

# Transformation from medical learner to a professional engager - Discussion about first year undergraduate two-week internship

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**Abstract-** This paper shows a two-week internship report of medical learner in first year undergraduate course. It introduces what medical learner participated the medical professional engagement; how they observed daily clinical working environment in hospital. Also, the transformation of medical learner has been shaping base on these comprehensive experience, not only professional behaviors, but also psychological maturity. The discussion about how a short period time of internship would be able to create a life-long impact to the first-year medical undergraduate.

**Index Terms-** Internship, medical learner, professional engager, learning perspective, professionalism

## I. INTRODUCTION

Universities' internship is very important educational intervention for undergraduates. In UK, most universities have an optional year for undergraduates to do the internship before final year. In US, all top universities encouraged their student to do the internship during summer vacation. In Chinese high education system, there is a whole year internship for final year universities' student before they graduate.

This internship has done at first-year first semester. It is the part of the course introduction clinical medicine. The following shows base information about internship:

1. Organization: The First School of Clinical Sciences/The First Affiliated Hospital of Guangxi Medical University
2. Department: Cardiothoracic Surgery
3. Duration: 14 days
4. Cases involve: (more than 100) lung cancer, pneumopathy, adenocarcinoma of the lung, esophagectomy, palmar hyperhidrosis etc.

The following demonstrate three different parts, watching, thinking and handling. It is the description of the entire internship process. As well as processing, a discussion about the transformation of medical learner to professional engager.

## II. WATCHING

According to the students' future professional purpose

individually, the organization send them to different department to learn. My future medical studies goal, is to become a surgery of combined cardiopulmonary transplantation.

### 2.1 Electronic patient's record management system

After I am finishing registration with departmental secretary, I start to use doctor's PC. I learned how to review the patient's record base on the leading of demonstrator. This is the intranet of hospital database, all patients record and related data are store on-line, such as basic information, inspection, preliminary diagnosis. A couple of findings were being found:

- Lung cancer patient middle late stage most, 50 – 70 years old most
- Lung cancer patient has young people, 30 to 45 years old, all late stage
- Lung cancer patient all smoking more than ten years
- Lung cancer patient come to hospital after clear symptom most, such long-term cough, expectoration, chest pain; only a few patients knew they had pulmonary nodule before
- Lung cancer patient had medical insurance, who corporates treatment with doctor; self-funding patient did not corporate and quit.

Doctor would be able to grasp state of an illness in every patient anytime anywhere base on electronic patient's record. It is a replacement of traditional paper work and out of date working procedure. This new digital medical information management system is more speedily, precisely and comprehensively tracking the treatment, up-to-date diagnosis, pre-post operation summary etc. As well as this professional coverage, it is used easily by anyone who in different age, background, professional stage and perspective.

### 2.2 Outpatient

After familiarize the electronic patient's record management system, I was following the teacher to outpatient department to receive patients. It is the busiest place in the hospital, especially, The First Affiliated Hospital of Guangxi Medical University, which is the best hospital in Guangxi Province. All patients must make appointment through phone, WeChat APP and other internet device. Some of them were transferred from countryside or any other smaller hospitals. As well as the patients who would like to do operations, wait and line up during the whole procedure, apart of some emergency cases. There is no time for break when

receiving patient in outpatient department, because so many people intend to register appointments, some of the patients run out of their patient and need to be communicated by nurse.

### 2.3 Morning meeting of handover physicians and nurses

Handover both physicians and nurses occur every morning eight o'clock. All physicians and nurses are listening to duty physician and nurse report, and patients' conditions in each ward, as well as their treatments. Senior physicians also discussed outstanding cases. The communicational problem between physicians and patient are raised during morning handover, both physicians and nurse would be able to carry on the communications. Head of the department and some senior

## III. THINKING

Work of physicians are repeated but changeable. The duplicates are working procedures, the changes are situation of patients. The repeatable working procedures responses changeable situation of patients, which requested physician competence of compression resistance, consistently and substantially.

### 3.1 Tuesday seminar

Tuesday morning is the group studying time, starting from 7:30 am every Tuesday, before 9:00 the end. Presenters are the senior mid-age experts, head of the whole surgery department also attended. The contents of meeting are all relative technologies and equipment updated, as well as internal administrative business. It is very popular of this Tuesday morning seminar. Everyone is listening to the speaker seriously, even the night shift physicians.

### 3.2 Changing and replace the medicine

Patients are remedied by surgical treatment in thoracic surgery department mainly. The vulnus and dress change and medicines are very important. The process of dress change and medicines for vulnus implement by physicians, and update e-record of patient before and after in order to tracking the treatment from any other physicians. We should be aware the intention of replacing medicine, as well as the indication and regulations.

Each patient needs a closed thoracic drainage tube after operation, so that the thoracic gases and hydrops eliminates to water-sealed bottle. Therefore, the lung tissue reopens and recoveries function. Physicians should be tracking closed thoracic drainage tube and water-sealed bottle in order to give compatible treatment.

### 3.3 Pre-operation studies

My third day in the department is departmental surgical day. I have been given introduction of working procedure and operation arrangement. I was studying every forthcoming operation details for half day seriously and understanding the procedure and regulations in operation room.

## IV. HANDLING

Surgeon is more like warrior in battlefield with real gun and bullets, meanwhile, operation room is the key place examines medical students' knowledge and skills. Operation room is a

physicians concluded meeting, gave suggestions in order to solve the difficulties.

### 2.4 Senior consultant doctor group check patient in ward

After morning handover, department head and all physician would do a ward check: consultant every resident patient; managing physician treatment processing; consequence treatment in order to diagnose further and better actions; understanding problems and difficulties within early treatment. Patients' families would answer questions about diet during ward checking.

special place, it requires germ-free totally, everything was placed at specific allocation, as well as limitation of motion for all people. The operation functional staff members are: head of surgical operation, first assistant, second assistant, anesthesiologist, first surgical nurse, second surgical nurse, six in total.

### 4.1 Changing in operation room

We must change sterile clothing, gauze mask, hat, shoes for germ-free, as well as deeply clean hands. Surgical hand eliminated is very strict and need specific liquid and procedures.

### 4.2 Changing in operation room

Patient is the 74 years old lung cancer; he needs to implement a pneumonectomy. We need to clean 12 groups lymphedemas, then remove part of the lung. According to data of videos, the lymphedemas cleaning must implement by main surgery as soon as possible, then find the target cancerous parts and removed. The attending physician used to study at West China Center of Medical Sciences, Sichuan University. He introduced me different kinds of the pulmonary surgery and relative knowledges, as well as his experiences.

### 4.3 Embarrassing in operation room

There are ten operations I have been studying, two of them are acrohyperhidrosis, 21 and 22 years old respectively, male and female one each. The length of operation both are not very long, within an hour would be able to finish. They both occurred the accidents. The girl was crying before anesthesia because she never experiences the operations. Physician and nurse talk to her and stabilize her emotion first. The boy was postoperative mania. He was staying an hour after operation because he wants to move aimlessly. We must press down and not let go of him in case his wound reopens.

### 4.4 The danger of medical worker in operation room

Guangxi province is located tropical district, morbidity of infectious diseases is very high. According to my studies of 10 operations, there is an HBV patient, DNA positive, infective period. All physicians and nurses would be informed before, protections are essential in case accidents. However, accidents occurred, the assistant is a year one postgraduate student, cooperation with attending surgery is not very familiarized. He pricked attending surgery when passing suture needle, fortunately, the suture needle did not be used. And nurse treat wound. All physician and nurse were injected HBV vaccine.

### 4.5 Heartquake in operation room

My internship completed in the Chinese New Year. There are so many party and functions for most of people. We have an

emergence, fish bone stacked esophagus. A few days already, the esophagus suppurated and unabating high fever.

Three of fourth fish bone inside the esophagus, and the special sharp, it is not easy to take out.

Senior surgery did this operation, we have been learned how experience and skillful physician dealing this emergence case.

4.6 Time for me to move

According to this two day of learning in operation room, I was getting busy to help and move under senior physician super-vised. Help physician and nurse lay out the correct operational positions, wear aseptic clothes, grasped the machine and equipment in right order, check the working situation of the electronics device. Every time I move out the patient from operation room, their families was waiting and crying. The experience physician would settle their emotion and introduced operation outcome.

Every time we saw the patient's families was waiting outside the operation room cry with joy, our hard work is worth.

Two weeks internship was very busy and joyful. However, it certain my determination and faith to be a doctor at future base on the difficulties and hardships. I am one of the students at china medical university, it is one of best medical university in china. I am very proud of it!

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