AFTER ACTIVITY REPORT
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
WALTER REED NATIONAL MILITARY MEDICAL CENTER

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Advanced Trauma Life Support (September 19 – 21)

We started our training with a two and a half day course on Advanced Trauma Life Support (ATLS). The course was fast-paced, extensive, and grueling given the wide breadth of lecture content that we had to learn and the technical skills we needed to acquire in just a few days. This was on top of the jetlag I had yet to overcome at that time.

The ATLS course was a unique and wonderful learning experience for me nevertheless. I was able to see how advance trauma life support is done in a developed nation such as the United States. Furthermore, being in a military hospital such as USUHS – WRNMMC, the course also involved trauma care in the context of battlefield trauma, which made it all the more interesting. The participants were mostly military personnel from all around the world with me being among the few civilian participants.

The course involved several lectures each day with different speakers from different aspects of trauma care (e.g. trauma surgeon, pediatric urologist, orthopedic surgeon). It was interesting to hear their different experiences and how they have utilized the knowledge and skills in ATLS in saving lives during their tours in Afghanistan or Pakistan. After the series of lectures, we did skills session on different live-saving procedures including intubation, chest tube insertion, cricothyroidotomy, FAST, DPL, and radiograph interpretation.

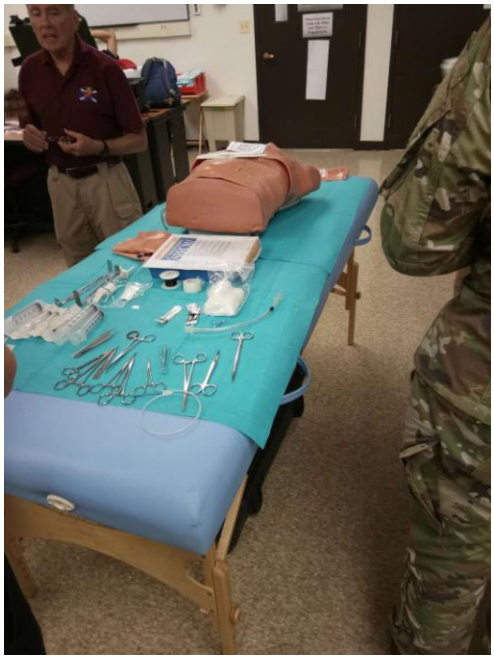

Figure 1. Dr. Kelleher, Professor of Anatomy at USUHS and a General Surgeon at Walter Reed demonstrating to participants how to perform chest tube insertion and cricothyroidotomy (photo taken with permission)

The course culminated with both a practical exam and a written exam for which I had to prepare intensively. Both exams proved to be very difficult as the written exam was very case-specific and case-heavy and the practical exam was a timed simulation with several theoretical questions at the side.

Surgical Oncology Rotation (September 24 – October 5)

I started my rotation proper with the Surgical Oncology team. The team is composed of several attending surgeons, a chief resident, a fourth year, second year, and a first year resident (intern). I was with three other medical students from USUHS and other medical schools. The morning starts with inpatient rounds at 0630 in the morning usually led by the chief resident. The service would usually have 2-3 patients to round twice, once in the morning and then in the afternoon at 1600. The experience was very unique as I would be the only civilian in civilian attire tagging along a team of doctors and medical students wearing military uniforms.

On Tuesdays and Wednesdays, I would join the other medical students to the breast clinic and surgical oncology clinic and shadow the attending and residents as they see patients. I was able to note the differences in how outpatient clinic is held in Walter Reed and in PGH. In Walter Reed, there were several examining rooms in which a patient will be seen each with an examining bed, equipment closet, and computer. The patient will be brought to the examining room and the doctor will walk to that room to conduct the interview and physical examination

behind closed doors. In PGH, on the other hand, patients go to the doctor to be interviewed in stalls not so far from the next doctor and patient. Admittedly, patient confidentiality may be compromised in the setup of PGH. This, however, is due to the sheer volume of patients each day and limited space available.

Wednesday is also academics day for the department wherein different speakers will talk on interesting topics regarding the practice of surgery, updates on guidelines, and their own experiences especially on combat medicine. The academics day was a good avenue to discover the latest advancements in surgery and surgical education. After the series of lectures, "M & M" conference (morbidity and mortality) is held to discuss the different cases seen during the week. Attending surgeons are also present to ask questions and provide comments or suggestion to the residents in training.

On Thursdays and Fridays after morning rounds, I would go up to the operating room to observe in procedures. Most of the procedures I saw revolved around breast cases and occasionally bigger cases like the exploratory laparotomy for Gastrointestinal Stromal Tumor (GIST). The operating rooms at Walter Reed were visibly more spacious and had more resources available. Most of the time, I observed operations through TV screens that project the operative field. Also, majority of the materials and equipment were single use. Generally, however, the basic setup is similar in both Walter Reed and PGH.

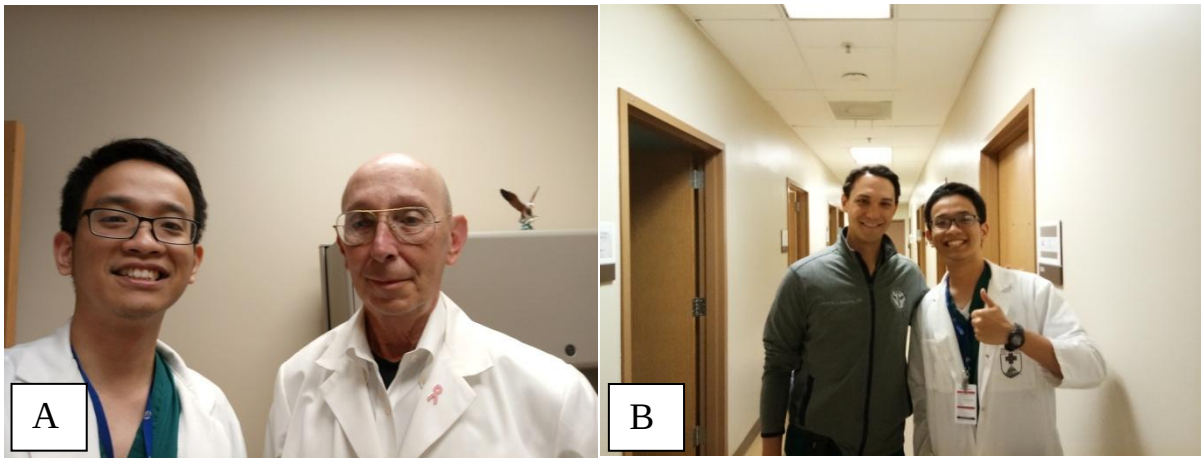

Figure 2. A. Dr. Wind, one of the surgical oncologists I got to work with during my rotation in surgical oncology B. Dr. Soo Hoo, the chief resident of the surgical oncology team during my rotation

Vascular Surgery Rotation (September 24 – October 18)

Having an interest in vascular surgery, I joined the vascular surgery team as my second rotation during the elective. The vascular team was smaller than the Surgical Oncology team. The team was, aside from the attending surgeons, composed of a chief resident, an intern, and then two medical students (one of which was me). Because of the size, I had more opportunity to be involved in the daily activities of the team. I had the chance to interact more with the inpatients of the service. Although the number of operations during my rotation was limited, I was still able to observe several procedures more closely including debridement, radiofrequency ablation, split thickness skin grafting, and balloon angioplasty and stenting. There was a time that the vascular team had to cover for the cardiothoracic team too so I was able to observe a DaVinci VATS procedure.

Academics during my rotation in vascular surgery was also a very interesting experience as I was able to listen to interesting lectures on vascular trauma from a vascular surgeon from Sri Lanka, global surgery involving medical students from USUHS going to different countries and learning surgery there, and many more. It was also this time that I learned of a technique called resuscitative endovascular balloon occlusion of the aorta (REBOA) utilized in battlefield trauma care to control hemorrhage. I even had the privilege to meet Dr. Norman Rich, one of the pioneers of vascular trauma surgery.

Figure 2. Privileged to have met Dr. Norman Rich, a world-renowned vascular surgeon, after academics day

I met very passionate attending surgeons and residents in the vascular team. I got to interact with the team at a more personal level and had the chance to tell them about the difference of the system in the Philippines. The exchange of ideas allowed me to learn more about not just vascular surgery but the health system in a wider perspective. I had a great time discussing cases with Dr. Kevin Brown, Dr. J. Brown, and Dr. Rasmsussen. They were very passionate about teaching and made sure I maximized my learning during my rotation. Interestingly, I found out that the chief resident of the vascular team had his rotation in PGH

when he was an MS4 student. This made the exchange of perspectives all the more meaningful and interesting.

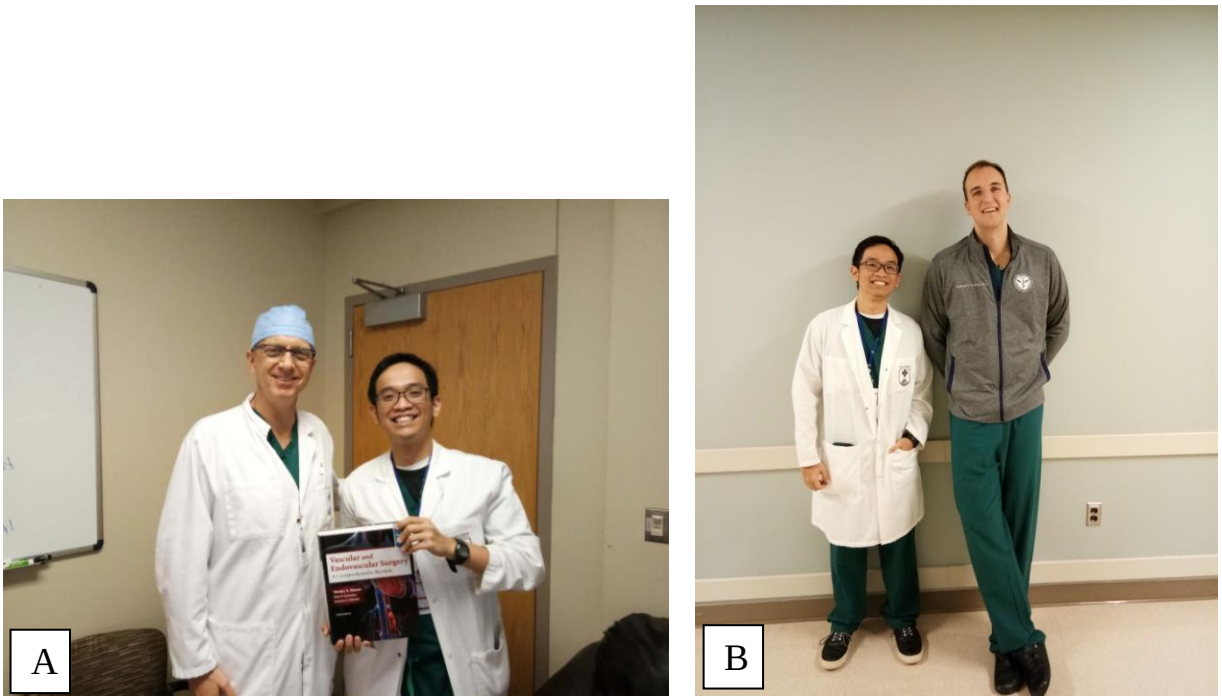

Figure 3. A. Dr. Todd Rasmussen, a vascular surgeon on the vascular team, handing me a Vascular Surgery textbook as a parting gift on my last day B. Dr. Kaufman, chief resident on the vascular team, rotated at the Philippine General Hospital as a fourth year medical student in 2013

Simulation Laboratory

Occasionally when time permits, I would make my way to the simulation laboratory housing sophisticate simulation equipments. The simulation laboratory had laparoscopic simulators, endoscopic simulators, a cataract surgery simulator, a birthing facility simulator, ICU simulator, a complete OR simulator, and lots of basic skills simulator. I had an amazing time there under the mentoring of Dr. McNamee, the director of the surgical skills laboratory. I had the opportunity to improve my suturing and knot tying skills and also to improve on eye-hand coordination and bimanual dexterity. To push my skills further, I was even put to a test. I had to teach corpsmen who have never touched suturing instruments before how to do suturing! Truly teaching is a higher level of skill requiring both passion and knowledge at the same time.

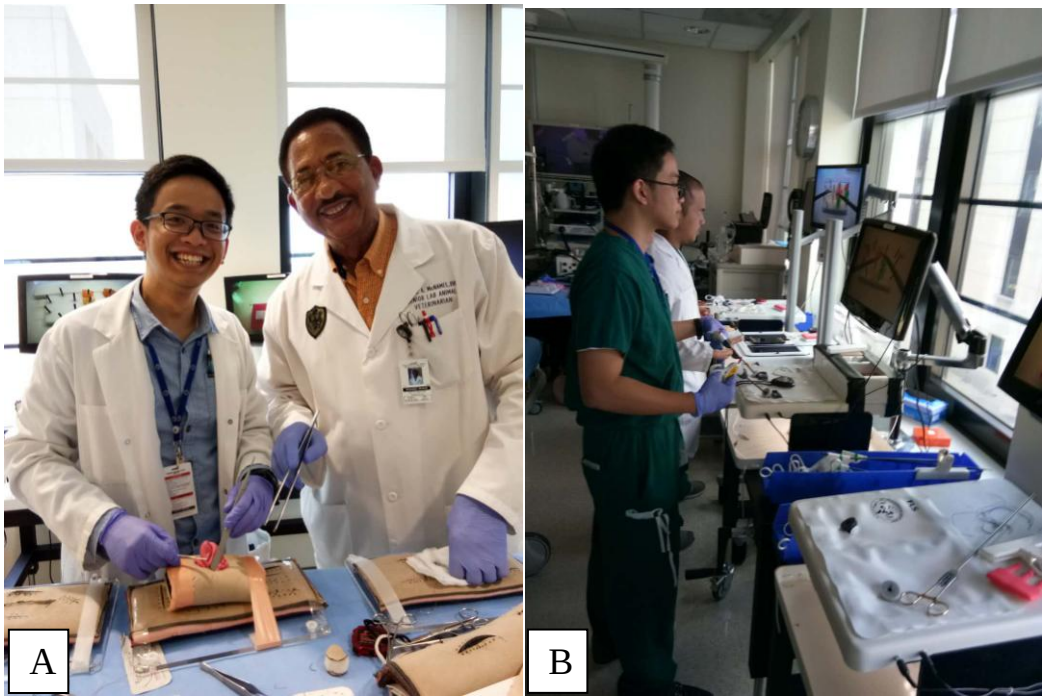

Figure 4. A. Dr. McNamee teaching me how to do a colostomy on a simulator B. Laparoscopic equipment used by all medical students and surgeons in different levels of training to allow them to get a preview of the actual operation

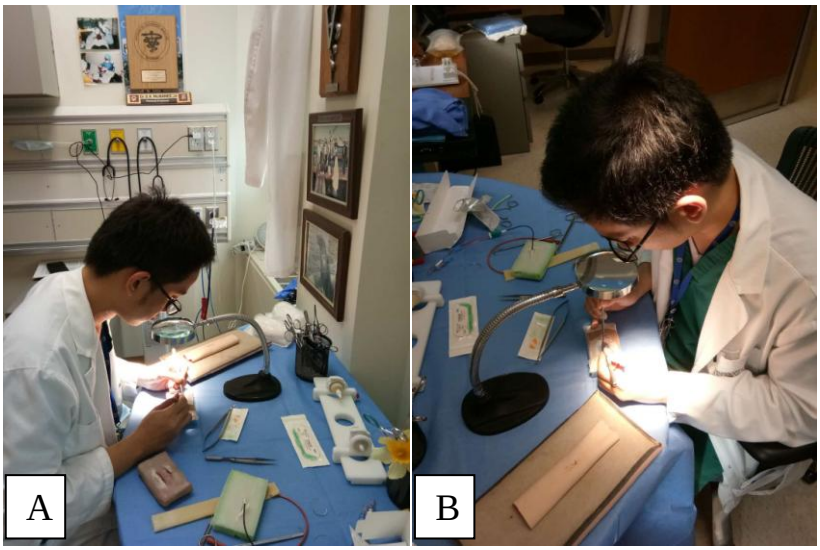

Figure 5. A,B. Trying the microsurgery simulator with a magnifying lens simulating surgical loupes

Life Outside the Hospital

My one month of elective in the US was made all the more splendid by my experiences outside the hospital. During weekends, I would go out and explore the different famous destinations and indulge myself in history, art, and culture; these are things that are usually taken for granted or neglected by a digitalized and fast-paced world. I was able to visit different states with friends and family.

Figure 9. A. Weekend travels with my relatives from New Jersey B. My friend, Whitney Bronson, who visited me in Maryland from North Carolina

It was truly an honor and privilege to have the chance to meet the great men and women alumni of my own university from the University of the Philippines Medical Alumni Society in America (UPMASA) Maryland chapter. These were the people whose efforts and supports were vital in making this exchange happen. We spent a wonderful afternoon over a bountiful lunch meal talking about our experiences, our fields of interest, and our plans in the future.

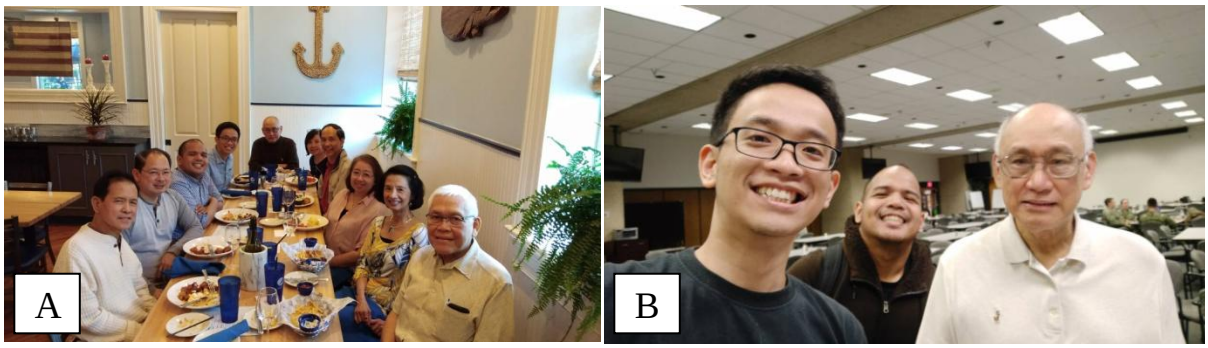

Figure 10. A. Luncheon meeting with UPMASA Maryland Chapter at Nantucket Reef B. With Dr. Cabellon, one of the key persons directly involved in our exchange

An integral part of my wonderful experience was my foster home and my foster family. I had a loving family who took good care of me and fed me bountifully during my four week stay. My family, especially my foster mom who to me was like my second mother, would drive me to and from the hospital. They made sure I was comfortable in terms of my board and lodging. My foster mother even brought me to Harper's Ferry in West Virginia where I had a splendid time

marveling at the rich history and culture of that place. I truly found my home with them during my stay in Maryland.

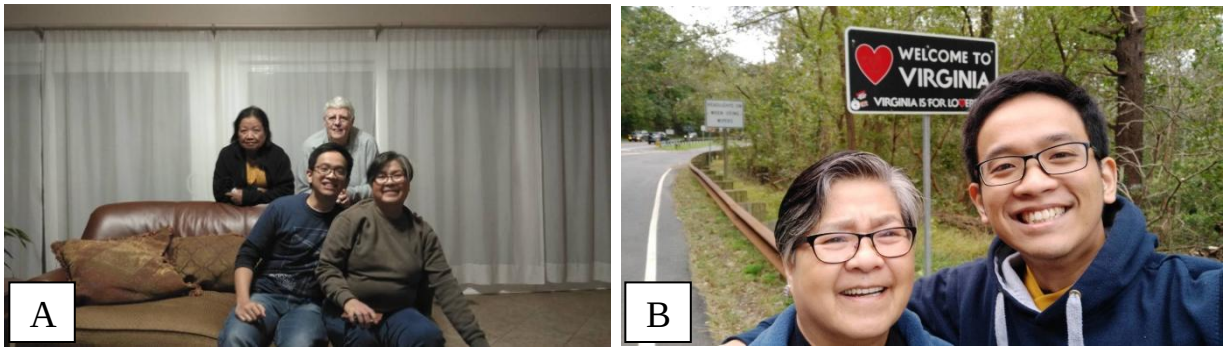

Figure 11. A. Photograph with my foster family at their lovely home on my last evening in Maryland B. Ms. Paz Aquino, my foster mother, brought me to Harper's Ferry on my last weekend

Recommendations

A point for improvement regarding the exchange is logistics. There was difficulty getting the necessary documents that will allow me to gain access to the base. Also, it took a while before I got my ID badge that will permit me to walk around the hospital premise. In fact, I was challenged by a resident once because I did not have the ID badge while I was shadowing in the clinic. Moreover, I think it would have been more efficient if we were given the different options of the services we can join ahead of time. This way the schedule would be set up earlier on and that the residents will not be surprised of the presence of exchange students. This is also to avoid the difficulty of not being able to accommodate us because of too many students.

Conclusion

My overall experience of the elective program was excellent. Although there were minor glitches along the way, I had a great time learning and basking in the wisdom of great men and women of medicine and surgery and learning from their passion and ideals. I also learned new ways of thinking and handling challenges.

Rapid globalization and ease of travel have made access to information and the exchange of ideas and expertise easier. And as we go further into the 21st century, we are faced with the rapidly growing challenges in medicine and healthcare requiring the fields of surgery and medicine to catch up. Exchange programs such as this are one of the ways that medicine and surgery can continue to progress and develop. As both sides continue to venture into future exchanges, we are reminded that we all have many things to learn from each other, not just medically, but culturally as well.