My experience as an elective student – a period of growth intertwined with nostalgia

A few weeks before the holidays began, excitement was in the air. Following the completion of our exams, my colleagues and I at UNSW (University of New South Wales) undoubtedly became engrossed chattering about our exciting adventures awaiting us during electives. Having studied abroad for almost a decade, I was excited to launch right into my elective terms at UMMC, eager to lend my hand in caring for the nation that formed my roots and beliefs. I hope this article will illustrate the valuable experiences I have gained throughout my 8 weeks at UMMC, which inadvertently reflects our imperative roles as compassionate doctors of the future, striving for optimal holistic patient care.

A wise doctor once asked me, “What is one thing that is lacking in this world?” Being an immature 18 year old fresh from college, I responded by glumly glancing at my shuffling feet. With a hand on my shoulder, he replied “Communication lacks in this world, and as a future doctor, your role is to change it. By talking is to heal; the most powerful medicine that will heal a lifetime.”

Anecdote 1:

I met Patient X while attending dermatology teaching rounds. We (me and my fellow UMMC colleagues) were told that he was diagnosed with leprosy 6 months ago. As we entered his isolation room, I saw him in bed, hunched over his food tray, his meal untouched. As our professor asked him about how he was coping with his relapse, he responded with few words and occasionally glanced wearily at the 11 pairs of eyes staring at him. Being the ‘lucky last’ to examine his skin, I immediately apologised before I became the 11th person to prod him. My heart melted when I heard his soft response “you need to learn”. This particular experience reminded me of how privileged I was to have a hands-on experience as a medical student in Malaysia whereby patients place their full trust on our “healing hands”. Consequently, we should acknowledge their dignity by communicating our understanding of their suffering, even if it is just by simply asking “Is it alright if...?”

Anecdote 2:

Patient Y was a 65 year old man with poorly managed eczema, whom I saw at dermatology outpatient clinics. First impressions indicated that he was suffering with pain from his erythroderma, with numerous bleeding wounds from scratching. There was a foul smell from his oozing wound on his left shin, which he revealed became infected over the past 3 weeks. Following his admission, I was asked by my professor to assist with his emollient treatment over the next few days. Having seen patients with well-controlled eczema in Australia, I was initially sceptical at this patient’s lack of care towards his condition. However, after becoming acquainted with him over the next few days, I began to learn the value of “talk therapy”, an art of healing that can be the most powerful link between a patient and his doctor. Over the next week, the nurses and I encouraged Patient Y to apply his emollients frequently, and supported him throughout the tedious hours of constant re-applications. Additionally, we repeatedly taught him the proper techniques and sequence of applying the emollients to ensure sufficient absorption and optimal topical efficacy. Two weeks later, both Patient Y and I were equally surprised at the amazing transformation of his skin. At discharge, he jokingly said that it felt like “a baby’s new skin”. In our quest for discovering the best pharmacological or surgical therapies for cure, we have forgotten about the power of words in healing the “suffering mind”. As health professionals, we must never take “talk therapy” for granted, because it may very well be the missing piece of the puzzle especially when we are managing the world’s increasing prevalence of chronic conditions.

Anecdote 3:
“One of the tests of leadership is the ability to recognise a problem before it becomes an emergency”.
Arnold H. Glasow

My 4 weeks at the emergency department proved to be an eye opening experience. Most days, it felt like I have been on an emotional roller coaster ride, as I would leave the hospital with a spectrum of feelings from excitement to disappointment.

Nevertheless, I was forced to face the harsh reality of dealing with inequality, an aspect of medical practice that haunts developing countries far more than developed countries like Australia. I can vividly recall Patient Z, a 42 year old man who was brought in by the ambulance after he experienced some chest pain at work. He was a father of 6 children, and the family breadwinner. He had a background of hypercholesterolemia, type-2 diabetes and a 30 pack year smoking history. This was his 3rd presentation for chest pain, and he is currently on the waiting list for a CABG (coronary artery bypass grafting) surgery for his triple vessel coronary artery disease, as he could not afford it as a private patient. When I asked him whether he has had any GP follow-up like the patients in Australia, he laughed and replied “Healthcare is not free here, and doctors rather give medicine than advice”. This statement highlights the deficiencies in the current practice of cure rather than prevention. As health practitioners, it is essential to be aware of the socioeconomic constraints our patients face. We should attempt to educate our patients about the long term benefits of maintaining their health in the language that they understand. Motivational interviewing can be as simple as, “Fatty foods block the pipes in your heart, so you should eat less of it. If not, you can face a heart attack, which will be very painful and long standing problem in your life”.

Anecdote 4:

“An individual without the knowledge of his/her culture is like a tree without its roots.” Marcus Garvey

Since I left my “tanah air” 10 years ago to Australia, I was initially caught up in the process of assimilating into a foreign culture. My electives enabled me to rediscover my origins, especially when I had the opportunity to mingle with the local students. From conversations containing words from at least 3 different languages to lunch time “mamak” runs, the familiar warmth of being a Malaysian gradually returned; which will fortunately be here to stay. Additionally, it has been a privilege to have been involved in providing healthcare to my fellow countrymen, as there is no other more hospitable country. From the usual “Makan already??” to “Anything also can”, I have been nurtured by the friendliest hospital staff members, and had the fortune of caring for the most obliging patients.

As medical students, we should strive to embrace the multiple facets of medicine throughout our university years, which will equip us with sufficient knowledge to be our patients’ “healing hands”. My dream of becoming a doctor became evident when I realised how precious life was, and in doing my part in preserving it would be my lifetime dedication.

This elective has definitely enriched my learning, and I am grateful to the clinical supervisors and other allied health professionals for their guidance in my endeavours. Similarly, I would like to thank my fellow Malaysian colleagues for their support and hospitality.

Parting words of wisdom: “We must have perseverance and above all confidence in ourselves. We must believe that we are gifted for something, and this at whatever cost must be attained.”

By Michelle Chew, UNSW 6th year medical student, UMMC Elective (December 2012-January 2013)