

Country girl's self-discovery

의대 4학년 양한별

Growing up in a small rural community, I was outstanding student in that small. I have always kept my hands with books or questioning about everything. My parent often said 'You have your talent not only for yourself and family but also for community and whole world. never waste and misuse it. Be ambitious but be modesty. Think better and bigger.' That words really influenced for a little girl. It made a little country girl become a very diligent, well-disposed, challenging, and with a full of sense of mission about life and society.

I wanted to know the world and myself well. So I applied to Jinsung High school which is a boarding school located in downtown area. It was a starting event of my path to self-discovery. As a high school student, I was highly motivated student for everything. I not only strived to concentrate on studies, but also made many different kinds of friends, participated in various extracurricular activities like community service, various sports, dance club etc. In the boarding school I internalized my highly valid life styles, which is critical items for my later life.

When I was a high school girl, I was highly motivated by Air Force Academy and dreaming to be air force fighter, as I want to be stronger and more independent. (Later this dream did not come true due to my eye-sight medical check-up). I joined the Republic of Korea Air Force Academy at the top of my class after graduating from high school. It had been 12th year in which women were accepted, and I was one of 16 female high school graduates entered the Air Force Academy. I had gone through harsh military training course and study at the same time. Although I got some peer-pressures as a woman in the totally manly society, I did my best on training and studying. I finally got a good evaluation multi-dimensionally. I also did various extracurricular activities like cheer leading, judo, and community service. Especially for the community service, I started do it from freshman and then I re-organized and systematized that service to make more peer to participate in it when I was 4th year.

These experiences are really helpful to me not only to make rural girl be stronger but also to find out myself. At the end of the 4 years of hard training and various experiences, I finally realized that the happiest moment is when I'm helping other peoples who are in

trouble. At the same time, feeling strong pride of the honor of a soldier, I want to keep my military career. Therefore, I applied to be a medical officer. I thought it would fulfill my own demand, and still I believe today it was right decision.

As a medical school student, I made my own goal: becoming pioneer at my own specialty in something I'm interested in and something really can help patients, military, and society. Ministry of National Defense has been trying to improve the quality of military hospital and the care they provide. Working with Seoul National University Hospital, Ministry of National Defense has decided to build military trauma center by 2018, where most common traumatic injuries will be treated. So I eager to be a talented person in the upcoming trauma center. Unfortunately, I hadn't experienced trauma center before I went to The George Washington University Hospital(GWUH). So I had little information about it and only vague dreams to do something, without any ideas for what to do. Because The GWUH is known for well-settled level1 trauma center and giving extensive opportunities to students even if they are foreign students, I applied to this hospital. I could have much more incredible experiences from that than I expected! The GWUH of the Department of Surgery clerkship gave me inspiration and insights for my future career.

Things, however, did not always go well for me. What I applied for was orthopedic surgery. I have been interested in orthopedic trauma care because I saw many of my classmates became orthopedic patients in military training or sports. But at the first day in the D.C I was notified that I couldn't do the orthopedic rotation. They said I can do the General Surgery rotations. I was disappointed. But there is no reason to be depressed longer in this beautiful city. I decided to do GS rotation to find out differences in systems and to be used to using foreign language in medicine. It was totally meaningful to me because it is my first to study or work abroad. I will never forget the moment when I walked in the hall to take rotation orientation. It is the first time to be in the middle of the foreign people who never understand my mother tongue; Korean. Honestly, at that time, I can only understand less than 50% of speaking around me. OMG. I muttered to myself 'I had thought I was good at English...but not!! I want to go home.' However, I hung there and finally made it! I also requested the hospital acceptance to do trauma surgery rotation to find out how trauma center run. And it worked! So I finally was confirmed to do GS for 2 weeks and Trauma for 2weeks.

2weeks in General Surgery

I worked as a member of the team 'Depalma' which has a subspecialty in thoracic and colorectal surgery. Each surgery team is organized with attendings(=Professor), residents, Interns, and students as members. Students are required not only to learn but also do as a team player. I usually had 2 or 3 patient. It was sometimes assigned by residents or attendings but usually I should choose my own patients. From then, I had responsibility for these patients. As student do oral presentations in a SOAP format at every morning rounds, I had to prepare it by looking through the charts and going to see the patients, so-called pre-rounds at 5AM.

After morning rounds, I went to clinic or operation room. For the clinic, I reviewed attending's list of patients and saw outpatient. After taking history and doing physical examination, I did oral presentation to the attending in SOAP format as well. Then I saw the same patient again with attending and get feedback and wrote down the clinic notes. For the OR, I scrubbed in and did some procedures like holding, cut, suture, tie, etc. The main purpose is observation and learning. What I did in OR was quite similar with SNU program. All of the team members gathered and discussed one of the team's interesting cases twice a week. It is called Education rounds or Conference:

To do these jobs and educations, I had to face language problem several times. To overcome it and adapt myself to the new environments, I made my own tactics.

At first, I intentionally exposed myself to the environment I have to use English. I tried to talk to every single person I met, to mix with GWU medical students, and to hang out with them. Fortunately, they are usually so nice and kind that they not only responded whatever I said but also helped me to adjust new system a lot. I could make super nice friends in GWUH.

Secondly, I looked for the language exchange partners who live in D.C to improve and define my language skill. I searched on websites all the people who can help me in English and want to learn Korean and plucked up the courage to ask them to help me. Where there's a will, there's a way. I could meet a highly qualified exchange partner. We helped each other on regular meeting and SNS several times. Even we promised to continue exchange meeting after I return to Korea.

Third, to improve hospital English, I recorded my team discussions with my cellphone without my teams knowing and kept listening to the recordings or youtube video about

hospital English when I was at home. Since I work with the same crew, it was effective way for me to get used to their conversation to directly record and listen to it. I also found out several high-qualified medical presentation videos in Youtube and I practiced it several times.

These tactics really worked! I got used to new language and new circumstances in a week.

2weeks in Trauma Surgery

When I got used to GWU hospital and got qualified to work as a surgery team player, I started Trauma center rotation. So I was ready to be more confident and active. All the trauma team members are supposed to wear scrubs all day or on-call so that we can immediately response for trauma broadcasts. When Trauma comes up, it is broadcasted as 'Trauma Yellow' or 'Trauma White' depending on Patient's status. Then All the team members run down to the Trauma bay. I did or supported Primary & Secondary survey(ABCDE). When I was supporting it, I'm supposed to say nothing. But when I was doing it, I had to speak loudly or my team couldn't hear me. So I was almost yelling.

Inpatient care, Clinic, Operation room, and educational rounds were similar with general surgery rotation. Students participate on inpatients care not only for morning round presentation but also for making them walk, dressing surgical wounds, helping patients what they want.

Having been my main purpose to come to USA, I investigated about trauma center by interviewing with CTACC Chief attending (Center for Traumas & Critical Care / Dr. Sarani) I also asked Dr. Sarani who is a chief attending In GWUH trauma center for counsel about my career.

Q. Definition of the Trauma Center in USA

There is no national rule about trauma center. The one thing that everybody has in common is that The Departments of Health of each states give the name of 'Trauma center'. How they decided to do that is different, but their basis is the same. It is 'RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT' published by AMERICAN COLLEGE OF SURGEONS. Some states may take it without change, others may take it with small or large changes.

Q. Classification of Trauma center levels in USA

States has divided Trauma center into 3 levels as follow

Level 1	Trained trauma surgeon attending, anesthesia attending and ICU residency has to get to patient's bedside in person in 15min after activation.	Research Teaching Residency
Level 2	Operating rooms must get ready and open in 15min. CT, Blood bank, laboratory must be available for 24hours. Neurosurgeon residency, orthopaedic residency, Interventional Radiologist residency has to can work in 30min.	
Level 3		

Q. Rule

General: The 'RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT' shows many rules which is divided in 2 types. If a trauma center has one type1 deficiency or three type 2 deficiencies, it has to be closed. If a trauma center has two type 2 deficiencies, it would be closed unless it corrects the errors in 1year.

Example for Type2: The trauma surgeon must be dedicated to a single trauma center when he or she is on-call. If they work on more than 2 centers, hospital has to fix that problem in 1 year.

Example for Type1: The trauma surgeon has to have back-up call schedule. In this case, center automatically shut down.

Q. Registry national wide data base

All the information about patients who came into trauma center has to be entered into special computer program. Every hospital has secretary who does this work. This rule is not only for the research but also for the national policy. Government is referring this information to know what kind of problem is mainly occurred in specific area. A hospital is to have proper rule and protocol about high-incidence types of injury for it has using this database. For example, having a lot of old people falls cases, bicycle crashes and car crashes, the GWU hospital need to make proper protocol for each types of injuries.

Q. Performance Improvement

It is the Most common reason why trauma center got failed in USA. Group of attendings All the trauma surgeon/Neurosurgeon/orthopedic surgeon/Anesthesia/Radiologist are having monthly performance improvement meeting. It is a completely anonymous and very closed meeting which Only attendings can participate in. In the meeting, they look at every single patient who died or had significant complication and discuss the reason why they died or had significant complication. After that, they revote on the death if preventable, possible preventable, or not preventable.

The AMERICAN COLLEGE OF SURGEONS comes to hospital and reviews all the records of patients who died every 3 years, and review all the medical records about died patients and performance improvement meeting records about them. It is totally fine that a hospital has preventable death if you do something to prevent it - to make it never happen again. But, if there is has no preventable death, it can be problem because they may consider hospital is lying. Ex) There is the GSW patient

who got gun shots crossed iliac artery. But in the operation, physician cannot find out source of bleeding and then the patient dead. In this situation, this case should be categorized as preventable death. Improving it, hospital may insist surgeon to memorize how to find out iliac artery bleeding and can reserve more blood.

Q. Commercial Sources

The State Government is very strong commercial source of the trauma centers. Every time when the Trauma team activates, The State Government pays hospital 'activation fee' around \$5,000 - \$10,000 (it depends on State's rule). Some states have a tax on automobiles, cigarette or drinks to use on trauma center. 'Medicare' or private insurance with the patients will pay the hospital some money about subsequent labs, images, and procedures around \$15,000. (it depends what they do)

Q. Minimal manpower

To run the trauma center properly, we need at least 4 trained trauma surgeons (Attendings) and optimal number is 6 to 7. So at least 4; 1 person for day, 1 person for night, 1 person for vacation, 1 person for off-call. Except trauma surgeons, only GS surgeons do on-call for trauma in USA.

Q. Relationship with other departments.

Trauma centers have deep relationship with fire department controlling the ambulance, educating paramedics and helping to make right protocol. For other departments, not much relationship except the States government do commercial support. Sometimes trauma surgeon go to court to describe injury about crime.

Q. Seeking my career to be a trauma surgeon: to be a GSW specialist in upcoming military trauma centers. Dr. Sarani gave me a 3 options.

1. To be a trauma surgeon in USA ; 5 years of GS training and 2 years for trauma subspecialty fellow. But getting GS residency for foreign medical school student is too difficult.
2. To be a observing fellow in the major trauma center where has a lot of GSWs injuries after residency in Korea. Baltimore, Miami and LA are recommendable area. I can easily set up rotation for 1 or 2 years for observership.
3. To be a clinical fellow participating operation, it may need more efforts but may work.

From this rotation, I was able to observe how system goes in well-settled level1 trauma center. It is impressive that USA government has invested tremendous money on the Trauma system. As I know, we Korean are doing efforts to settle that system for decades. I hope it goes well and I could be a helpful manpower for that. I also found out how I can make a career on GSWs specialist for the upcoming military trauma center. Now I'm considering take an USMLE examination and looking for do clerkship in the trauma center on one of the areas where my mentor advised me.

Conclusion/Future

Now I'm feeling everything I experienced in USA was a kind of dreams. Everything was so good! I'm so lucky that have this awesome experiences. I really appreciate for everyone who make it possible. Especially thank you for SNUCMAA's help both materially and spiritually.

Country girl's self-discovery is now here. Although I'm not sure that there is a fixed road for me yet, my own goal -becoming pioneer at my own specialty in something I'm interested in and something really can help patients, military, and society- became more fixed. I'm pleased as my vague career found a shape. At the same time, I feel exited for new challenge I will have in the future. I already started to investigate trauma center clerkships for this winter.

I will never forget all the experiences and super nice people who I met in this beautiful city. With this beautiful memory, country girl's self-discovery will go forward like the way I always was.
