

Medical Student Enrichment Program

University of Alabama at Birmingham School of Medicine

Clinical Elective: Taichung City, Taiwan – Chung Shan Medical University Hospital

Dates of Training: June 10, 2019 to July 7, 2019

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My four weeks in Chung Shan Medical University Hospital consisted of memorable experiences that made me appreciate the culture and people of Taiwan.



The first day, we arrived in Taichung at 11 PM after 24 hours of traveling. Upon arriving at the dorms, which was in a dark street full of closed shops, I felt uncertain if we were in the right place and felt lost about what to do next. But then, two students from the medical school came and took care of the taxi and took us to our rooms. They were so friendly and spoke English well, but they were also surprised that we could speak Mandarin. We then went out to get street food at a restaurant. It was crowded with about 15 people even though it was midnight. We ordered the food, using a tong to pick out what we wanted from a fridge into a bowl. There were also tags with names of vegetables on it that you put in the bowl if you wanted some. I was kind of scared of getting food poisoning that night, so I did not order too much, just different types of tofu,



noodles, and one type of vegetable. It was spicy but so delicious and cheap. I did not get sick that night, and I gained the courage to just eat anything and everything in Taiwan. From stinky tofu to pineapple slushies to braised pork feet to squid ink meatballs, I tried it all and surprisingly, they were all delicious.

The next morning, Kevin and I took the bus to the hospital; 53 or 73 was the route we could take. The buses were so convenient, and once we mastered them with Google maps and directions, we could go anywhere in the city, and the bus ride was free within 10km. Furthermore, we rode bikes everywhere because it cost 30 cents per hour. It was affordable and a fast way to get somewhere when we did not want to wait for the bus or wanted the exercise to burn off the daily staple of bubble tea we were drinking. I am not the best

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at riding bicycles, but the street and transportation regulations are set up so well for mopeds and bicycles that I felt safe riding beside cars and buses.

In the hospitals, especially in Otolaryngology, patients were efficiently ushered into a clinic room in outpatient and seen by physicians with a maximum of 10 seconds break between each patient. I had my doubts on how physicians could see more than 40 patients in just the morning clinic, build rapport, and treat the patient, but I was amazed at the skills of the physicians and how fast they got things done while still showing care for the patients. In each appointment, the physicians visualized the area of chief complaint with the endoscopy with beautiful fluidity and expertise and took pictures of normal and abnormal areas. They then showed the pictures to the patients immediately and explained the findings using a pamphlet that consisted of pictures of the ear, nose, etc. with commonly seen problems such as water in the middle ear, bleeding, leukoplakia, etc. The physician then walked through how the patients' endoscopy images differed or was like cancer and other serious problems. The physician immediately scheduled an appointment for surgery if it was serious, and if not, told the patient not to worry. Rapport was established through professionalism of the physician and the patient did not question the physician's choice because everything was explained step by step, and this streamlined the patient care and allowed the clinic time to be shortened instead of building rapport on social conversation. The clinic had more of a mechanical feel than the clinic in the U.S., but patient care was still done well and I experienced a different culture of healthcare.



On a different experience, I was shadowing the dermatology clinic in Chung Shan Hospital when I saw two cases of scabies. One was an elderly woman living in a nursing home who came in with scabies spots across her lower back. The other one was a young boy who came in with his mom. I could see small red spots, and I assumed they were caused by allergic reactions. However, the dermatologist told me that it was scabies, and then I saw how the mom was wearing a glove on the hand that was touching the child. I have heard generally that scabies was an infectious disease and that it was somehow dirty, but when I looked it up and saw that it could spread easily not only by skin contact but through fomite, I became concerned. Mostly, I was confused why the nurse and the physician were not wearing gloves when they were examining the patient and why only certain spots were wiped down after the patient left. When the next patient came in, I stared at the seat where the scabies patient had sat and prayed that this patient would not get scabies. When I asked other medical students if they often saw scabies in the hospital in Taiwan,

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most of them laughed about it and said it was commonly seen, especially in areas like nursing homes and day cares for children, due to crowded spaces and shared washers and dryers. Interestingly, their attitudes towards scabies were more casual and not the typical disgust and grimace that I saw when I mentioned that I saw scabies in Taiwan to people in the U.S. I left the clinic that day, not knowing exactly what I should do with my white coat or the dress that I wore. I kept thinking that the physician did not seem to be scared that it would infect her, so I should be fine.



When I heard from U.S. physicians how extremely infectious scabies is and how the whole room needs to be wiped down and all the clothes need to be properly washed, I got concerned about safety and looked up the transmission of scabies. It turns out, there are two different types of scabies: one is crusted scabies, which is very infectious while the typical scabies is not as infectious. Remembering also that both patients were follow-up patients and that they both just had the typical scabies, I felt relieved. I realized that I was overly concerned because all my life, infectious disease has had a bad reputation and the stigma around it made me think of taking extra precautions that may not entirely be necessary. It made me realize the importance of continuous learning and researching of diseases so that I will have the

right attitudes and precautions towards infectious disease in the future. Even though patients with infectious disease pose a health threat to physicians, knowing the exact risks and probability of infection will help reduce the risks and help the patient understand the exact precaution that they need to take around their family and friends. Because of the stigma around infectious disease, the patient might feel isolated, and their emotional health and social health should be taken into consideration when treating them and informing them of their disease as a physician.

There were so many adventures worth mentioning in Taiwan, like hiking at Dakeng and eating the best yu yuan, exploring the Gaomei wetlands, riding boats in Sun Moon Lake, eating dim sum in Tainan, and going to the night markets. Even the last day, eating at Putien and getting massages were exciting and memorable because we went with amazing friends who we made in Taiwan. Thank you so much for showing us Taichung; we loved every minute of it.



Yilan Liu