UCSD 實習心得

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Neurosurgery

My first rotation was in Neurosurgery, which took place in three different places: Hillcrest, Thorton, and Rady Children's hospital. On the first day, Eric, the coordinator, went through everything with me, the syllabus, the operation room, the badge, and the requirements. He was really nice. After a small rotation with him, the anxiety I had went away.

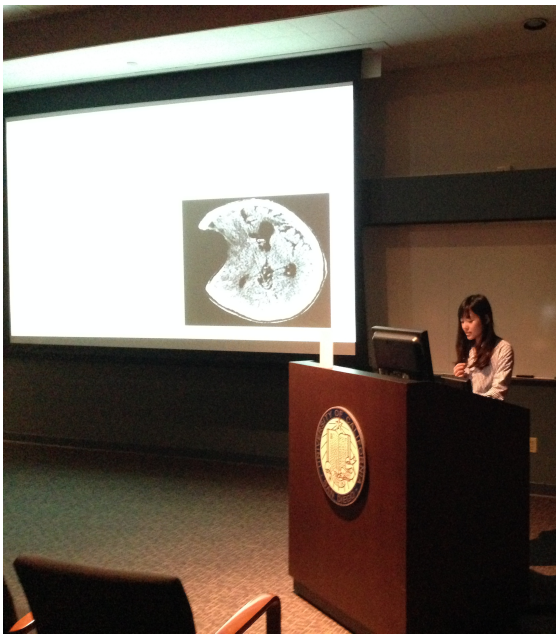
In the first two weeks, I joined pre-rounds at 5:30 every morning and start rounding at 6:00. The round included approximately 10 ICU patients and 8 floor patients. Sometimes I would present ICU patients according to my wish. My presentation was not as fluent as the residents, but they were always patient and willing to teach. Neurosurgery here was based on consult. Primary care was based on other service. It's good to have it a more specialized way. It's like having a clinic based on other doctor's request and they had more time on surgeries and studies.

After rounds, the first surgery starts. During the whole months, I've seen spine surgeries (ACDF + PIF, odontoid screw), brain biopsies (both needle and open), micro-vascular decompression for facial hemi-spasm, craniotomy for emergent clot evacuation and brain tumor resection, device revision including DBS hardware and VP shunt, nerve repair of brachial plexus, craniosynostosis repair and cranial reconstruction (both endoscopic and open), closure of encephalocele, endoscopic third ventriculostomy for cyst resection, and retrosigmoidal craniotomy for acoustic neuroma and meningioma. It was really fun to participate in operations. I got chances to suture, help irrigation, suction, and insert ICP monitor. The most impressive surgery was a brain tumor resection. During the operation, the patient started a generalized seizure. It was amazing to see ice placement directly to the pulsating brain, and fortunately, the

patient was free of neurological deficit after the surgery.

Aside from rounds and surgeries, there were a lot of learning resources. I joined two private tutorial sessions in Dr. Brown and Dr. U's office. The tutorial session by Dr. U lasted for 3 hours and we had to finish a 180-page reading on stupor and coma in 2 days prior to the lesson. I liked the lesson very much. It's case oriented, full of laughter—an amazing learning experience via real stories. After the lesson, you couldn't really list what you've learned. Instead, it's a better sense on neurosurgical patient if only one glance and few questions were allowed.

I also joined several clinics, where we took history and did physical examinations, then reported to residents. My favorite is Dr. Khalessi's clinic. He is the most fabulous surgeon I have ever seen. He explained complicated pathophysiology in a very easy way, cared about the lives of the patient, and was very concerned to every question or even subtle changes in face expression patient had. You may think… that's not hard if we spend 30 minutes on each patient. However, the time Dr. Khalessi spent on each patient was only 5 minutes, at most 10. The way he interacted with patient was straightforward and always warm.



At the third week of rotation, I was glad that I had chance to make an oral presentation on syndrome of trephined at neurosurgery grand round. I was a bit nervous at first, but as I worked with Dr. Chen on my presentation several times, my worries began to fade. I reviewed over 10 papers and presented the clinical course of our patient with sunken skull flap. I am happy the presentation went well and they liked my presentation.

Trauma Surgery

My second rotation was trauma surgery. They took care of patients with fall, stab, and assault. For me, trauma surgery was not really like a surgical specialty. The surgery they did were tracheotomy, PEG and explore laparotomy for liver and spleen lacerations. The main practices were initial management (like emergency doctors) and post surgical "primary care" of these traumatic patients. Most of them (80%) had head injuries with neurosurgery consult needs. Therefore, it's great to have neurosurgery rotation and trauma surgery together. I learned the acute management when patient first came in, stabilize their vital signs, found out what labs and images they need (on trauma rotation); got to know the indication and complication of surgery, as well as what will exactly happen during the surgery (on neurosurgery rotation); and participate in the primary care of these patients on trauma rotation again.

On trauma service, we were assigned 2 ICU patients daily. We checked their vitals, ventilators, feedings, electrolyte, urine output, blood sugars, and prophylaxis for peptic ulcer and thromboembolic events, made their notes before the rounds, and present the patient during our rounds. At first, I was anxious, because I knew little about ventilators. After having my first intubated patient, I started to gain a sense of the machine, the sedation, the pain meds, as well as blood gases. Then it comes to extubation. Extubation was a long way for long hospitalized elderly. When my patient finally tolerated the extubation and start eating, my happiness was beyond description. I found myself expecting to say hi to my old patients every morning. It was a great experience to have our own patients and establish a connection with them.

In the afternoon, we will standby for trauma. If a trauma comes in, we will cut off all their clothes, check their

pulses and draw arterial blood. Meanwhile, they will have their X rays. It's interesting to huddle together in front of the screen at trauma bay and try to guess what the patient had based on clinical presentation. Leg deformity with femoral shaft fracture? Stabbed on chest with pneumothorax? Motor vehicle collision with splenic laceration? Sometimes we will spend time doing an emergency program online with ED residents for more simulations.

Aside from clinical practice, I enjoy times spent with medical students from other countries. We hanged out together, discussed our lives back in hometown, and helped each other when we had problems. I enjoyed the way we act as a team.

Lastly, thanks to the teachers and doctors that made this exchange possible. This experience was not long but amazing. I would strongly recommend this program to others. I was inspired by the people I met here and I will treat my patient with passion that I've seen people here demonstrated during the rotation.