your international experience better?

I guess it would have been better to have more hands-on experiences at the hospital.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

I would like to, as much as my schedule would allow. It's a great experience and would definitely help understand minority patient populations. I picked China mostly because I am from China. I am somewhat familiar with the culture, and have experienced people from my family basing medical decisions based on Chinese medicine philosophies. As a student in western medicine, there was much that I did not understand or did not agree with in their logic and line of thinking. I wanted a chance to better understand the thoughts behind Chinese medicine.

Global REACH International Activity Survey

General Information

Student	Allison Janda
Activity Type	International Clinical Rotation (M4s)
Country	Croatia
City	Zagreb
Clinic or Hospital Name	Rebro Hospital/University of Zagreb Medical School
Length of Stay	4 weeks
Date of Experience	
Foreign Attending/Primary Contact	Likic Robert
Address	Kneza Branimira 75, Zagreb, Croatia, 10000
Email Address:	roblikic@med.umich.edu
Phone Number	+385 (0)98 1836 916

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

Yes, Dr. Likic did a fellowship at the University of Michigan in the Department of Internal Medicine and has a faculty position at the University of Zagreb Medical School Rebro Hospital in the Department of Clinical Pharmacology.

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

This was an excellent rotation for gaining insight into a universal health care system and into a very different structure of medical education. I found this experience incredibly valuable and would not have been able to obtain this unique experience at Michigan or in the United States.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

Yes, I was able to spend time in the ICUs, Women's Hospital, inpatient internal medicine wards, outpatient internal medicine clinics and the ER and they different way they provide care and how they utilize resources differently than in the United States definitely has changed how I view my role in the care for a patient. I have become much more cost-conscious in terms of figuring out a treatment plan for my patients. It also changed as well as validated some opinions I had about medical education and my role as a future resident and attending in teaching medical students.

High Points

What were the best aspects of your experience?

The best aspects of the experience were the ability to immerse myself in an entirely new system and being able to spend time in a wide variety of settings (ICUs, OB/gyn wards, inpatient wards, outpatient clinics and the ER). I also loved learning about a different system of medical education. Croatia has a single-payer government-run system and all physicians and staff at the hospital are therefore government employees. It was very different working in a completely public system in terms of how the physicians scheduled procedures and appointments and referred patients. All patients were covered by national payment systems

and were not financially responsible for health care visits if they were given a referral from their primary care doctor. There was no discussion of insurance policies or how patients would pay for primary care or referred visits.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

I found out about it from the students at Michigan who did the rotation 3 years before me. They had great things to say about it so I used the Global REACH site to find the mentor's contact information and e-mailed from there. We had to submit a proposal for our research project, and a written request to Dr. Likic as well as the other Global REACH applications for rotation approval and funding.

Funding

Please describe the funding source and how much you had to pay out of pocket.

Global REACH: \$800 Out of pocket: remainder of flight - \$300, housing - \$250, food - \$15/day, I also did a lot of additional travel so that added up.

Housing

Please describe the housing accommodations and how you found them.

The Andrija Stampar School of Public Health has a dormitory that was very clean and very safe. It is in a quiet neighborhood a 30 minute walk from Rebro Hospital and has someone at the door 24-7. We contacted Mr. Drago Horvat (drago.horvat@mef.hr) to make arrangements.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

No Croatian language skills needed, but it would be helpful to look up common phrases. Dr. Likic has great English skills as do many of the other attendings/residents/medstudents.

Expectations

What were the expectations of you as a student?

We were expected to show up daily to Dr. Likic's ward where we would then either accompany him to clinic, participate in rounds, present at journal club, or attend weekly ICU consult rounds depending on the day. Then we would go back to the ward and check in on the inpatients and work on our research project in the afternoons. We were expected to complete a research project of some sort, so we chose to do a survey on perceptions of medical student evaluation systems at Michigan and at the University of Zagreb Medical School. We plan on submitting it as a short report to a journal.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

Come up with a research project ahead of time so you can hit the ground running because the pace of getting research done is much slower there. I would have packed some peanut butter and used the kitchen at the dormitory more for breakfast to save some money. Also, bring snack bars for lunch since they don't break for lunch was really helpful.

Disappointments

What were the most disappointing aspects of your experience?

We would have liked to have more interaction with the medical students or attend some of their lectures in English. We did work with some Croatian medical students through our research project and on the Clinical Pharmacology ward (about 10 total). We received a lecture schedule for a conference for lectures in English,

<http://www.umms.med.umich.edu/globalreachsurvey>

but the conference had already started and required registration so we were unable to attend. We asked about the English lecture schedule, but the time of year we visited did not have regularly scheduled lectures so it was not possible to attend many of the medical student lectures.

Suggestions

What factors could have made your international experience better?

None.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

Yes! I would love to do a month overseas during residency and I plan on doing some overseas work - more from a philanthropic perspective - as an attending.

Global REACH International Activity Survey

General Information

Student	Devon Rupley
Activity Type	International Clinical Rotation (M4s)
Country	Croatia
City	Zagreb
Clinic or Hospital Name	Rebro Hospital
Length of Stay	4 weeks
Date of Experience	
Foreign Attending/Primary Contact	Robert Likic
Address	Kneza Branimira 75, Zagreb, Croatia, 10000
Email Address:	roblikic@med.umich.edu
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

I did not have a UM mentor, but our faculty mentor in Croatia Dr. Likic (clinical pharmacology) had done a fellowship at UM previously.

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

I spent a month on the clinical pharmacology ward at Rebro hospital in a mix of outpatient and inpatient settings. We also conducted a research study on medical student education with a few Croatian medical students.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

Definitely! It was integral to see how a single payer health system functions and to experience an entirely different system of medical education. My goal is to become a globally competent physician (especially since I plan on practicing in an urban underserved area with extremely high rates of immigrants). My rotation in Croatia was a great supplement to the experiences I had previously had in Ghana, and it was my first experience working in the health care system of another developed country besides the US. This experience was extremely helpful in me understanding a totally different organizational structure for delivering care to entire population as Croatia has universal health care for all of its citizens. It gave me a chance to experience first hand the good things about such a structure (everyone covered, health care as a human right, cost efficiency as the country spends approximately 5% of its GDP on health care as opposed to 18% in the US) as well as see some of the limitations (wait times, longer hospital stays, redundancy of care due to lack of a unified electronic medical record). The experience further cemented my desire to work towards a system to care wherever I will practice that provides excellent, cost-efficient care, to the entire population. For the medical education aspect, it was extremely useful for me to see how Europe trains its physicians. In Europe, medical school is 6 years but this includes university. In Croatia, grades depend solely on tests with no faculty evaluations of clinical performance (a huge difference from the US). Medical students spend much less time on the wards and more time studying in their clinical years. The intern year here seems to address teaching young medical professionals how to function in the work environment (which we learn as 3rd years). The systems are dramatically different but both produce excellent end products. As someone who

plans to work in medical education, it was illuminating to see a totally different system as well as one that is a much more humane towards its trainees (work hour restrictions are at 40 hours vs 80 in the US).

High Points

What were the best aspects of your experience?

I loved my time in the outpatient clinic which was a wonderful review before intern year of general patient chief complaints. I also loved spending time in the Women's Hospital and ORs there as I will be starting ob/gyn residency. We saw patients with faculty in both locations, performed exams, and basically shadowed with the attendings. We spent a significant amount of time discussing how care would differ in the US for each patient (usually these differences were regarding what drug would be first line treatment in infections). In the women's hospital, we spent time in the gynecology outpatient clinic performing pelvic exams and discussing care options, and we also had a tour of the delivery rooms, as well as shadowed on a vaginal hysterectomy case in the OR.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

Through the global reach book. Then I emailed Dr. Likic and asked if he was willing to take students on. He agreed with the understanding that we would also do a small research study. No formal application.

Funding

Please describe the funding source and how much you had to pay out of pocket.

Global Reach (\$800), rest of my expenses I covered out of pocket. Flights are very expensive (\$1200), and was the biggest expense. Housing was very cheap (\$250) and food in Croatia is also inexpensive (\$15 for food if you choose to eat inexpensively). I choose to travel a good amount so spent a significant amount on that as well.

Housing

Please describe the housing accommodations and how you found them.

Housing was set up for us at the Public Health School. I shared a double dorm room with another U of M medical student. Housing was great, safe, clean and very inexpensive. A little on the outside of town but quiet.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

Fluency was not needed. Most of the attendings and medical students speak English. If a patient did not speak English, then the attending would translate for us.

Expectations

What were the expectations of you as a student?

Expectations were customized depending on my preference. I was expected to attend clinic, as well as rounds daily with the medical students from Croatia. We were also expected to complete our research project. Work hours are much less in Croatia so we worked from 9-3 or 4 Monday- Friday and then were able to travel on the weekends.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

No preparations necessary.

Disappointments

What were the most disappointing aspects of your experience?

I wish we had been able to interact more with the Croatian medical students on our service but they are on two week long blocks so are off schedule with us.

Suggestions

What factors could have made your international experience better?

Come prepared to make suggestions as to how you would like to spend your time. Things happen much more slowly in Croatia so also be prepared to be flexible and not wedded to any one plan.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

Definitely. I loved the experience and the I learned a huge amount. It was remarkable to see how medical knowledge transcends borders and that common chief complaints are nearly the same even half a world away. Additionally, it was eye-opening to see another countries operational system where all citizens are guarenteed a right to care. I also really appreciated learning about medical education in Europe and how different it is from the US.

Global REACH International Activity Survey

General Information

Student	Charlotte Gamble
Activity Type	International Clinical Rotation (M4s)
Country	Ethiopia
City	Addis Ababa
Clinic or Hospital Name	St. Pauls Millenium Medical College
Length of Stay	3.5weeks
Date of Experience	
Foreign Attending/Primary Contact	Lia Tadesse
Address	
Email Address:	
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

Dr. Senait Fisseha, OBGYN

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

Worked on the wards and outpatient OBGYN clinics alongside residents. Participated in didactic sessions. Completed a quality improvement project.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

Yes. Really reminded me of how lucky I am to have the life experiences I have. Also reminded me about how important working in an interdisciplinary team can be for patient care (these teams are not developed in Ethiopia). Also reminded me of the importance of working within a functional health system.

High Points

What were the best aspects of your experience?

Working on the Labor and Deliver floors. Was given a lot of autonomy in taking care of patients. Learned a lot about labor management. I worked on four different services at SPMC. I spent one week on outpatient OB/GYN clinic. There I was able to clerk patients with the help of the residents. Was also able to conduct physical exams. The second week I worked on the Labor and Delivery Floors. There I would follow women in labor, assessing progress of labor, conducting delivery, and assisting on c-sections. My third week I was on the Gyn ward. There I followed inpatients with the residents, going to teaching and work rounds, student and resident lectures. The fourth week I spent on Maternity, where I followed patients, attended rounds and lectures.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

Dr. Fisseha discussed the possibility of my rotating there as the OBGYN department was forming the residency program there.

Funding

Please describe the funding source and how much you had to pay out of pocket.

Flight was \$870. Housing was \$610 (we stayed at the inn within campus that Ruijin recommended for foreign exchange students). Food was around \$800 (Shanghai was full of delicious foods and we couldn't resist!). Transportation around Shanghai (including taxi and subway) was \$100. HTH was \$37. Global REACH provided a scholarship of 1,200 for the rotation.

Housing

Please describe the housing accommodations and how you found them.

I stayed in the on-site medical student dormitory. It cost a total of \$200 for the month. Excellent deal financially. However, not for the faint of heart. Running water is not reliable, though one can fill up buckets to store. Shared bathrooms with hall of 50-60 female medical students. Room is shared with three other medical students, though this may change in the near future. No internet. Electricity mostly reliable, though it went out twice during my 4 weeks there. For the time being, I would strongly recommend students stay at local hotels until conditions at the hostel become more reliable.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

It was a challenge to fully participate in the care of patients since I did not know Amharic. Was still able to easily communicate with students, residents and faculty, so this did not affect my didactic learning.

Expectations

What were the expectations of you as a student?

The basic expectation is pure observation. However you can become more involved in patient care - towards the second half of each week (one week spent on L&D, outpatient, maternity, gynecology), I would get the hang of things and start to do more on my own. But I had to push to get these experiences since the residents do not expect you to do more than observe (the role of medical students in Ethiopia).

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

Nothing! Really glad I communicated with faculty there before I went so I had a sense of what my research project could be focused upon. Was really good to have that background information.

Disappointments

What were the most disappointing aspects of your experience?

Housing. I expected to live in my own room in a student dormitory, with its own bathroom (this was based on my experience living in an international student dorm in Ghana), intermittent water, electricity, and wireless internet. I actually lived in a dormitory room shared with three Ethiopian medical students. We shared a bathroom with the hall of 50-60 female medical students. Running water was rarely present (two days out of the week), which led to toilet blockages. Electricity was fairly reliable (six days out of the week). There is no wireless internet at the dorm, and the hospital wireless internet did not work for three out of the four weeks I was there. In terms of payment: I expected to pay 100USD. The true charge is 200USD, but includes evenings out coordinated by the Ethiopian Medical Student Association. I ended up paying 150USD because I did not participate in the planned outings. While this living set-up was great for social purposes, I would caution students against staying here in the future, if the current conditions remain. It was

very challenging to be without running water, and the sanitation in the restroom was an issue. It was difficult not having reliable internet access.

Suggestions

What factors could have made your international experience better?

Stronger expectations about living conditions.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

I definitely do more work. Reminded me of all the reasons I went into OBGYN (poor women dying unnecessarily)

Global REACH International Activity Survey

General Information

Student	Alec Anderson
Activity Type	International Clinical Rotation (M4s)
Country	Ghana
City	Kumasi
Clinic or Hospital Name	Komfo Anokye Teaching Hospital
Length of Stay	4 weeks
Date of Experience	August 31, 2013
Foreign Attending/Primary Contact	Emmanuel Morhe
Address	
Email Address:	
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

Dr. Timothy Johnson, OB/GYN Chair

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

I was assigned to one of the 5 resident teams. I rotated through the different services with them and took call on the days our team was on call. Every day started at 8am. Services included, family planning on Monday (8am-2pm), OB clinic on Tuesday (8am-3pm), 24 hr in hospital service on Wednesday (which included admitting patients, rounding on antepartum patients, and performing C sections and other procedures) (8am to 8-10pm, or later if cases were in progress), rounding on patients after call on Thursday (8am-2pm), and GYN theater on Friday(variable depending on cases and attending). All of the 5 teams rotated through the different services on their assigned day of the week.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

Yes, my thoughts on involvement in international health are ever evolving. Each experience helps to inform my position and shape steps that I will take moving forward in my career. Additionally, I made connections during this trip that I could see turning into more long term relationships as I move forward as a physician. This was a very hands on experience. I saw examples of visiting physicians working with Ghanaian physicians but at a higher level such as working on infrastructure or research rather than direct service. I think that as a student, direct service is a great experience. As a visiting attending, the value of direct service is very dependent on the situation and the specific needs of the community in which you are working. My time in Ghana was valuable because it allowed me to compare and contrast both experiences. Other than that, this experience confirmed my interest in OB/GYN and made me excited to move forward with training. The things that OB/GYN deals with are amazing and life changing moments for the patients. I'm excited to be

able to guide patients through these experiences safely and compassionately; this was truly an incredible experience.

High Points

What were the best aspects of your experience?

Some of the best aspects of my experience were observing pathology that I would not have seen in the US. I saw Eclampsia on almost a daily basis, lots of patients with HIV, lots of Hepatitis, Malaria, and intrapartum hemorrhage. Some of those things would be seen in the US as well, but the volume and severity are greater in Ghana. I also had great opportunities to take part in operations and procedures including getting to first assist in a number of c sections.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

I talked to Dr. Johnson. He recommended the rotation. This rotation worked out particularly well because Dr. Morhe's wife is a lawyer and professor at the law school in Kumasi. My wife is a lawyer and we traveled together to Ghana for the month. She was able to spend the month at the law school helping to set up a legal clinic, lecturing law students, and working with faculty on curriculum development.

Funding

Please describe the funding source and how much you had to pay out of pocket.

Global REACH funding pending acceptance of application. I was there during September, which was before the Global REACH applications were open, so I had to front all of the money for this trip with the hopes of being partially reimbursed 3 to 4 months later. Flights were approx. \$1400. Housing was approx. \$52 per day. You could buy lunch at the hospital for about \$2. Meals outside of the hospital were more expensive \$7-\$12 a plate. We ended up buying groceries from a grocery store that was near by the hospital. Transportation via TroTro (the ubiquitous public van) is really cheap, about 15 cents a ride. Taxies are about \$5-\$10 around the city. We walked a lot. That was free. Visas were about \$60. My vaccinations and malaria prophylactic were covered by my insurance. The travel clinic at the hospital will help you figure out what you need.

Housing

Please describe the housing accommodations and how you found them.

My wife and I stayed at a hotel that was near by the hospital. It was called the Kumasi Catering Rest House. We worked out a lowered rate because of the length of our stay. The hotel had a private room, air conditioning, TV, private bathroom/shower, hot water, free wireless, and complimentary breakfast. There was also student housing available at the medical school that was cheaper. However, the student housing did not have air conditioning, wireless, private bathroom/shower, or breakfast. We decided that the difference in price was not greater than the benefits of staying at the hotel, so we went with the hotel. The student housing is typically single sex housing. We experienced some push back from the director of housing because we would have been staying together and they were unsure where to house us. That was also part of the reason we ended up at the hotel.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

All of the attendings and residents spoke English, so communicating with them was not a problem. Many of the patients did not speak English or did not speak English well enough to conduct interviews. Residents often times translated or explained what was going on.

Expectations

What were the expectations of you as a student?

I was expected to spend my time with the residents as they completed their duties and take part in procedures and help as I could. I took part in discussions between residents and attendings. The main expectation was that I was a proactive learner. My personal expectations were to learn about OB/GYN in Ghana. I wanted to learn about the delivery of health care in a developing country with more limited resources and access to health care. I also was hoping to see some pathological issues that may not be as common in the USA. I think all of these expectations were met.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

Once in Ghana, we met and worked with Mr. Andrew Boakyi Yiadom to get set up. He works for the Family Planning Department under Dr. Morhe. On arrival, Andrew met us at the airport and then spent the next day showing us around Kumasi, introducing us to the people we needed to meet, helping us complete necessary paperwork, and get us settled. He was extremely helpful. I think the grant that was funding his position in the family planning department may have been coming to a close, but if he is still there in the future he would be a great contact.

Disappointments

What were the most disappointing aspects of your experience?

I was a little disappointed that it was as difficult as it was to communicate with patients. Having said that, it was not altogether surprising and with the help of the residents and other staff I was still able to interact with patients. One other thing, most of the benign deliveries are done by mid-wives. They were great to work and were happy to teach but because they were their own service, spending time on the labor ward meant not spending time with the residents. I did get to deliver some babies but I would have liked to have done more. That is not to say that experience was not available, it is just that given the structure of the services, you have to pick and choose.

Suggestions

What factors could have made your international experience better?

Most things as far as toiletries can be purchased in country. Ghana actually has a pretty good selection as far as Sub-Saharan countries go. Bring a big bottle of hand sanitizer. What you don't use you can give away. You will be glad you have it. I would also recommend bringing cliff bars or some other kind of protein bar. We brought about 30 or so and they were really nice to have.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

Definitely, this was a great experience to see what it would be like to work in a different country as a foreign physician.

Global REACH International Activity Survey

General Information

Student	Phoebe Cheng
Activity Type	International Clinical Rotation (M4s)
Country	Ghana
City	Accra
Clinic or Hospital Name	Korle Bu Teaching Hospital
Length of Stay	4 weeks
Date of Experience	9/2/2013
Foreign Attending/Primary Contact	Samuel Obed
Address	
Email Address:	obedamenyi@yahoo.com
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

Dr. Timothy Johnson, OB/GYN - while I was interested in doing a rotation in internal medicine, since Dr. Johnson has extensive experience working in Ghana, I went to him as a starting point for getting an elective rotation set up.

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

My 4-week international elective was similar to a sub-internship in inpatient general medicine at the University of Michigan. I worked on a team of attendings, residents, and students which had daily responsibility for the diagnosis and management of patients on the wards, in the emergency department, and in both general and subspecialty clinics.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

During my time at Korle Bu, I was particularly impressed with the delivery of medicine within the limitations dictated by the background of financial and infrastructural considerations. For example, at Korle Bu, inpatient medications, labs, and imaging are not given or obtained until the patient has paid up front for each service. As such, residents and attendings think carefully and prioritize their work-up. In addition, they rely heavily on their physical exam skills to guide their investigation. While this is perhaps how medicine should be performed universally, I had finished most of my medical school training just thinking in terms of what is "normal" and what is "not normal" on a physical exam. For example, if someone on the team at Michigan heard a murmur, an echo would be obtained and localizing and describing the murmur was somewhat of a moot point since the echo would tell us the exact pathology (and would do so more accurately than perhaps even the most careful physical exam). However, at Korle Bu, I listened to hearts and felt precordiums much more carefully and extensively and was challenged on rounds to describe my findings in as detailed of a way as I could. This was a mindset I admired and is something I hope to have throughout my career as a physician.

High Points

What were the best aspects of your experience?

There were many highlights - I loved getting to know the UGMS students on my team as well as the other international medical students staying at the hostel who were from all over Europe; I still keep in touch with them and they made it quite hard to leave. In the hospital, learning how to do a very careful and thorough physical exam was an experience I valued deeply and was a wonderful addition to my American medical school training. I also appreciated seeing the diagnosis and management of diseases not often found in the United States such as malaria, TB, and HIV as well as more common diseases such as mitral stenosis and rheumatoid arthritis in their end-stage presentations. Learning about Ghanaian food, politics, culture, and history made for fascinating evenings and weekends. And finally, this was my first time to the developing world so just for me to learn what life is like without electricity or running water at times and how to find my way around without Google maps was something I really appreciated.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

Through attending Global REACH seminars as an M1, I found out that the University of Michigan has a close relationship with the University of Ghana Medical School. As an M4, I searched through Global REACH's database of international electives that former medical students had arranged and saw a number that took place in Ghana which sparked my interest. There was a simple, formal application process that did not have a hard deadline but we got the ball rolling in early April for a September elective. Details of the application process can be found here -

<http://ugms.edu.gh/index.php/admissions/elective-programmes>

Funding

Please describe the funding source and how much you had to pay out of pocket.

I received \$1,200 from Global REACH. I did not have any additional funding sources and paid the following out-of-pocket: Flight - \$1600, Elective Course Fee - \$280, Housing at UGMS International Student Hostel - \$308 = \$2188 (not including daily spending in Ghana)

Housing

Please describe the housing accommodations and how you found them.

UGMS set up housing for us at the International Student Hostel as part of our application. We contacted the warden of the hostel (website for the hostel's phone number:

<http://ugms.edu.gh/index.php/admissions/elective-programmes>) a few weeks in advance to confirm our reservations - this was done via Skype.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

No - English is the official language of Ghana. When a patient did not speak English, the residents and students would serve as interpreters.

Expectations

What were the expectations of you as a student?

During September, a group of final year UGMS medical students was rotating through the internal medicine department and we joined them fully on their rotation. This involved being assigned a few patients to "clerk" (or follow/pre-round on), joining the attendings and residents on daily rounds,

<http://www.umms.med.umich.edu/globalreachsurvey>

performing small bedside procedures (usually placing IV's), taking H&P's in the emergency department (the ED at Korle Bu is staffed by internists), participating in formal lectures and case-based discussions given to the students, and seeing patients in clinic 1-2 times/week.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

A Bradt travel guide to Ghana is essential. It was a great crash course in history and culture as well as in local places to eat and weekend trips. The local students are definitely your resource and getting to know them will be the highlight of your trip. There are many quirks to an international elective so feel free to contact a former student for a meal or coffee so they can walk you through some details.

Disappointments

What were the most disappointing aspects of your experience?

I think 4 weeks for me actually was not enough. It may have been particular to my situation as this was my first time to the developing world but it took me about a week to just get my bearings both in the hospital and in Accra in general. By the last 2 weeks, we could navigate the city on our own and were taking more responsibility in the hospital. I wish we had another week or 2 to take advantage of our familiarity with Korle Bu and Accra.

Suggestions

What factors could have made your international experience better?

See above.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

I am interested in doing further international work - this was my first international experience in medicine and it was informative in many aspects from seeing certain diseases for the first time to watching a health care system operate within such tight constraints to learning about a completely different culture. I would love to have a similar learning experience in a context different even from Ghana and I look forward to being more proficient to care for patients as my training progresses.

Global REACH International Activity Survey

General Information

Student	Rachel Shah
Activity Type	International Clinical Rotation (M4s)
Country	Ghana
City	Accra
Clinic or Hospital Name	University of Ghana/Korle Bu Teaching Hospital
Length of Stay	4 weeks
Date of Experience	7/8/2013
Foreign Attending/Primary Contact	Ricky Nelson Damale
Address	
Email Address:	
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?
Dr. Tim Johnson

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

I completed a month-long rotation in obstetrics and gynecology. The rotation took place at the teaching hospital affiliated with University of Ghana, in Accra. Each week during the rotation was comprised of two clinic days, one in prenatal care, and the other in general gynecology, including infertility. Two days were spent on ward rounds, one on the post-operative gynecology ward and the other on the labor ward. And one day per week was spent in the operating theater, usually observing fibroid removals or oncology cases. Outside of these hours, each student had the responsibility of taking the history and doing a physical on patients that were assigned to them. These cases were presented during ward rounds. The labor and delivery ward was always open to students needing more exposure. One day per week was considered duty day, during which students were expected to be assisting the midwives on the labor and delivery ward for the 24 hour period. Outside of clinic hours, the attendings held informal teaching sessions on topics that were relevant like sickle cell disease in pregnancy, uterine rupture, or cephalopelvic disproportion. Overall it was a very fruitful experience, and a unique opportunity to see the differences in care between the US and Ghana.

Impact on Practicing Medicine.

Do you think this experience affected the way that you think of yourself as a physician? If so how?

I saw certain scenarios that would not be typical in the US and it is enlightening to see how medicine can be practiced differently depending on the resources available. I had the opportunity to work with midwives on the L&D wards and they were experts. I got to appreciate the variety of providers that exist when doctors are in short supply. Efforts to take care of women in the OBGYN department were very collaborative and morning meetings were held with both nurses and doctors daily. I think the experience illustrated a lot of the significant differences that exist between American medicine and international medicine. It made me think more about teamwork, waste, and

the use of interventions we take for granted, like epidural anesthesia. I really believe we do not take advantage of the brain power we have in the United States. So much of the medical tasks and decision-making seem to be hoarded by doctors, when really we could train so many paraprofessionals to make medical care a true team effort. I am not sure what the root of the problem is in the States, but it seems like we have regulations and laws that prevent others, like NPs, midwives, nurses, from performing certain things. We also seem overly concerned with liability and practice much more defensive medicine, which leads to so much more waste.

High Points

What were the best aspects of your experience?

I chose to travel to Ghana for a variety of reasons, including seeing how medicine is practiced in environments with less resources. First medicine itself is practiced differently. Epidurals are not routinely administered, unlike in the US. Midwives are in charge of most routine labor and delivery, that is nonsurgical vaginal deliveries. They perform vacuum suctioning and episiotomies, if necessary. They manage the ward without the use of continuous cardiac monitoring or NSTs. The patient population is different because of their personal histories, their cultures and religions, and the ways in which they collectively cope with illness and pregnancy. I think being able to simply observe different kinds of patients in their own settings is useful in seeing how humans deal with their conditions. The women in Ghana were very strong. Whether they were recovering from labor or surgery, they were brave and independent and happy. They are inspiring patients to be around. Just seeing how they were accommodated, in long wards without barriers, or curtains, or doors, was interesting compared to the private and somewhat exclusive way in which we house patients. This is not a commentary on what is right or wrong, or better or worse. But it was a privilege to see a medical environment that can't really be replicated in the US. I also wanted to rotate in a large teaching hospital abroad just to see how it compares to institutions like Michigan. Korle Bu was by no means the standard in Ghana. It is one of the best hospitals in the area, with extremely well-trained and accomplished physicians, and specialty services, including departments in ophthalmology, ENT, dermatology, etc. I wanted to see how a large center like this was run, the way patient information was managed, and the way reimbursements were taken care of. While they are a center with a lot of state of the art technology, they still use paper records, which are kept by patients. It is an interesting juxtaposition of technologies. And seeing how records are kept makes me think a lot about patient responsibility and accountability. The simple fact that patients keep their records suggests that documentation is different, communication is potentially more of a two-way street, and patients are possibly more motivated to be organized about their healthcare. Rotating at KBTH in Accra was definitely a unique experience that I really appreciated. The differences make you think a lot about how we do things over here, and whether or not we can learn from others. Outside the hospital, I was able to explore the city as well as nearby areas in the south of Ghana. I visited Cape Coast, where some of the earliest ports were built to support the horrendous slave trading industry that took off from western Africa. These are experiences that I will never forget, and I think this kind of national history does impact the contemporary culture as a whole, including the culture of medicine and health, even though it may be subtle.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

It is a well-known opportunity to go to KBTH for obstetrics and gynecology because Dr. Tim Johnson started the exchange program a long time ago. There was no formal process, I simply had

to make a request and visit Dr. Johnson in person so he could sign my form for international electives.

Funding

Please describe the funding source and how much you had to pay out of pocket.

I received \$1,200 from Global REACH. I paid everything out of pocket, which included \$2200 for air tickets, \$350 for housing and \$180 for tuition fees.

Housing

Please describe the housing accommodations and how you found them.

I stayed at the International Student Hostel at Korle Be. It was very comfortable. Running water was available for the majority of the time. When it was not, there were buckets available for bathing. There was a kitchen, but also nearby food delivery services. The rooms were equipped with two beds, two desks, two chairs. Some had bathrooms, but otherwise there was a communal bathroom with a couple showers and toilets and sinks.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

English was the main language spoken at Korle Bu amongst the doctors and nursing staff. It was not difficult to get around or ask for help. Taking a history was a little bit more difficult. Most patients did not speak English, but if you searched enough you could always find one who was proficient enough and willing to be interviewed by you.

Expectations

What were the expectations of you as a student?

I was expected to perform the same duties as the medical students there, including showing up on time, collecting patients and taking their histories and performing physicals and presenting them on ward rounds. The expected outcome was for students to see a wide variety of general obstetrics and gynecology cases, as well as to master the bread and butter topics of OBGYN. Because of the tertiary care setting, we were also expected to get some exposure to high risk pregnancy, as well as interesting oncology cases. Each month there is a single M&M meeting in the morning, which includes a discussion of that past month's morbidities and mortalities. Students are expected to attend this to get a broader understanding of the outcomes at Korle Bu Teaching Hospital. Every other morning, there is a meeting to go over the last 24 hours in the hospital. Interesting cases were discussed as well as the numbers of deliveries, both vaginal and c-section. My personal expectations were that I expected to gain substantial experience on the labor wards, as well as a better understanding of the issues in obstetrics and gynecology. I had already spent 6 weeks on the rotation at UM during my third year. I was hoping that my experience at KBTH would reinforce the concepts I learned previously, and introduce me to new ones such as infections diseases in pregnancy, high risk pregnancy, and the differences in the general practice of delivering. With less physicians, I knew I would learn a lot more about the different ways to manage care using different types of providers with different areas of expertise. This did happen, as I learned that MDs were used for high risk cases and surgical cases, and paraprofessionals, specifically midwives were relied on for routine vaginal deliveries. Nurses were in charge of taking care of patients on the wards, similar to the way in which we run our wards in the US. But in terms of respect, it felt like there was a higher degree of dependency, and consequently a higher degree of respect, for the work that the nurses did in Ghana.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

None.

Disappointments

What were the most disappointing aspects of your experience?

I wish I had spent more time on the L&D ward. My goal was to see some high risk vaginal deliveries. While these are still a relatively uncommon occurrence, they do have documented breach vaginal deliveries. I think if I had stayed longer into the night I might have caught the opportunity to see one.

Suggestions

What factors could have made your international experience better?

None.

More Overseas Work?

As a result of this experience, are you interested in doing further international work? Why or why not?

I will be going to Pondicherry, India in January 2014 for an ophthalmology elective.

Global REACH International Activity Survey

General Information

Student	Jennifer Wong
Activity Type	International Clinical Rotation (M4s)
Country	Ghana
City	Accra
Clinic or Hospital Name	University of Ghana/Korle Bu Teaching Hospital
Length of Stay	4 weeks
Date of Experience	9/2/2013
Foreign Attending/Primary Contact	Samuel Obed
Address	
Email Address:	obedamenyi@yahoo.com
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

Dr. Timothy Johnson of the Ob/Gyn department

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

I rotated on a general medicine ward. I pre-rounded with the students in the morning and participated in rounds with the other house officers and residents. Once a week, I attended general clinic where I worked up new patients with the other students. I also went to neurology clinic once a week (specialty varies by ward) where I mostly shadowed residents and attending. There is no direct patient care responsibility. My team covered the emergency room every fourth day and I saw patients with the other students and residents. During my time there my team also rotated through the mortuary for a week. Several teaching session and teaching rounds were held during the week.

Impact on Practicing Medicine.

Do you think this experience affected the way that you think of yourself as a physician? If so how?

Working in such an under resource environment, I learned to consider the importance of every lab and imaging studies ordered. Many of the patients there did not have their own health insurance, and hence had to pay for each medication and test out of their own pocket. I learned to rely more on my physical examination to decide which tests were pertinent and would change management.

High Points

What were the best aspects of your experience?

One of the high points of my rotation was the ability to work with other Ghanaian medical students. I was able to learn more about their health care system and about management of diseases I did not commonly see in the US. They were very open to answering my questions. I was also able to observe any bedside procedures that occurred such as thoracentesis and bone marrow biopsies. I also enjoyed meeting other students from other countries and comparing how their medical education and system was different than mine.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

I had heard about this rotation through students who have done it in past years. I then read more about it on the Global REACH website. The process started several months before departure with a meeting with Dr. Johnson. We told him that we were interested in rotating through the internal medicine department and he gave us Dr. Obed's email. Dr. Obed sent us an application which we sent back but never received a letter of formal approval. We decided to email the administration office at the University of Ghana Medical School and after multiple emails we finally were able to obtain a formal letter that outlined the costs (Samuel Acheampong, ksacheampong@yahoo.com). We then submitted the appropriate paperwork to Cindy Murphy.

Funding

Please describe the funding source and how much you had to pay out of pocket.

I expect to receive \$1200 in funding through the Global REACH grant. Expenses included: plane ticket -\$1600, visa-\$60, vaccinations/antimalarials, health insurance-\$35, registration/mentorship fee-\$280, hostel-\$328, food+travel-~\$500

Housing

Please describe the housing accommodations and how you found them.

I stayed at the international student hostel (KISH) with a classmate of mine in an elective room. Our room had two beds with sheets and pillows as well as our own bathroom. We also had a mini fridge, TV, and closet. We were located about 25 to 30 minutes walking distance away from the hospital. There is a shuttle that takes you there at 7:45 every morning but the workers were on strike starting the second week we were there so we ended up walking there most of the time. A taxi can also be easily taken to and from the hospital for about 3cedi. Wireless internet can be purchased from the porter. It was fast enough for checking email even watching some videos. It cost 2.50 cedis for 5 hours. The electricity and water works most of the time while we were there but a flashlight would probably come in handy. The hostel provided buckets when the water stops running that can be filled from large containers outside. There is a common kitchen but the most of the elective students eat meals out. Food is cheap, on average is costs 5 to 10 cedi per meal. We called the warden 2 weeks before our arrival and there was no problem with the room when we arrived. Laundry services are provided there for a couple cedis. Overall, the hostel was generally clean. Most of the other students there are permanent medical students from Nigeria. There are also several other elective students there from not African countries.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

Most of the patients there speak English as well as another Ghanaian language such as Twi or Ewe (depending on the region they are from). Most of the older patients preferred to speak in their native language which could make rounds difficult to understand at times. Most of the younger patients had no problems providing a full history in English. All teaching and oral/written communication between student and physicians were completed in English.

Expectations

What were the expectations of you as a student?

Students are expected to do the same work as the other students. I was expected to round with the team every morning and attend any teaching sessions the students had. I was not expected to carry any of my own patients. I was expected to participate fully during any teaching sessions. The time spent in the mortuary was optional.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

Tuition and hostel fees are to be paid in US dollars that should be brought with you. Once there, it's pretty easy to find an ATM to withdraw cedis from. The taxi ride from the airport should only be about 20-25 cedis which you should settle on before getting into the taxi. The packing list on the PowerPoint is pretty good. I would bring a mosquito net. The screens at the hostel worked pretty well but it would have been nice to have for weekend trips where the accommodations can be less equipped. Bring an unlocked cell phone if you have it. It's the main way of communication between students and SIM cards and minutes are relatively cheap. I ended up buying a cheap phone there (~35 cedi) because I did not think to check if my phone was unlocked before leaving. The hostel also requires a passport size photo, but that can also be taken at the library on campus. The wards are very limited on resources so a few pair of gloves and hand sanitizer are nice to have. Dress is formal, like in the US, with most students wearing their white coat. There is no air conditioning. September actually turned out to be a mild month in terms of weather, most days in the low to mid 80s with a nice breeze in the morning and at night. Temperatures do get hotter further inland when you travel. Shorts and T-shirts were fine for most days after the wards. I would bring a light jacket and one pair of pants for some nights. I've heard it is much hotter though the rest of the year. Also, punctuality is not as strict in Ghana and rounds and lectures will happen when they happen. It is easier to embrace this early and to go with the flow of things.

Disappointments

What were the most disappointing aspects of your experience?

The first week we were there, there were no medical students because they were taking an exam. The residents did not know what to do with the international students and there was very little teaching. There was also confusion as to where to place us on the first day we arrived despite having obtained formal approval from the department beforehand. Once the students returned, a lot of teaching was done, and things went more smoothly.

Suggestions

What factors could have made your international experience better?

With so many students having gone to the University of Ghana in the past, the process of applying should be more streamlined. It would be nice to have some published outline of the process in order for students to better plan when to start the application. It would also have been useful to know the students' exam schedule to try to avoid going at a time when they were gone for most of the rotation. Otherwise the rotation was great once we arrived and got started.

More Overseas Work?

As a result of this experience, are you interested in doing further international work? Why or why not?

Yes. Although I knew Ghana would be more under-resourced than the US, it was still very eye-opening to see how physicians dealt with these problems first hand. There are also cultural aspects that can only be experienced and learned with immersion into another country. Through this rotation, I feel that I have gained more of an understanding about how to bridge the gap between cultural differences and scientific knowledge. There's also an abundance of medical knowledge to be gained in diseases that are uncommon to the US, as well as in different management techniques for diseases that are common in the US.

Global REACH International Activity Survey

General Information

Student	Laura Newcomb
Activity Type	International Clinical Rotation (M4s)
Country	Ghana
City	Accra
Clinic or Hospital Name	Korle Bu Teaching Hospital
Length of Stay	4 weeks
Date of Experience	
Foreign Attending/Primary Contact	Samuel Obed
Address	
Email Address:	
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

Dr. Timothy Johnson, OB/GYN Chair

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

The OB/GYN rotation at Korle Bu in Accra Ghana is a one month rotation where UM students are assigned to a team of medical students where they round, learn, and provide care for their patients.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

It is very valuable to see medicine outside of the United States to put what we have available into perspective. I learned a lot about clinical diagnosis from this rotation.

High Points

What were the best aspects of your experience?

The medical students were very welcoming and fun. The food was delicious and there were fun places to go for a weekend trip.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

I found out about the elective through the OBGYN department. M-Compass was one of the worst websites I've ever been forced to use, but with the help of the Global REACH people, it can be done.

Funding

Please describe the funding source and how much you had to pay out of pocket.

I received \$1,200 from Global REACH; the funding was dispersed retroactively for me but it depends on when you complete an elective. The remainder of my expenses was out of pocket. For an idea, the flight was \$2,300, and I spent a total of \$1,000 there for all expenses including housing for the month.

Housing

Please describe the housing accommodations and how you found them.

It is not America, don't expect it to be. There was running water most of the time, but not always, and the internet was not reliable (nor is it anywhere in the country). Good set-up with other international students.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

No.

Expectations

What were the expectations of you as a student?

I have never traveled to Africa before so I didn't have any expectations. However, I'd recommend that you keep an open mind and don't be disappointed when you don't have the luxuries of home.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

Review the PPT they made a few years ago, it is very helpful.

Disappointments

What were the most disappointing aspects of your experience?

There were a lot of little things, but not one large thing.

Suggestions

What factors could have made your international experience better?

MAKE SURE THAT THE STUDENTS KNOW TO GO TO THE INTERNATIONAL STUDENT HOSTEL IN KORLE BU, NOT IN EAST LEGON. There are two, and the taxi drivers don't know that. Kofi can set up a taxi driver to pick you up, and I would suggest doing that instead of getting your own.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

Yes, absolutely.

Global REACH International Activity Survey

General Information

Student	Sindhura Kodali
Activity Type	International Clinical Rotation (M4s)
Country	Haiti
City	Port-au-Prince
Clinic or Hospital Name	Physicians for Haiti
Length of Stay	4 weeks
Date of Experience	
Foreign Attending/Primary Contact	Michelle Morse
Address	99 Pond Ave #221 Brookline, MA 02445
Email Address:	mmorse@physiciansforhaiti.org
Phone Number	215-260-2848

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

No.

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

This was a rotation completed with Physicians For Haiti was offered by Physicians for Haiti in collaboration with [SocMed](#), an organization that advocates for and implements global health curricula founded on the study of social medicine. P4H is excited to expand upon SocMed's well-established curriculum to focus on the specific situation in Haiti. The course aimed to facilitate students' understanding of their role in global health and social medicine, developing the knowledge and perspective to become the next generation of leaders in the global health arena. Additionally, the course focused on the social causation of disease and health interventions in Haiti and why they have or have not been successful.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

Absolutely, it has given me a more global perspective. I think there was a very important emphasis within the course on understanding the historical causes and structural violence that contribute to inequities, particularly in the Haitian state. Likewise, it was fundamentally important that we took the course, in French, with our Haitian colleagues and were able to engage in an ongoing dialogue with them about the role of health interventions, their perspectives on what was meaningful and what was not. The site visits were important for me because I gained a firsthand look at how different organizations were practice and functioning and they allowed me to compare and contrast some of the nuances of each organization's delivery structure. Additionally, I worked on multiple group projects which were an important learning experience for multiple reasons:

- I learned to collaborate with students from a totally different background (and in a foreign language and translating our conversations back and forth)

- I learned to conduct literature searches and access information for a presentation in a resource limited setting where there was frequently no power or access to the Internet.
- I learned how to create some productive and relevant in a short period of time with all of these conditions

High Points

What were the best aspects of your experience?

Some of the best non-clinical aspects of my experience were the relationships I built with my fellow students. Clinically, seeing patients in cholera camps and seeing patients at the local children's hospital in the malnutrition ward was one of the high points of my experience. Likewise, I enjoyed conducting home visits in Cerca-la-Source near the DR border with PIH community health workers. I visited the UN/MINUSTAH Hospital and I saw the continuing state of destruction (due to lack of funds) of the wards, at the General Hospital in Port-au-Prince. This was in stark contrast to the UN buildings where regular Haitian citizens are not allowed to seek treatment.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

Through a list-serve at Harvard School of Public Health (while doing my MPH). Yes, there was an application and the deadline was in January 2013. The Physicians for Haiti website is www.physiciansforhaiti.org and the URL for the application is <http://physiciansforhaiti.org/get-involved/soc-med-course/>

Funding

Please describe the funding source and how much you had to pay out of pocket.

I received \$800 from Global REACH. The total cost of the 2014 course was \$2,900. The breakdown was as follows: airfare: \$600; full room/board for 3 weeks: \$925; course fee: \$1,375. Scholarships and financial aid are available so the actual breakdown of costs will vary per student and also will depend largely on whether or not Global REACH funding support is available. Additional costs specific for Michigan students that they should be aware of would be the cost of HTH insurance (about \$30) and vaccinations which depends on your own insurance coverage.

Housing

Please describe the housing accommodations and how you found them.

Housing was provided in professor's housing across from UNIFA however this may change in the future. There were a total of 20 students and we were housed 5 to a house. We also traveled quite a bit and housing arrangements in those places varied from place to place. Future students should be prepared to spend most of their time in Port-au-Prince and a lot of site visits nearby.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

Yes, fluency in French was a requirement.

Expectations

What were the expectations of you as a student?

The expectations of me as a student include participation in all aspects of the rotation. This includes lectures, having dialogue with fellow students, working on active learning projects, doing dynamic activities, presenting to your peers, seeing patient in a clinical setting, traveling to far away sites etc.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

I wish I had known that I wouldn't be able to donate blood for a while after coming back. So, if you are used to donating blood, do it before you travel. I would also recommend that students allocate some money for personal spending; you can buy most things you need in Port-au-Prince but they are somewhat expensive. Additionally, I would recommend that students pack the following items

- Quick-dry towel
- Mosquito spray
- Entertainment when there is no power or internet
- Snacks – Although this is hard b/c of luggage weight limits/space etc
- Packets of Oral Rehydration solution that don't taste awful in case you get sick

Disappointments

What were the most disappointing aspects of your experience?

None.

Suggestions

What factors could have made your international experience better?

I think that the funding cycle for Global REACH is not well-timed for 4th year students doing rotations over the summer. It would have been really helpful to have some or ANY information about the grant process beforehand, how much time it would take, what kind of funding to expect etc. when planning the rotation itself, especially since I am applying for the funding retroactively. Because the application itself wasn't open when I was applying for or doing the rotation, it was really hard to estimate or predict what would happen. If the application itself cannot be made available in advance, I would recommend giving students an estimate of how long this process may take so they can at least block out the time. If at all possible I would highly suggest that there be some effort to allow students to apply for funding as they are going to electives and not delay the award decision. I experienced a lot of financial pressure by waiting so long to find out whether I had funding and this may be a limiting factor for many students who would like to participate.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

Yes, absolutely.

Global REACH International Activity Survey

General Information

Student	Calista Harbaugh
Activity Type	International Clinical Rotation (M4s)
Country	India
City	Delhi
Clinic or Hospital Name	All-India Institute of Medical Sciences
Length of Stay	4 weeks
Date of Experience	
Foreign Attending/Primary Contact	Maneesh Singhal
Address	
Email Address:	drmaneesh@gmail.com
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

Dr. Krishnan Raghavendran (Acute Care Surgery)

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

This rotation consisted of observation and participation in the operating room, general floor care, ICU care, and trauma resuscitation of patients. Didactic learning opportunities included topic-based presentations by surgical residents, case presentations, and teaching rounds.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

This experience has emphasized the stark contrasts in cultural attitudes towards medical care around the world and how those attitudes impact not only the ways in which we provide care, but also resource utilization. In India, the need for care far outweighs the resources available. The population is much less educated and the time that the doctors are able to allocate per patient is very limited. Seeing the patriarchal nature in doctor-patient interaction emphasized to me the importance of patient involvement in their care and will absolutely impact how I interact with patients in the future. However, I am also interested in care of the underserved and I think we could learn something from the way in which they are able to provide high level care for a far greater number of patients than we do in the United States.

High Points

What were the best aspects of your experience?

The best aspects of this experience were in the opportunity to observe the manner in which care was provided and how the patient-doctor relationship is managed. It is very different from that which we are trained in the United States. In addition, it was interesting to learn about and see the different infectious and advanced malignant processes that patients present with in this setting.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

After deciding that I would be interested in traveling to India to experience the medical system, I was directed to Dr. Raghavendran because of his close contacts with AIIMS and the recently developed research partnership of AIIMS with U-M. There was a formal application process for the institution (required 4-6 weeks for processing) as well as formal application for Ministry of Health approval to participate with patient care. We required the assistance of our primary faculty mentor at AIIMS (Dr. Maneesh Singhal) in order to help us make contact with the correct people and move things forward in the process. I would reserve at least 3-4 months for application.

Funding

Please describe the funding source and how much you had to pay out of pocket.

I received funding through the Global REACH program as well as by applying for the Coleman Award on the undergraduate campus, receiving a total of \$3200 in funding. I had to pay an additional \$200 out of pocket including all expenses for this experience.

Housing

Please describe the housing accommodations and how you found them.

I rented a private room in a flat about 15 minutes by auto-rickshaw from the medical campus. I was put in touch with the landlord by another classmate who had previously rented from her while spending a significant amount of time in Delhi.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

Fluency in the local language was by no means necessary as most medical professionals in this setting speak English. All didactic sessions and occasionally rounds were conducted in English as well. However, my ability to interact with patients was significantly limited. A knowledge of Hindi, at least enough to conduct a simple HPI, would have been extremely useful and would have greatly enhanced this experience.

Expectations

What were the expectations of you as a student?

I was largely treated as an observer in this setting, which unfortunately was the extent of my capability without fluency in Hindi. I think this was most appropriate though because medicine is practiced differently in many ways and I was frequently rotating through different settings within the institution.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

This is the main government hospital and only trauma center within a very large radius, providing free care for masses of patients who travel great distances. It is in a poor state of upkeep with people everywhere, sleeping in tents around the perimeter in order to see. I would be prepared to see that sterility has a slightly more lax interpretation. Take a lot of your own hand sanitizer, carry bottled water with you everywhere you go (even filtered water is not safe), and bring your own eye protection if you will be entering the operating room. There is also very limited access to internet, so if you are able to bring any type of reference material (i.e. textbook) so you can look up answers to questions you have about the medical conditions, that would have enhanced my learning experience.

Disappointments

What were the most disappointing aspects of your experience?

<http://www.umms.med.umich.edu/globalreachsurvey>

The most disappointing aspect was that I was unable to interact with the patients and feel that I was providing some type of meaningful contribution to patient care.

Suggestions

What factors could have made your international experience better?

It would have been helpful to have some type of resource to look up answers to questions throughout the experience. It would also have been good to have a Hindi-English dictionary in advance (I could not find one at any bookstores in the area) so that I could learn more Hindi to communicate with patients. I also felt that my best experiences were in the trauma bay and on pediatric surgery, thus I think I would have spent less time on the General Surgical Disciplines.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

I would absolutely hope to be involved in further international work in the future. Their resource utilization is quite impressive, allowing them to care for a vastly larger number of patients than we could handle at a much lower cost than in the United States. I think there are also many opportunities within research collaborations that are mutually beneficial.

Global REACH International Activity Survey

General Information

Student	Arun Hariharan
Activity Type	International Clinical Rotation (M4s)
Country	India
City	New Delhi
Clinic or Hospital Name	All-India Institute of Medical Sciences
Length of Stay	4 weeks
Date of Experience	
Foreign Attending/Primary Contact	Maneesh Singhal
Address	
Email Address:	drmaneesh@gmail.com
Phone Number	919810373345

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

Dr. Krishnan Raghavendran Dept of General Surgery

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

Orthopedic Surgery rotation at the leading teaching institution and trauma center in India. I spent two weeks at main AIIMS observing in clinic and non-urgent surgical procedures and another two weeks in the ER/OR of the JPN Apex Trauma center.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

It definitely does. Medicine in a developing country, especially in a government hospital is drastically different from that in the US. They see 200-300 patients in 4hrs of clinic and they only have 4 ORs for ortho. Understanding the value of resource allocation was one of the most important lessons I learned. I believe that the way we allocate resources to patients in the US (including time and technology) lead to significantly better patient care. However this comes at the cost of higher medical costs. I need to use the high speed tactics (incredible accurate too) used by the Indian physicians and combine it with the thoroughness of the American ones.

High Points

What were the best aspects of your experience?

-Didactic sessions - lectures on various topics, thesis presentations by residents, grand rounds, XR sessions, case presentations. -JPN Apex Trauma Center Casualty Ward (the ER) -Since this was a government hospital, patients incurred no cost. Therefore most of the patients were incredibly poor and travelled great distances for their care. There would often be lines extending out of the hospital to get into clinic. Patients would often be found sleeping outside overnight in anticipation of the line the next day. -My daily schedule was to report to the didactic sessions in the morning and either go to clinic or the OR. I also did a few night shifts. In the Trauma center, I found afternoon shifts from 2-8pm to be most beneficial given that those tend to be the busiest hours. -The residents there were incredibly well read, they knew every fracture, every indication for surgery, and every classification system. However, they got very little hands on operative

<http://www.umms.med.umich.edu/globalreachsurvey>

experience (except with emergency cases) because the attending performs the entire operation. -The residents there have a similar attitudes about healthcare. They find the training process very arduous, but at the same time realize the value of learning in order to provide the best patient care that they can. However, healthcare in India is very paternalistic, so there is very little discussion between patients and physicians. -Work/life balance was also of less value in India from a resident point of view because of the highly competitive nature of Ortho (even more than US) which leads to much of their being spent on studying and research. The attendings enjoy a work/life balance similar to the ones in the US.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

Michigan has a partnership with AIIMS. There is a formal application process. It is located on their main website. It took nearly 6months for all the approvals to be processed.

Funding

Please describe the funding source and how much you had to pay out of pocket.

Global REACH and the Coleman Scholarship was my main sources of funding. I spent about \$300 out of pocket. -Flight - \$1200 -Housing - \$500 -AIIMS fees - \$125 -HTH - \$40 -Food - \$500 -Vaccines - \$170 -Transportation - \$130

Housing

Please describe the housing accommodations and how you found them.

I rented a room from a woman in a nearby neighborhood. It was a very simple arrangement, but was located in a very safe area. I found her through a mutual friend.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

It would've definitely been helpful. Patients RARELY speak english. Also, much of the inter-physician discussion is done in Hindi. But, didactic sessions are often in English and all the residents/attendings/nurses speak english and are more than happy to make you feel included.

Expectations

What were the expectations of you as a student?

To show up and be interested. They did not require you to have much knowledge going in and they were very willing to teach. It was this emphasis on teaching that made the experience worth it. There were no exams or project presentations required.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

-It takes about 6mo to get total approval from AIIMS. -Take separate OR shoes. -Facilities are not amazing, but they are overall very good. -Take crisp bills to pay the fees. -Ramesh Sharma in the Deans office is the main point of contact on arrival there. -Dr. Maneesh Singhal (trauma surgeon who spent 6mo at UMHS) was our main point of contact. Unfortunately for us, he was out of town due to an emergency for the first 10d which made it difficult for us to find our way and get situated (it is difficult to just insert yourself into a well-oiled machine). However upon his return, we were sent to the Trauma center and the experience was substantially better. Overall, the welcoming nature of everyone at AIIMS was amazing. -Pack lots of hand sanitizer and some flushable wipes.

Disappointments

<http://www.umms.med.umich.edu/globalreachsurvey>

What were the most disappointing aspects of your experience?

-Inability to be useful. Due to language barrier and unimaginably high volume of patients, I was unable to lend a hand. However, I don't think this had a negative impact on my learning.

Suggestions

What factors could have made your international experience better?

N/A

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

Definitely. I have always been interested in international work and as I advance through my training, I will be able to have more substantial impacts on patient care abroad. My time in India as a medical student was far more meaningful than my time in Ghana as an undergraduate, but these experiences lay the groundwork for what to expect and how I can be of help the next time I go abroad. Plus, being connected to a large teaching hospital like AIIMS is especially beneficial because there is such a strong emphasis on research and teaching. International experiences for me will serve as a way for the contribute to the advancement of patient care in developing worlds, but will also be a learning opportunity for me just as this current experience had been.

Global REACH International Activity Survey

General Information

Student	Michael Buist
Activity Type	International Clinical Rotation (M4s)
Country	Japan
City	Tokyo
Clinic or Hospital Name	
Length of Stay	4 weeks
Date of Experience	April 2014
Foreign Attending/Primary Contact	Toshiyuki Maruyama
Address	
Email Address:	
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?
No

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

I rotated through the Anesthesia Department at the University of Tokyo Hospital. Much of the experience involved shadowing Attending and Resident Anesthesiologists in the operating room. Other experiences included the delivery of a lecture to faculty and residents as well as a day in the pain clinic and a tour of an Attending's research lab.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

The University of Tokyo is one of the premiere academic institutions in Japan and Asia. I was surprised with how much attention is given to the American Medical System. Students study from American textbooks and work diligently to pass Step 1, so they can do a rotation in the States. Each month the faculty and residents translate the journal of Anesthesiology into Japanese. Overall, this experience caused me to reflect not only the direct clinical impact we have on our patients, but also on the global impact we have on all of our patients through research and the furtherance of the science of our profession. After attending Anesthesia conferences in the US and interviewing for Residency Programs during M4 year, I began to realize that the Anesthesia community is pretty small. After visiting The University of Tokyo Hospital, I now feel that the worldwide community of Anesthesiologists is smaller than I realized. What a pleasure it is to be part of this global community working together for the health of our patients.

High Points

What were the best aspects of your experience?

They are really interested in the American Medical Education system. As a result, they had me give a 30-minute lecture to the Faculty and Residents of the Anesthesia Department. This was very

enjoyable. Also, towards the end of my time there, they had a Department dinner for some of the new residents and faculty. They also labeled it as a farewell dinner for me. It was always enjoyable to get together with them. Everyone in the Department was extremely hospitable.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

I found out about the rotation from talking with a previous student who had traveled to the University of Tokyo. I applied through the Global REACH and OMSE.

Funding

Please describe the funding source and how much you had to pay out of pocket.

Global REACH provides 800\$ and the University of Tokyo provides an airfare scholarship which covers the cost of the airfare. They reimbursed me for the full cost of my flight. I was given this payment in yen two weeks into my trip. Housing costs about 800-900\$. After that, most of my expenses were food and public transportation. Tokyo is expensive. I probably spent an additional 1500-2000\$.

Housing

Please describe the housing accommodations and how you found them.

I stayed in a share house through Sakura House. It included three other bedrooms with one community kitchen, bathroom, and shower. Dr. Maruyama provided some housing options in an e-mail. Sakura House is a well-established organization for international travelers staying in Tokyo. The organization is very well run. Reserve your place early for best locations. I stayed in Akihabara which was about a 30-minute walk to the hospital every morning. It was a bit excessive, but I don't know that there were options that would allow for less walking. You could try for somewhere further away near a metro stop. Either way, the commute will probably be around 30 minutes each day. Also, be aware that Sakura House keeps 100\$ of your security deposit. It's written into the lease you sign upon arrival and part of how they finance their maintenance.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

It wasn't a necessity, but it would have been nice. Some of my Attendings had done PhD work in the US at some point, so they could communicate in English quite well. Many of the residents spoke English and most of the medical students spoke English. Despite this, explaining complicated medical concepts was difficult. I had minimal interaction with patients.

Expectations

What were the expectations of you as a student?

The medical students in Japan are allowed very little autonomy in their clinical years. It is expected that they will receive this during their intern years. This is something that they are trying to change, but it seems like this is a very slow process. As a result, the majority of my time was spent shadowing. Medical students are not allowed to insert IV's, intubate, or directly assist in patient care the way that we are in the United States. I would have enjoyed more hands-on experience during the rotation.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

Dr. Maruyama handles all of the international students rotating through the medical school-- University of Tokyo Faculty of Medicine. He is a very nice guy and is very responsive to e-mail. My contact in the Anesthesia Department was Dr. Uchida. He was extremely nice and welcoming. Many of the Faculty and Residents went out of their way to ensure that I felt welcomed and had a good experience. I cannot overstate how hospitable they were.

Disappointments

What were the most disappointing aspects of your experience?

I was disappointed that I could not assist more directly in patient care. I also had a long walk back and forth to the hospital every day.

Suggestions

What factors could have made your international experience better?

I would suggest staying closer to a major metro stop. Knowing more Japanese going in would have been advantageous, but certainly not necessary.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

Yes, I will definitely pursue other international work. Whether for an underserved population or an international academic institution, I think there are always things to learn in a different cultural setting as well as things to contribute, whether to your patients, Attendings, Residents, or fellow medical students.

Global REACH International Activity Survey

General Information

Student	Douglas Darden
Activity Type	International Clinical Rotation (M4s)
Country	Japan
City	Tokyo
Clinic or Hospital Name	
Length of Stay	4 weeks
Date of Experience	April 2014
Foreign Attending/Primary Contact	Toshiyuki Maruyama
Address	
Email Address:	
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?
N/A

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

I worked in the hematology/oncology service that was split on two different floors and attended outpatient clinic for 1/2 day per week. It was primarily an observing rotation, since I do not speak Japanese.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

Yes. The most interesting part about studying in Japan is their culture. Politeness and respect are deeply rooted in it and it is seen in medicine. Doctors and residents work extremely hard for the betterment of their patients. For instance, an attending gets paid considerably less than their American counterparts and don't even get paid to come in on the weekends. They are on service all year around, yet they still come in every weekend. One negative part of their system is how hands off they are with physical exams and patient interaction. They only round once a week, which may seem nice at first but it really takes away from teaching. Residents get bogged down in paperwork and are far behind their American counterparts in regard to clinical acumen due to this. I realize I took the educational aspects of our system for granted and will continue to keep it in mind and promote throughout my career.

High Points

What were the best aspects of your experience?

- 1.) Interacting with the medical students - they were all so incredibly helpful and curious how we do things back in America. Their medical education system is much more hands off than ours. They listen to residents and attendings take histories and perform physical exams and hardly ever do either. Their main project each week is a case report on their patient, which is

essentially a detailed H&P. Also, they only rounded with patients once a week, instead of everyday at umich. After talking to them about the differences of our systems, they all became very intrigued and had me walk them through our daily routines in internal medicine. It was an excellent way to really see how they logistically do things on an everyday experience and helped me learn the most. I didn't interact with residents much because they are incredibly busy (they actually do 2 years of internship there). Attendings were difficult to find too, except on rounding days. Therefore, the amazing med students were my best learning tool. 2.) immersion in the culture - I feel like you have a better experience when you live and work in a new city, rather than just going as a tourist. I caught on to many idiosyncrasies of the Japanese culture and met many locals. Something I would not have done if I was just vacationing. The medical students were very helpful in is regard, too. They hosted several dinner parties, where we talked for hours. One even guided Michael and me around Kyoto for a day, a very traditional Japanese city. I met a great group of graduate students playing basketball and spent time with them visiting attractions and eating dinner. Japan was not as diverse as I expected, which makes for a slight cultural shock. It is a very polite and respectful society. Crime is low, people are quiet in the subway, streets are clean and people love to eat meals together, which makes for a great community atmosphere. Also, I enjoyed that many westerners were there. Most can understand a little English, but if not, it seemed as though everyone was willing to literally go way out of their way to help.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

Through this website and my friend who went with me. I wanted to see how the medical system in another developed country works. The deadline was in December for the umich application. We got in contact with Dr. Maruyama in November and had to write a one page essay on why we wanted to rotate in Tokyo and the specific department. After Tokyo approved our application, we applied through Umich.

Funding

Please describe the funding source and how much you had to pay out of pocket.

Global reach grant and University of Tokyo airfare coverage (HUGE help). I probably spent between \$1000-\$1500 out of pocket. I spent \$700 on housing and the rest mainly on food and tourist attractions. I splurged quite a bit when I went to dinner with medical students and my friends (it is quite easy to spend over \$30 per meal in Tokyo). We spent a weekend in Kyoto that added maybe \$400 to our total costs.

Housing

Please describe the housing accommodations and how you found them.

I lived between Ueno and Akihabara in a share house through sakurahouse.com - I would not recommend that area. It's far from the more popular areas and it had no great subway stops to get to campus. It ended up being a 30 min walk both ways. Look into Roppongi or around Shinjuku or Shibuya. When you get accepted to the rotation, Dr. Maruyama will you send you links to the housing. The cost was around \$700 per month.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

<http://www.umms.med.umich.edu/globalreachsurvey>

It would definitely help a lot. In my department only half of the attendings spoke fluent English, but most med students and residents did. You can certainly get by but it does limit patient interaction. Study up prior, it's a fun language.

Expectations

What were the expectations of you as a student?

The medical education in Tokyo is primarily observing and that's exactly what I did. Students follow patients from behind the computer and have limited interaction with the rest of the team. It helped me realize how great how system is.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

1) you receive your money from Tokyo two weeks into the trip 2.) learn basics of Japanese 3) you can get access the university of Tokyo gym 4) find a share house or living situation early 5) do not worry about the food. It's seriously amazing. 6) Tokyo is a very large and condensed city. It's a fascinating experience, but if you don't like the city life I would not recommend it.

Disappointments

What were the most disappointing aspects of your experience?

The location of my share house. See above.

Suggestions

What factors could have made your international experience better?

Watch your finances closely. The exchange rate is easy, but I got carried away with trying to new food and traveling. I felt like I had holes in my pockets some days. Please feel free to contact me with any questions.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

Yes. I don't plan make international work a huge part of my career, but these experiences open my eyes to the flaws of our own system and help me realize what we take for granted in our own system. As I grow in my career and gain more responsibility I will be able to a make a larger impact with a better understanding of health care systems.

Global REACH International Activity Survey

General Information

Student	Yongwoo Seo
Activity Type	International Clinical Rotation (M4s)
Country	South Korea
City	Seoul
Clinic or Hospital Name	
Length of Stay	4 weeks
Date of Experience	April 2014
Foreign Attending/Primary Contact	Kwang Wook Lee
Address	
Email Address:	kwleegs@gmail.com
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

No

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

I rotated through the liver transplantation and resection service for 4 weeks. During my time, I scrubbed in on many cases and also helped Professor Lee with some research initiatives.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

Absolutely -- Got to see how other hospital systems operate, got to interact with patients who are from my native country. It was an incredibly different work environment, particularly in the clinics where professors would often see 50 to 100 patients in one afternoon. Rounding and the post-operative care of patients were also done in a very quick but efficient manner, often table rounding on the entire service within 10 to 20 minutes. Face to face time for each patient with the surgeon was also very limited, and the whole team of 4 professors very much acted as one team in terms of caring for the patient (rather than the primary attending model of the US). This definitely changed the way I view efficient and effective care of the patient -- there are definitely things that I liked about the way they did it in Korea (for instance, how quickly and efficiently rounding happened), but also things that I liked more about the US system (more face time with patients). My daily schedule depended on the day, but usually started with a morning conference, followed by going to the OR to scrub in on cases. In the afternoon, there were PM rounds, which were sometimes followed by a lab meeting. The work life balance of the residents seemed actually somewhat comparable to those in the US; the fellows did seem to work quite a bit, since they were not under duty hour regulation as the residents were.

High Points

What were the best aspects of your experience?

<http://www.umms.med.umich.edu/globalreachsurvey>

The incredible cases that I got to scrub in on -- Seoul National University is a world leader in living donor liver transplantation. This would be considered a very rare thing to see in most American teaching hospitals, but at Seoul National they do on average 3 to 4 per week. The surgical technique and post operative care involved in both the donor and the recipient were incredible to watch.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

I found out through a friend who did this experience last year. There was a formal application process, but it was a short form that someone from the Seoul National University medical school sent.

Funding

Please describe the funding source and how much you had to pay out of pocket.

I paid a lot out of pocket -- \$1450 for flight, \$1000 for room and board, and another \$1000 or so for living expenses. All told, I spent about \$3450, of which only \$850 was covered by global reach..

Housing

Please describe the housing accommodations and how you found them.

I stayed at a guest house near the university which I found online. I did not indicate that I wanted to live in international student housing, mostly because I knew that I could work my local connections to find something reasonable. The guest house I stayed at was called Minari House, which can be found on Airbnb.com.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

It wasn't necessary, but it certainly helped (I am fluent).

Expectations

What were the expectations of you as a student?

There weren't too clear of expectations, but I made the most of my abilities and capacity. Particularly, because of my language fluency in Korean and English, I was able to get involved in multiple research projects and initiatives. I started by translating some abstracts and manuscripts from Korean to English, but then also got involved in writing some primary material for manuscripts which will hopefully be published down the road.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

There was not much that I wish I had not packed -- I travelled pretty lightly, and I bought whatever was necessary in country without issue.

Disappointments

What were the most disappointing aspects of your experience?

No.

Suggestions

What factors could have made your international experience better?

<http://www.umms.med.umich.edu/globalreachsurvey>

No.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

Yes -- more and more, medicine is becoming a globally collaborative field. This experience has opened my eyes to those kinds of collaborative efforts in the future.

Global REACH International Activity Survey

General Information

Student	Sameer Khatri
Activity Type	International Clinical Rotation (M4s)
Country	Pakistan
City	Karachi
Clinic or Hospital Name	Aga Khan University Hospital
Length of Stay	4 weeks
Date of Experience	2/3/2014
Foreign Attending/Primary Contact	Shabina Ariff
Address	
Email Address:	
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?
None.

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

I was primarily involved in the care of patients in the general pediatric ward through morning assessment of patients and round presentations. My day typically started with reporting to the general pediatric ward and being assigned 1-2 patients for that day. I then read the (non-electronic) patients' medical records and pre-rounded on my patients. After this, I went to the morning conference which lasted about an hour. We rounded on all the patients on the team after this conference ended and this usually took less than an hour. My official duties at this point ended, and I could choose to observe the residents writing notes or finishing discharge paperwork. There was almost always another conference in the afternoon, which I tried to attend. I was usually at the hospital from 8AM to 4PM.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

During this experience, I was involved in the care of patients who desperately needed medical care, and as a result, I believe this experience has helped me better appreciate and value my role as a health care provider. Many of the patients I took care of had received little to no prior healthcare and at admission most patients had advanced disease. Through my interactions with these patients, I began to really value the impact of the care physicians can provide, especially in the outpatient setting. If some of these patients had received proper outpatient care, they would never have been hospitalized with these advanced diseases.

High Points

What were the best aspects of your experience?

The patients were a pleasure to interact with, although challenging at times. Some patients were challenging to take care of mainly due to the poor literacy of the patient's parents. It was sometimes difficult to convey to them that the patient could now be transitioned to outpatient management and did not require IV medications anymore. Likewise, for management of asthma, many patients were reluctant to have their children use rescue inhalers and felt more comfortable bringing them to the ED for every asthma episode. Additionally, my comparatively limited knowledge of the local language sometimes became a barrier to effective communication with patients. My experience with the patients taught me that in addition to access to appropriate resources, good patient education is also very lacking in medical practice in third-world countries. In terms of the practice of medicine in Pakistan, I found that physicians unfortunately ordered testing for patients without much insight into the value of the additional testing and how it would change management. This led to many patients spending many times more than their monthly salaries on a 2 or 3 day hospitalization. Physicians would also not spend much time to explain medical concepts to patients, likely due to time constraints and the barrier presented by the poor literacy among patients. I can say that I saw many medical practices which I would not like to adopt when I begin my medical career.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

I learned about this experience after searching for elective rotations on Google. The formal application can be found on aku.edu. I applied approximately 3-4 months prior to my planned rotation month.

Funding

Please describe the funding source and how much you had to pay out of pocket.

I received an \$800 grant from Global REACH. Airfare cost about \$1100, my room cost about \$150, and food/other expenses cost about \$300. HTH insurance was around \$40.

Housing

Please describe the housing accommodations and how you found them.

The dorm I lived in was a single person room, with shared community bathrooms. The location was quite convenient as it was about a 5 minute walk from the hospital. It was inside the university campus, so I never felt my security was at risk. Students interested in the on-campus dorms need to indicate that when they submit their applications for the rotation.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

A mix of English and Urdu was used at the hospital and I did not have any major communication issues. At least intermediate-level knowledge of Urdu is essential to make this experience worthwhile.

Expectations

What were the expectations of you as a student?

I was expected to do morning evaluations for my patients and be ready to present them during rounds.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

None.

Disappointments

What were the most disappointing aspects of your experience?

I was surprised by the way some physicians practiced (as discussed above) but still feel that seeing this was a good learning experience.

Suggestions

What factors could have made your international experience better?

None.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

Definitely, as I have learned the difference between practice of medicine in US and abroad. I also appreciated seeing a totally different patient population. The main difference I found between the patient populations here and in Pakistan is that due to literacy levels being very low in Pakistan, the healthcare experience of patients was negatively impacted. It took longer to accurately explain things to patients and many patients also presented with more advanced disease states – such as septic presentations from pneumonia. For both these reasons, taking care of patients during this rotation was very rewarding.

Global REACH International Activity Survey

General Information

Student	Alaina Bennett
Activity Type	International Clinical Rotation (M4s)
Country	Panama
City	David
Clinic or Hospital Name	Hospital Materno-Infantil Jose Domingo de Obaldia
Length of Stay	6 weeks
Date of Experience	
Foreign Attending/Primary Contact	Newton Osborne
Address	
Email Address:	
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

Dr. Osborne (UM Alum, OB/GYN) was my primary contact, but Dr. Richard Swartz in Nephrology put me in touch with him.

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

I rotated through different OB/GYN services at a tertiary care hospital in David, Panama. My experience included a mix of hands-on and didactic experiences; the teaching was excellent and I learned a tremendous amount about another medical culture.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

Absolutely. This experience challenged me to think differently about how to best care for women in lower resource settings. I saw how difficult it can be to maintain empathy and compassion for patients when resources, such as anesthesia for women in labor, are not available. I am challenged by the problems I saw and hope to engage in solutions to them in the future.

High Points

What were the best aspects of your experience?

Getting to know a wonderful region with a different culture and geography than I had experienced before. Delivering babies with much more autonomy than I had previously experienced. Living with a phenomenal host family. Being pushed outside of my comfort zone daily. Seeing extreme pathology and different standards of care.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

I found out about the hospital from the Global Reach website and then contacted Dr. Swartz, who put me in touch with Dr. Osborne. The formal application process took several months because I had to apply for the rotation at Obaldia, and then once they approved it I had to apply to UM to give me credit for it.

Funding

Please describe the funding source and how much you had to pay out of pocket.

Since I also completed a research project while I was there, I was able to receive funding from the UM School of Public Health for that project. This covered almost all of my costs - approximately \$1700 dollars including airfare.

Housing

Please describe the housing accommodations and how you found them.

I lived with a wonderful host family Dr. Osborne helped me find. They also provided me with transportation to the hospital every day.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

Yes. Complete fluency would be ideal. It was very challenging to understand all the medical jargon in Spanish despite speaking Spanish quite well and people speak incredibly quickly. Still, I learned a lot and didn't feel in the way although many times things would go over my head.

Expectations

What were the expectations of you as a student?

The residents really set my expectations, and they tried to model what I did after what the senior medical students who rotate with them usually did. However, since I relied on my family for transportation, that was flexible. In the end, I worked Monday through Friday, approximately from 7am-3pm, plus did 2 overnight (36 hour) shifts.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

There was so much medical jargon that you wouldn't use with patients, so I had never learned in a medical Spanish class, that was of course used all the time in the hospital. It would have been really helpful to study the names of laboratory tests beforehand so I knew the word for platelets, AST, etc.

Disappointments

What were the most disappointing aspects of your experience?

It was difficult to actually be very helpful or hands-on in many rotations. The emergency department in particular really was essentially shadowing because there is only one room the patients go in - there is literally no room for a medical student to interview the patient first or something. I thought labor and delivery, the gynecology service, the OR, and colposcopy clinic were the most educational.

Suggestions

What factors could have made your international experience better?

Higher fluency in medical Spanish.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

Yes. This trip really challenged me and I would like to work with international providers to somehow provide better solutions to the problems of compassion I saw.

Global REACH International Activity Survey

General Information

Student	Lauren Dennisuk
Activity Type	International Clinical Rotation (M4s)
Country	Panama
City	David
Clinic or Hospital Name	Hospital José Domingo de Obaldía
Length of Stay	4 weeks
Date of Experience	
Foreign Attending/Primary Contact	Newton Osborne
Address	
Email Address:	newtonosborne@aol.com
Phone Number	507-6611-3305

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?
No.

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

I spent 4 weeks rotating through different Obstetrics and Gynecology services at a large public hospital in David, Panama: Labor & Delivery, Gynecology, High Risk Obstetrics, and the OB/GYN Emergency Room.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

I absolutely think this experience has had a significant effect on me. One of the most valuable parts of the experience was learning more about the health system in Panama, and how much this hospital differed from the ones I've seen in the US. It made me extremely grateful for things like electronic medical records and private patient rooms, while at the same time realizing that some of the conveniences we rely on aren't absolutely necessary.

High Points

What were the best aspects of your experience?

Getting to know the residents and students, experiencing a very different type of hospital than most US hospitals, improving my medical Spanish.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

I found out through the Global REACH office and students who had gone previously. No other application process than the Global REACH process.

Funding

Please describe the funding source and how much you had to pay out of pocket.

I was able to cover my airfare and other transportation within Panama through the Global REACH funding, and housing and food were provided without cost by my hosts. Cost breakdown: HTH insurance: \$35
Vaccinations: none needed (check with CDC if you are traveling in other parts of the region) Roundtrip flight to Panama City + back from San Jose, Costa Rica (close in cost to going out of Panama City both ways): \$670. Hotels for overnight layover in Houston both ways: \$150 Taxi between airports in Panama City (There are no international flights into David): \$35 Flight from Panama City to David: \$130. Bus is only about \$20, but takes about 8 hours. Housing & meals: Provided free by Dr. & Mrs. Osborne. I only ate out a few times on my own, in total spent <\$50. Meals are similarly priced to the US. I gave them a small gift as a token of appreciation, worth about \$60. Housing is also available in the hospital at no cost. Meals in the hospital are free, but if you choose to eat out/on your own, restaurants and groceries are similarly priced to the US.

Housing

Please describe the housing accommodations and how you found them.

I stayed with Dr. Osborne and his wife at their home in Boquete, Panama, which is about 45 minutes from the hospital in David. I rode to the hospital every weekday with Dr. Osborne.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

Speaking and understanding a good amount of Spanish is definitely helpful if not absolutely necessary. Some of the residents and attendings speak a good amount of English, but I think if I hadn't known Spanish I would have gotten a lot less out of this. I am not completely fluent, however, and still had trouble following some conversations if people were talking quickly. I had taken the M4 medical Spanish course earlier in the year, and it helped a lot.

Expectations

What were the expectations of you as a student?

-No formal expectations. I did a mix of shadowing and helping out with clinical work that the residents and students were doing, such as updating progress notes, fetal and uterine monitoring. -There is a OB/GYN conference/case presentation every day at 7AM, which most of the residents, faculty, and interns attend. You will likely go to this every day, and then go to your assigned service. On Thursdays instead of this conference there is a multidisciplinary one together with Peds. -The interns and residents usually work 7-3, unless they are on call (turno), and then they will basically work until 3pm the next day. I only did one overnight call, but you have the option to do more if you want. For call, you go to the sala de partos at 1pm, and that is sort of home base for the night. There are a couple places to sleep nearby, and Dr. Osborne also has a call room which he told me I could use (it accidentally got locked, so I just slept for a few hours in the room near L&D). Expectations were slightly different on each of the following services: -Partos: The sala de partos is one large room where they bring all the laboring women. They stay there until they are fully dilated, and then are moved to a private sala de expulsion for delivery. There are no epidurals, so this was a difficult experience to see the women in so much pain, and with so much less privacy than we're used to seeing. The physicians also do many of the things that nurses at Michigan do, because there is much less nursing staff, e.g. monitoring uterine activity for inductions, attending to the newborn right after delivery. You will likely be able to do deliveries for low-risk patients, especially multips. They also cut episiotomies much more often, and may let you repair these and lacerations if you feel comfortable (I didn't feel comfortable doing it with just the intern there with me). They have rounds every couple of hours during which they write progress notes, do SVEs, and update plans. -Ginecologia: On the 2nd floor. Lots of women admitted for D&Cs for SABs, also some getting worked up for pelvic masses or postmenopausal bleeding. When I was there, it was basically rounding and then a lot of paperwork for the interns, and not a ton for me to do. You may be able to draw blood samples for pre-op labs and help with discharge/progress notes. I did go to colposcopy clinic with Dr. Segovia one morning (both Dr. Segovia and Dr. Osborne do colpo clinic), and that was a really worthwhile experience, getting to see more advanced disease--this is definitely worth doing at least a couple of days. -ARO: This is the equivalent of our MFM/antepartum service. On the other side of the 2nd floor.

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Again, rounding and then a lot of paperwork. I helped with updating progress notes, doing discharge summaries, fetal monitoring, and putting lab results into the charts. You can also watch some growth ultrasounds and help copy the results into the charts. -Urgencias/SEGO (sala de emergencias : This is an OB/GYN specific emergency room. I spent most of the time basically shadowing one of the residents. There are also a few general medical physicians (non-OB/GYN) who work in Urgencias, whom I went with when the resident couldn't be there. Even though it was just shadowing, this was still one of the best experiences getting to at least hear the patients' histories.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

I heard this from one of the students who went previously, but my first week in L&D was a bit of a shock--all of the laboring women are in one room, and there are no epidurals. There's no wifi in the hospital (if you are staying in one of the hospital dorms I think you can buy a portable modem/router that fits into your USB drive from Claro and get internet for the month for fairly cheap. The hospital currently has all paper charts (can make the language barrier a little more difficult trying to read people's handwriting. No specific preparation ahead of time, except maybe brushing up on some medical Spanish. Things to bring: White pants & shirts - all the interns and students wear all white. Wearing professional clothes instead is probably fine for a visiting student though. -Jacket/sweater/fleece to wear under your white coat because it can get chilly in the hospital A/C no matter how hot it is outside. -Think about bringing a fanny pack/small bag you can carry around with you, if you don't want to keep all your belongings in your pockets, especially for call shifts. There's not really great places to keep your stuff secured. -Keep kleenex on you as a lot of the bathrooms don't have toilet paper! -Scrubs for L&D. There is a cabinet of scrubs outside of L&D but they sometimes run out of clean ones. If you bring your own, just keep in mind they may get bloody and you will have to wash them at home. -Rain jacket/umbrella if in rainy season (Apr/May-Dec), and also if staying in Boquete, as it gets much chillier at night than in David. -May want to bring some cliff bars, etc. to the hospital on L&D and call shifts. It's so busy that a lot of times the residents & interns don't leave for lunch. -There is a cafeteria in the basement (sótano) which provides free food for residents, interns, and students during breakfast, lunch, and dinner times. (6:30-8, 11:30-1:30, 4:30-5:30)

Disappointments

What were the most disappointing aspects of your experience?

There were times when I felt like I wasn't contributing a lot, and also wasn't gaining a lot, such as when residents were working on paperwork. It took a little while for me to figure out the documentation system, but once I did, I was able to help out a little more (another reason why knowing Spanish made this much more worthwhile). Also, given that I was staying 40 minutes from the hospital, where many of the residents live, I wasn't able to spend much time with them or work. I would have loved to spend more time getting to know them and hearing about their experiences training in Panama.

Suggestions

What factors could have made your international experience better?

I really appreciated being able to stay with the Osbornes, as they made me feel very welcome and safe, and they were extremely generous, but I think it would have been a good experience to stay in David for part of the time, to be able to spend more time getting to know the residents or students. Some of the residents live in dorm-type rooms in the hospital (for free), and this might be a good option for part of the time. If it could be arranged for two students to go to Panama during the same month, I think that would be ideal, in order to have someone to travel with and get to know the cities of David and/or Boquete.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

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Yes, this definitely increased my interest, especially in terms of knowledge-sharing between nations, because we have so much to learn from each other. The core of our medical knowledge and management is the same, but there are so many differences in how we are equipped to handle different situations that it's valuable to share.

Global REACH International Activity Survey

General Information

Student	Jeanne Poel
Activity Type	International Clinical Rotation (M4s)
Country	Peru
City	Iquitos
Clinic or Hospital Name	St. Pauls Millenium Medical College
Length of Stay	3 weeks
Date of Experience	
Foreign Attending/Primary Contact	Patty Webster
Address	
Email Address:	
Phone Number	

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?
Dr. Robert Hyzy, Pulmonary and Critical Care Medicine.

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

We spent time in the city of Iquitos staffing free medical clinics for the impoverished people of the region who have very little access to health care. We also spent time in the Amazon jungle having free medical clinics for small isolated villages that had practically no access to health care providers otherwise.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

This experience substantially increased my confidence as an M4, and soon to be resident physician. In this part of the world, one is forced to act as a general physician in the truest context. I realized how much I have learned in medical school and how well-prepared I am to enter residency. This trip also made me realize how fortunate I am to have had the opportunity to train as a physician. I feel a greater sense of obligation to serve my local and international community because of this.

High Points

What were the best aspects of your experience?

The best aspects of my experience were truly experiencing how other people in the world live and what their access to basic needs like food, clean water, shelter, etc. is like. Seeing patients in the jungle who will never see a physician otherwise and being able to help them was so rewarding. Also, getting to know the Peruvian staff who worked with our group as interpreters, guides, and cooks was wonderful. Building relationships with people who live such different lives than us gave me new and diverse perspective that was invaluable.

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

I found out about this rotation through Global REACH and talking to Dr. Hyzy about it. There was a formal application but it was short and easy to complete.

Funding

Please describe the funding source and how much you had to pay out of pocket.

Global REACH: \$1,200 grant Out of pocket: Trip fee: \$1,800 Plane tickets: \$1,200 Food: \$300 Out of pocket total: \$3,300

Housing

Please describe the housing accommodations and how you found them.

For the city portion of the trip, we stayed in a hotel in Iquitos (Hotel Europa). This was a 3 star hotel but it had air conditioning and a warm shower so it was more than enough. For the jungle portion of the trip, we stayed in the Yacumama Jungle Lodge. It was a very rustic jungle lodge without electricity. Amazon Promise made all of the arrangements for accommodations for both the city and jungle portions of the trip.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

Spanish fluency was not necessary by any means on this trip but there was ample opportunity to speak Spanish socially and in patient care settings.

Expectations

What were the expectations of you as a student?

I was expected to work with an attending physician to see patients in a clinic setting. This included using a translator to take a history and do a physical exam. I would come up with a plan for any testing I thought was required and suggest that along with the treatment plan to the attending.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

The only thing I wish I had done differently was review more of my Spanish beforehand. If you want to speak Spanish with patients you have a perfect opportunity to practice on this trip. I was really glad I brought a medical Spanish dictionary along to have for reference. That and a verb conjugation book were really useful on the trip.

Disappointments

What were the most disappointing aspects of your experience?

I was disappointed to get travelers diarrhea, but that is life :-)

Suggestions

What factors could have made your international experience better?

We missed our flight from Lima back to Miami because our domestic flight from Iquitos to Lima ran 3 hours late. I would suggest planning for a lot of extra time between flights, even if it seems excessive. We used the purportedly most reliable domestic airline there (LAN) but it still ran late.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

After this experience, I am sure I will do further international work. Specifically, I am really interested in doing medical education internationally. If I could also incorporate education of local medical students into my international experiences, I feel that it would have a lasting impact.

Global REACH International Activity Survey

General Information

Student	Grace Lee
Activity Type	International Clinical Rotation (M4s)
Country	Taiwan
City	Taipei
Clinic or Hospital Name	Taipei Veteran General Hospital
Length of Stay	4 weeks
Date of Experience	
Foreign Attending/Primary Contact	Wenyu Li
Address	No. 201, Sec. 2, ShiPai Rd, Beitou District , Taipei, Taiwan, 11217
Email Address:	wylin8@vghtpe.gov.tw
Phone Number	886-2-2875-7381x207

UM Mentor

Did you have a UM contact or mentor? If so, who was it and what department were they in?

No.

Description of Experience

Please give 1-2 sentences describing the nature of your international rotation/experience.

I spent the first two weeks in the Traditional Medicine Department observing and attending classes about acupuncture and Chinese medicine. The second two weeks, I spent in the Ob/Gyn department observing general Ob/Gyn clinics, gyn surgeries, vaginal and c-section deliveries, fetal surveys, urodynamic studies and oocyte extractions and attending daily morning lectures and journal club meetings.

Impact on Practicing Medicine

Do you think this experience affected the way that you think of yourself as a physician? If so how?

This experience gave me a deeper understanding of traditional Chinese medicine theories and practices and why traditional Chinese medicine is considered a holistic practice. This helped me to understand why people do not consider western medicine to be holistic and also helped me to think about how I can incorporate more "holistic practices" into my career as an Ob/Gyn. In addition, by observing how Ob/Gyn is practiced at this particular hospital in Taiwan, this experience helped to think more critically about Ob/Gyn practices/guidelines in the US.

High Points

What were the best aspects of your experience?

The traditional Chinese medicine courses that they provided throughout the two weeks were great. Because I was the only student there at the time, I had one on one attention (this is not always the case though) and was able to get all my questions answered. In addition, I was able to have some hands on experience with traditional Chinese medicine diagnostic techniques and acupuncture treatments. Also the Ob/Gyn attending, with whom I worked, was fluent in English so I was able to talk to him extensively about how Ob/Gyn is practiced in Taiwan. Some of the medical students are planning on doing their residency in the US, so they were fluent in English as well and excited about talking to me about the differences between the health care

system in Taiwan and the US. Taipei has cheap and delicious food and also a great city to visit with a convenient transportation system!

How Located

How did you find out about this rotation/international experience? Was there a formal application process?

I found out about this rotation after talking to administrators at the National Taiwan University Hospital/Medical School. I had wanted to do a rotation in traditional Chinese medicine in Taipei, which NTU hospital doesn't have, and they suggested that I contact Taipei Veterans General Hospital, which is also associated with a medical school in Taipei called National Yang-Ming University-School of Medicine. There was a formal application, which was pretty basic (name, picture, contact info, department you want to work in, dates you will be rotating). Along with the application, the hospital also required: 1) a copy of your passport 2) a copy of your student ID card 3) a letter of recommendation from Dean or faculty of the school (I sent in a letter of good standing from Cindy Murphy in OMSE) 4) a Curriculum vitae 5) a transcript (I sent in an unofficial one) 6) a normal chest X-ray report done in 3 months prior to start of the elective revealing no suspicion of TB (which I had done at UHS). Wenyu Lin, the medical education administrator will send you a document with all the requirements after you email her. The application and all the materials have to be submitted at least 2 months prior to the start of the rotation, except for the chest x-ray results, which can be submitted the day you start.

Funding

Please describe the funding source and how much you had to pay out of pocket.

I received an \$800 grant from Global REACH. My airfare was about \$1300 US dollars (USD). Since I was living with relatives, I did not have to pay for housing. Transportation to and from the hospital cost about \$2 USD/day. Food is relatively inexpensive as well--you can get a good meal for \$2-5 USD per meal if you eat out. For food and transportation, I spent a total of about \$500 USD over the four weeks. Overall then I paid about \$1300 USD out of pocket.

Housing

Please describe the housing accommodations and how you found them.

I was able to stay with relatives, but the National Yang-Ming University also provides housing for about \$110 USD/month. You share the room with 2 or 3 other roommates, I think. I did not see the housing accommodations, so I'm not sure what they are like.

Language Fluency

Was fluency in the local language necessary (barriers, skill level needed, etc)?

For the traditional Chinese medicine part of the rotation, I think knowing some Mandarin made it much easier to communicate with and learn from the doctors and staff. Although they have had students, who could not speak or understand Mandarin, rotate through. They also lent me a book on acupuncture that was written in English during the two weeks. The faculty, medical students and staff working in the Ob/Gyn department were much more fluent in English, so it would not be as difficult to rotate in the Ob/Gyn department if you are not fluent in Mandarin. Most of the presentations given during the daily morning classes and journal club were Mandarin, but power point slides were mostly in English. I think in general, doctors practicing western medicine at this hospital are more fluent in English because they are taught the medical terms in both English and Mandarin during the pre-clinical years and they write most of their notes in fluent English. It is definitely helpful to understand basic Mandarin when observing clinics though otherwise, clinic can be quite boring if you do not understand what the patient and doctor are saying and the doctor does not have time to translate. In addition, understanding Taiwanese would be a plus because many of the patients speak Taiwanese with the providers, especially in the traditional Chinese medicine

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department. I do not speak or understand Taiwanese, although most of the traditional Chinese medicine notes were also written in English, so I could read over the providers' shoulders and have general understanding about what they were discussing. Most of the subway, street and bus stop signs are in English as well as Chinese, so getting around is not too difficult. Menus are in English or have pictures in most of the larger or chain restaurants, so you can just point to what you want. You will need to know some basic Chinese to order in a smaller restaurant or from a street cart. Most people in Taipei are friendly and helpful and many of the younger people are required to take English in school, so if you don't know how to order, are lost or need directions, don't be afraid to ask!

Expectations

What were the expectations of you as a student?

The traditional Chinese medicine department was pretty explicit that their expectations were low/flexible for the students. They expected me to attend the 2 hour long classes that different faculty provided throughout the two weeks and to observe some of the traditional Chinese medicine and acupuncture clinics. In total, they had about 4-6 hours of scheduled classes and clinic per day, but it was really up to me how long I wanted to stay each day to observe the clinics. Also, I had to write a report about what I learned/my reflections on the two weeks that was due on my last day. For the Ob/Gyn department, classes were from 7-8:15am each day, which were optional. Then I was expected to round with my attending for about 30 min-1 hr a day, depending on how many patients my attending had. Then if my attending had clinic or OR scheduled that day, I was expected to attend those, otherwise, I was free to observe whatever operations/deliveries/clinics/additional studies that I wanted to. There were additional classes on Monday and Friday for the medical students and residents, which I also attended. Each day ended between 4-6pm. I was not expected to go into the hospital on the weekends for either department.

Other Comments

Any additional comments other students might find helpful (e.g., state of the facilities, preparation you wish you had done ahead of time)?

I had studied some basic anatomy and medical phrases in Mandarin before going, which was helpful. Also, if you do not know people in Taiwan, try to go with someone you know so that you can have someone to travel and explore with! From what I've heard though, if you end up staying in the medical school accommodations, your roommates/the medical students are good about taking you around Taipei and helping you to orient yourself. Also, in the beginning when I was trying to contact Ms. Lin about this rotation, there was something wrong with the email system and either my emails were not getting to her or her emails were not being sent to my email. I had to end up calling her a few times through Skype in order to communicate with her. I think the issue was fixed in the few months before I got to Taiwan though.

Disappointments

What were the most disappointing aspects of your experience?

None! Although, I think I would have been disappointed in my experience at the hospital if the departments did not provide lectures. The lectures were essential for understanding in the traditional Chinese medicine department and were a helpful review for me in the Ob/Gyn department. I am not sure what the other departments in the hospital are like though.

Suggestions

What factors could have made your international experience better?

I would have liked to stay longer in order to travel more around Taiwan.

More Overseas Work

As a result of this experience, are you interested in doing further international work? Why or why not?

Perhaps one day I would like to practice at an international hospital in Taiwan or China for a year or two, but I would need to improve my Mandarin speaking and reading abilities before then.