

## Landon's Chung Shan Report

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My experience at Chung Shan has been incredible. I feel I have learned a great deal during my rotation and the past few weeks has served to fill in some gaps in my knowledge of medicine, but the medical knowledge I have acquired has been completely eclipsed by all that I have learned about Taiwan, Chung Shan, and the wonderful people here.

Because radiological studies are so common in all areas of medicine and I had not previously had any formal training in them, I chose to spend my first two weeks at Chung Shan rotating through the Radiology Department.

This turned out to be an excellent decision. The faculty and residents were all very knowledgeable and took time to teach me all the various radiological studies. I had the opportunity to tour the department and see the CT scanners, MRI machines, gamma knife, ultrasound machines, mammography, and fluoroscopy. A typical day for me consisted of going to morning report, shadowing an attending while they read CT, MRI, or other images, then I would take a break for lunch, go to an intern lecture, attend a conference, and go home.

I believe one of the strongest parts of this rotation was its didactics. I received many different lectures and went to many joint conferences with other departments so that I could see how radiology interacted with other specialties. I learned about

everything from how an MRI machine works, to variant anatomy of the biliary tree. My favorite lectures were the intern lectures. Since these were specifically designed for students, they covered basic concepts in radiology. We learned such things as how to read a chest x-ray and how to identify acute appendicitis. Also, I got to know several Chung Shan students on this rotation. They were able to answer a lot of my questions, and through them I learned a great deal about the practice of medicine in Taiwan and how it differs from the United States .

While in radiology I had the opportunity to see many different types of pathology and to observe many different procedures and imaging studies. As part of intern teaching, I learned about abdominal ultrasound, and I was able to practice on some of my classmates. We were able to identify the liver, spleen, kidneys, bladder, prostate, portal system, gallbladder, and other interesting anatomy. We learned about the use of Doppler to identify structures, and which ultrasound probes to use in different situations. No matter how good didactics are, it is no substitute for hands on experience.

Of course, computer tomography has become such an integral part of diagnosis today, I was able to observe a large number of CTs and hone my ability to read them. Although I was very familiar with CT, I learned about some new applications of the procedure. The chief resident, Dr. Wu taught me about virtual endoscopy, where CT images are interpreted by a computer and an image is regenerated so that it allows the operator to move through the bowel lumen so that it looks like colonoscopy. In the United States I had learned about using new high speed CT images of the heart to predict coronary vessel patency. At UAB, it is agreed that this is a useful test, but there are concerns about having enough radiologists to read the images, so the test has not yet been adopted. At Chung Shan, however, the test is already being performed, and for certain patients, may speed up diagnosis and treatment or may replace more invasive procedures such as cardiac catheterization.

One highlight of my radiology experience was when I observed some interventional cases. I saw a patient who was

diagnosed with an intracranial tumor, but before he could undergo surgery, the blood supply to the tumor had to be cut off by sclerosing the artery supplying it via angiography. A catheter was inserted in the groin and snaked up to the brain, and after mapping the arterial system with a dye that shows up on fluoroscopy, a material was injected into the artery, causing it to close. The patient then complained of some dizziness because the blood supply to the vestibular apparatus was also affected. It was very interesting to see the anatomy and how it is clinically relevant.

I spent my third week at Chung Shan in the Ophthalmology Department. I learned how to use a slit lamp and I observed laser treatments for diabetic retinopathy. Later on in the week, I went to the operating room and observed a surgery to correct strabismus and a lens replacement for a glaucoma patient. One interesting thing I never would have learned in the U.S. is that because of the prominent medial canthi, many Asian kids have pseudo-strabismus, meaning that they appear to be cross-eyed, but actually are not. I learned how to tell the difference, and also how to correct true strabismus.

My last week was spent in the Pathology Department. Most of my time was spent having an attending go through slides and showing all the different pathology. Since my pathology course two years ago, I had not seen any pathology slides, so it was very useful to get a refresher course at the end of medical school. One day I was taught the process of immunohistochemical staining. In this procedure, antibodies are attached to a specimen so that cancerous cells can be distinguished. It was painstaking work, but at the end of the day my slide turned out well, and we were able to view the differences between the cancerous and normal cells.

Throughout my month at Chung Shan I learned about differences between the practice of medicine in Taiwan and the United States . While some diseases such as diabetes and hypertension seem to be ubiquitous throughout the world, in the U.S. diseases such as HIV and Sickle Cell Anemia are major health concerns but are virtually absent in Taiwan . Conversely, there

is much more hepatocellular carcinoma, tuberculosis, and oral cancer in Taiwan than there is in the United States . Perhaps because of the close living conditions or the increased incidence of TB, people in Taiwan seem to be much more conscious of infectious diseases that their counterparts in the United States . While in Taiwan , it is common to see people wearing face masks on the street, in the U.S. the only place you will encounter them is inside the operating room. However, despite a few differences between the health care between our two nations, I believe they have many more similarities than differences, and patients receive outstanding care in both systems.

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