

## The great memories in Johns Hopkins Hospital



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The Johns Hopkins Hospital, where is widely regarded as the best hospital in the world for consecutive 20 years. I was really appreciated for our school and the hospital to offer this opportunity for clinical rotations. It was really excited for me to know that I had a chance to go here as a visiting medical student for 2 months. This journey had really broadened my horizons and influenced me a lot.

I was accepted in Cardiology for the period of March 24 through May 23, 2014, and be able to rotate on the General Cardiology inpatient service and the Consultation Service. As a foreign medical student who is not a native speaker, language was the first problem I have encountered at the very beginning. I was glad that in my home country, we studied medical terms in English, so it did not take me too much time to get over it. And I found the best way to overcome it was talking to my patients! By taking histories and asking patients “what I can do for you”, my English speaking was getting much more fluent day by day. I would never forget one of my patient, Mr. Stevens. He had a severe coronary arteries disease history, and this time he was admitted due to cardiogenic shock. In the beginning, he was very frustrated and lost courage to live. His wife made a lovely poster with daily progression on it, and kept encouraging him with bedtime stories. If I was not busy working, I enjoyed accompanying with he, sharing my stories or listening to his life experiences. Day by day, he was getting healthier and more optimistic. On the day he was discharged, he asked my email address for keeping in touch, and I left him a homemade card with my sincere blessing.

On general cardiology inpatient service, I was assigned to primary care with one to two patients. A working day usually started with pre-round, which I greeted my patients and checked their overnight events or today's lab data. Then I prepared for the presentation and figured out some adjustment of treatment to my patient in the morning rounds to our whole team. Most of the time, the round usually ended at noon. After morning rounds, I would go to the noon conference. Different topics in General Cardiology (ex. Chronic heart failure), Cardiomyopathy (ex. Hypertrophic obstructive Cardiomyopathy), and Electrophysiology (ex. ECGs) were lectured for fellows or anyone who was interested. Although free lunch was provided, everyone was still concentrating and asking relevant questions to get everyone brainstormed.

In the afternoon, I followed my residents to admit new patients or studied for the questions my patients were facing with. Because this was my first time to clinical rotate in Cardiology, everything seemed to be brand new for me. Fortunately, I met excellent residents, fellows, and attending physicians here in Hopkins. It was an unforgettable and impressive memory to work with Dr. Williams, Dr. Barth, and Dr. Ahmed. They attached great importance to my learning. When we were discussing at rounds, they would slow down to make sure I got everything understand. While I was presenting my evaluations and thoughts, they focused on listening and helped me to correct into an organized order, which was much more logical and concise. They gave me motivations to equip my Cardiology knowledge and skills as soon as possible, which let me be more confidence to face the patients.



Dr. Williams  
(attending physician)



Dr. Barth  
(fellow)



Dr. Ahmed  
(fellow)

On Wednesday morning, Cardiology grand round was held at historic Hurd Hall. Well-known speakers were invited to talk about newly clinical trials or developments of drugs and therapies. Everyone was active in asking questions or challenging the speaker.



This situation was seldom happened in my country, because everyone was being hurried to write down and memorize, especially for the students. But at Hopkins, most of the doctors devote themselves to create new ideas and revise what we have already learned on the textbook. So in these two months, I learned to think like a scientist, and studied lots of latest guidelines of medical illness.



While working at ward, it was very convenient to access the computer. No matter what I checked patient's data, typed notes, or searched resources from the internet, I could find one between the sickrooms, and didn't need to borrow from the residents or nurses in the resident's room or nursing station, which was common happened in my native land. Besides, alcohol hand sanitizer was installed in front of every sickroom, which reminded for infection protection. Since it has good smell in foam and doesn't hurt our hand, every health care worker would be more willing to wash our hands before and after seeing patients.

On Consultation Service, the residents and I would go first to evaluate the patient before our attending physician saw him. It was a really good experience to assess the patient and then organize all of the information in a limited time. After that, we had to express our impression and recommendation of the patient to the whole team. I couldn't forget Dr. James Weiss, who has a particular frame of order and content when presenting patients. I was not getting used to it at the very beginning, because we only briefly presented the most important and relevant symptoms, histories, or medical findings in my hometown. But in here, everyone attached importance on an integrated report. So, we could clearly get every logical and well organized details of the patient on it. I was lucky enough to work with Dr. Ashritha and Dr. Polakit, who were residents from India and Thailand. They not only answered all of my

questions, but also recommended good papers or websites for me to study further. Besides, I met Shohei, a visiting medical student from Japan. We shared our learning here and encouraged each other to pass down the experience back to our country; then being a better doctor in the following days.



Dr. Ashritha  
(Resident)



Dr. Polakit  
(Resident)



Shohei  
(VISMED)

Time flies, the two months rotation in the Johns Hopkins Hospital was like a dream. I was really grateful to our President Kung-Yee Liang and wonderful doctors and staffs from both my school and the Hopkins for making this program come true. In here, I saw high-quality of patient care in a well-resourced system and reasonable health care loading in an efficient way. In my home country, we were supposed to care too many patients at the same time. Doctors spend too much time on paper works, instead of approaching patients, discussing cases, and teaching medical students. So we gradually lost our passion for work. But in the States, the medical education put emphasis on “thinking”. Without chores, we have more time on thinking: What’s happening to my patient, any differential diagnosis? Which is the best and up-to-date protocol to help him? All the glorious experiences aroused me the calling to be a doctor. I will keep sharing what I have learned here to all my co-workers.

