

The Road Back to Duke



Having graduated from Duke many years ago, this was a wonderful opportunity to go back to my alma mater and to see and experience it from an entirely different point of view. During these three months, I did rotations in Infectious Diseases, Cardiology and Pediatrics. I chose these rotations for very simple reasons. I felt that infectious diseases and cardiology were among my weakest areas and so this would be a

perfect opportunity to force myself to learn and improve. As for pediatrics, I absolutely loved my time in pediatrics while at Taipei Veteran's General Hospital, and harboring the thought that this might be a future career path, I opted to take this chance to further immerse myself in the world of children! I am incredibly grateful to Dr. Andrew Huang, the Koo Foundation and the Sun-Yatsen Cancer Center for sponsoring and giving us this amazing opportunity to not only learn and better ourselves, but also to open our eyes and broaden our perspectives.



Infectious Disease Consult Service

My first rotation was with inpatient infectious disease consult service. From the very first day, they treated me as an active member on the team. I worked with attending Dr. Gary Cox, fellow Dr. Erika Lease, intern Dr. Megan Brooks and physician assistant Jill Duffy. They were all extremely kind and possessed an abundant wealth of knowledge. A typical day consisted of rounding with Dr. Brooks at 7:40am and then reporting back to the



so-called "Bunker" (the resident's computer cluster/hideout work area) to discuss any new findings or changes with Dr. Lease. Afterwards, we would head out and start seeing and working-up consults all over the hospital. We would individually see patients and then meet up again in the afternoon to present them to the entire team during rounds. Once we discussed the patient's situation and mutually agreed on a plan, we would then go in and talk to the patient. On certain days, I was able to participate on micro rounds where medical students and interns went to the microbiology lab where we would be described a clinical case and then look at different microscopic slides. On other days, we would attend conferences at the Hanes building where very interesting cases would be presented and discussed.

Perhaps what I found most exciting about being on the consult team was being able to see and work with a wide variety of patients with vastly different underlying problems. From Mr. DM, a gentle, elderly man with myelodysplastic syndrome who suddenly found progressively enlarging and erythematous masses under his bilateral armpits to

Mr. LF a humorous young Clemson graduate with psoriasis who developed endocarditis (this was my first time seeing Osler's nodes, Roths spots and Janeway lesions) to a Mr. B, a reticent diabetic patient with severe osteomyelitis to Mrs. A, a vivacious, bubbly mother with an infected left arm arteriovenous graft. My absolute favorite was an elderly lady, Mrs. SL, who had just undergone the Whipple procedure and had persistent fever and bacteremia. Although over 70-years-old and having just undergone a major operation, she was still as sharp as a needle. Somehow after chatting with her and her husband, I found out she was Duke Class of 1963 and had majored in literature and East Asian Studies! Of course from then on, we had a lot to talk about, especially regarding Duke Basketball! Of even more coincidence was that her husband had visited Taiwan before and greatly enjoyed it.

In any case, each day was a new adventure in itself to say the least! I was able to take histories, perform physical examinations by myself and then report back to the team during the rounds during which I would be able to make an assessment and formulate a plan. During this time, we would also discuss different topics, often times with leading questions like "So, Amy, what do you think of this?" or "What antibiotics do you want to use for this patient and why?" or "What bugs do you think this patient has and where did they come from?" In some cases where things were not so straightforward, we often spent time creatively thinking and coming up with different possibilities.



Moreover, I was able to spend time at Dr. Cox's outpatient clinic, which mainly catered to HIV-infected patients who came in for regular follow-ups every few months. From the very first day at clinic, Dr. Cox allowed me to see patients on my own and to discuss any interval changes. And this was all without any rush or pressure. Most of these patients were of lower socioeconomic status, but these patients were from all walks of life with unique stories to tell. One woman from Germany was infected by her boyfriend who was a drug abuser. She eventually left Germany and came to America and became an advocate and spokesperson for patients with HIV. One extremely kind African-American gentleman who had been infected by a partner started his own home-maintenance company and used his savings to travel all over the world. Another pleasant young Mexican man, also infected by a partner, was a hairdresser at a local mall and he offered to give us haircuts! Through interacting with them, I was able to see and hear how their disease affected and changed their lives, what difficulties and obstacles they faced, and how each attempted to manage one day at a time in his or her own ways.

All-in-all, this was an incredible patient-care experience on the wards and in the clinics which served as a wonderful venue for learning and refining clinical skills in the evaluation and management of infectious diseases.

Cardiology Consult Service



My second stop at Duke was working with the inpatient cardiology consult team. I was very eager and excited because Duke Cardiology is world-renowned with physicians internationally recognized physicians. We worked with three different attendings (Dr. Tricocci, Dr. Stiber and Dr. Kontos), a resident (Dr. Breathette) and two interns (Dr. Stephen and Dr.

Owens) during these three weeks. Each certainly had their own style and flair! In addition working with patients in the wards, we also spent a lot of time in the Emergency Department. Each attending had their own specialty and research areas, and they would often sit down with us to discuss different topics, treatment options and new clinical trials and results. They also spent time teaching us how to look at echocardiograms and cardiac MRI's which was very fascinating.

In addition to consultations, we also had the opportunity to take classes using Harvey. Dr. Crowley met with us every Tuesday and Thursday morning at 7am to teach us about evaluating patients. She emphasized that even without a stethoscope, we could still learn a great deal simply by using our eyes and hands. After her lesson, we would then watch a video on different topics that first gave a clinical picture and allowed us to follow along and use Harvey in conjunction. The Harvey room was always open during the day so that we could practice on our own during our free times.



Finally, we also worked with Dr. Greenfield, a well-known expert in cardiology and literally a high-speed and meticulous "EKG-reading-machine"! Every Monday, Wednesday and Friday, went to the VA hospital to individually read stacks of EKGs. Dr. Greenfield would then come over and have us read and explain the EKGs to him. It was absolutely astounding to see how much detail and information he could glean from a piece of paper, and it certainly showed us that we missed a great deal and needed to be much more observant.

Overall, I very much enjoyed my time in Cardiology as it integrated interesting lectures, wonderful didactic instruction and hand-on approaches.

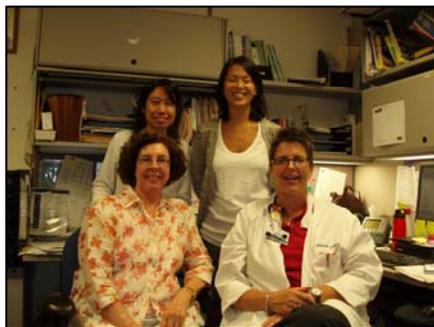
Pediatric Allergy and Immunology



This was by far my favorite rotation simply because I love working with children! I worked with a different attending in the outpatient clinic at the Duke Children's Center each day – Dr. Roberts on Mondays, Dr. Burks on Tuesdays, Dr. Vickery on Thursdays, Dr. Buckley on Wednesdays and Dr. Chan on Fridays. I also worked with two wonderful fellows – Dr. Wu and Dr. Boden. Of note, it was not until the middle of my rotation that I realized that I was working with world-renowned pediatricians Dr. Rebecca Buckley and Dr. Wesley Bucks. They were just so down-to-earth and friendly that I never would have guessed. I only started to figure it out

when I saw patients from all over the United States and around the world coming to see them.

As in the previous months, I was again going to see patients, both new and old, on my own and reporting back to the attending with my findings, assessments and plans. What was different though was that many of my patients this time around were babies or little kids who might not necessarily sit down or cooperate and who might cry at any given moment. I found this to be a wonderful challenge and I loved trying different methods to interact with them or distracting them just so I could sneak a peak in their ears, nose and mouth. As I was working in an allergy and immunology clinic, most of the patients were here due to problems with food allergies (peanuts, milk, eggs, seafood etc), seasonal allergies, asthma, dermatitis or chronic rhinitis. As I was fully immersed in the outpatient clinic, I quickly learned the key questions to ask, what to look out for in the physical examination, how and when to perform skin prick tests and food challenges, and what labs to order. In particular, I learned a great deal about peanut allergies from Dr. Burks who is one of the world's leaders in the field of food hypersensitivity and conducts research in regards to immune therapy for food allergies.



I also had the chance to work with Dr. Buckley who is known all over the world for her work with children with immunodeficiencies, and therefore, I was very fortunate to see many children with severe combined immunodeficiency (SCID, otherwise known as “bubble boy disease”), common variable immunodeficiency (CVID), chronic granulomatous disease (CGD), DiGeorge syndrome, CHARGE syndrome, cartilage-hair hypoplasia, and others. In particular, Dr. Buckley has a remarkable success rate with bone marrow transplantation for babies with SCID which enables a significant number of them to develop normal immune systems, and does so usually without pre-transplantation chemotherapy or GVHD prophylaxis. We are actually able to witness the harvesting for one of the patients who was to undergo a bone marrow transplant. In any case, Dr. Buckley shared much of her knowledge and experience

with us, both in research and clinically. Although almost 80-years-old, she is still very sharp and witty and clearly loves what she is doing, which is very inspiring and motivating!

Without a doubt, the entire pediatric team – from the attendings to the fellows to the nurses – taught me a great deal not only about allergy and immunology, but also about working with babies, children and adolescents. I loved every moment at the clinic and it was wonderful to hear words of praise and encouragement from the parents of my patients. A number of parents told me that they hoped that I would go into pediatrics and work at Duke because they wanted to see me again the next time they came to clinic – this indeed touched my heart. Sometimes it's the little joys in life such as this that make what you do so special and worthwhile, and I think people can certainly see that joy in your eyes and in your smile.

I would just like to end with something one of the attendings, Dr. Vickery, wrote to me in an email: “Just remember, if you do what you love (whatever that is), you'll never work a day in your life.”