

Psychiatry
National Taiwan University Hospital
Taiwan

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Overall this was an excellent experience. During my stay I was able to participate in various aspects of psychiatric education.

My first few days were spent in the locked inpatient ward, before the medical students arrived. This time was unscheduled and I spent some of my time following residents during their interviews with patients. It was most helpful when I was assigned to a particular resident for the day so it was clear what my role was for that day. During this time I also got to attend a morning meeting with the attending, residents, nurses, and social workers to discuss all the patients on the ward. Although I only attended this once, it was very informative. I was surprised how similar this process was to the one in the US.

Once the NTUH students began their clerkship I began to adopt their schedule. The actual class material, including the ethics talks, was very similar to our curriculum at my own school. One major difference is the inclusion of ICD-10 criteria. It is still unclear to me which system (ICD-10 vs. DSMIV) is used to diagnose patients.

I was surprised how much of the texts and required readings were in English. The actual lectures were difficult at times to understand secondary to my inadequate Chinese proficiency, but my classmates were able to provide translation when needed.

The outpatient clinic sessions were excellent and the VS were very willing to hold discussions and answer questions between patients. My previous outpatient sessions in the US rarely had more than 2 students at a time and this I didn't expect to see up to 6-7 students in one room. The patients and their families didn't seem to mind and that was quite informative.

The inpatient ward experience was a little mixed. I was fortunate enough to have one English speaking patient in each ward so there was not a language barrier during this time. Because of that, I felt I had the opportunity to explore cultural differences in psychiatry between my home country and Taiwan. Through daily sessions, I could inquire about the role of family in the care of the patients and the stigma surrounding psychiatric care in Taiwan. In addition, I observed the differences between the patients in Taiwan and those in the US. Because of the lack of funding, the patients in the US usually only stay between 7 and 10 days, versus 30+ days in Taiwan. This long term care provided an excellent way to watch the course of an illness and was very enlightening.

While I saw my patients everyday, my NTUH student counterparts saw theirs approximately once a week. This left me with questions about how much exposure is needed to fully provide the first glimpse of psychiatry. It appeared that the US system placed more emphasis on exposure to more patients, where students carry 2-3 patients and write notes daily. In addition the students are expected to play a role in the care of the patient as part of a team. They are expected to attend morning rounds with the residents and attending on a daily basis to discuss treatment changes in prognosis. During my experience in Taiwan, I discussed my patients once with an attending and a few times with the interns

and residents. If I had questions about my patients' care, leaving a note in the chart seemed to be the most effective way to communicate.

An extremely positive experience was going to Ba Li to observe a chronic care facility. All future visiting students should go at least once. The innovation and flexibility of the staff allow patients to live productive lives (baking bread, raising goats, etc) was wonderful to see. The facilities were extremely neat and the staff was quite impressive in terms of their commitment to these patients.

For future participants, it may be helpful to provide opportunities to observe patients in the emergency department with a consult liaison. If it is possible it would be extremely beneficial if a beeper could be provided. The day for the NTUH psychiatry student usually has a lot of free time, and it might be a good idea to use this time for the visiting student to experience consult liaison psychiatry if the opportunity arises. Another option would be to block one week to follow the consult liaison resident or the resident that covers the emergency department.