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An American on Rotation in Switzerland

Jennifer Alloo Hong, MD



It wasn't easy getting to Switzerland. My husband started work at CERN at the end of 2009 when I was a 3rd year medical student and I was there helping him find an apartment during my winter break. In the back of my mind, I wondered if I could do an away rotation at les Hopitaux Universitaires de Genève (HUG) the following year. So I walked into the front entrance of the medical school associated with HUG. Bonjour! Do you have a program for students like me? Is it allowed for foreigners? Would I have to take a test in French?

Yes, yes, and no (it would have been obvious if my French was not sufficient). The administrator gave me an application and a thick catalogue of elective choices. Every program is for at least 2 months. I eventually submitted an application choosing electives in rheumatology and nephrology for the January and February of 2011. HUG and I sent documents back and forth for 8 months to prove that my level of education as a 4th year medical student is equivalent to theirs as a 6th year medical student starting as an undergrad. Everything had to be signed, dated, and stamped. They were serious about their paperwork as I had to beg my mother to look for my high school diploma. Fast.

After some agony I received a thick envelope. I tore it open and read through the acceptance letter with excitement. Then I came to the paragraph about getting a stipend. Great that they pay you, but no one had told me that I needed a special work visa. This process usually takes ten weeks. I only had six. With aggressive follow-up and after re-shuffling a residency interview to go to the consulate, I picked up the visa one day before my flight. I arrived in Geneva on Christmas Eve exhausted, excited, and nervous with anticipation.

Switzerland is a relatively small land-locked country surrounded by Germany, Italy and France, with languages from those countries being the three of the four official languages (the fourth is Romansch). Perhaps because of their geographical placement, they remain fiercely independent of "Europe." They do not engage in the Euro currency and their healthcare system resembles that of the US more than the socialized system of their neighbors. Many aspects of the Swiss medical education mirror the American system. For instance, the Swiss residents use the MKSAP to study for their board exam, which they also take in English. They use the New England Journal of Medicine (NEJM) as their main resource. Luckily for me, when they give a presentation in French most of their slides are tables and figures from English speaking journals such as the NEJM.

My first day at HUG began on January 3, 2011, a week after my arrival. I showed up in my nicest pressed button down shirt, dress pants, and freshly bleached short white coat. Based on my give-and-take with the HUG administrators for my application, I expected the hospital culture to be formal, rigid, and even cold. To my surprise, it was the complete opposite.

I had a culture shock in my expectation of hospital culture. Everyone—medical students, residents, and attendings—wears the same long white coat. The coat is plain with a HUG logo printed on the left sleeve with no embroidery, no patch, no waistband, no buttons, no anything. The only distinguishing mark on a physician is a badge with his or her name, department, and level of training. I was pleasantly surprised to receive a locker and three long white coats through their elaborate laundry system. Their uniform was plainspoken, and so was their style.

Most physicians wore jeans with a button-down shirt or a simple sweater. As a result, I could not tell from their clothing who was who at what level. I felt equally comfortable approaching residents and fellows as I did approaching junior and senior faculty. When I did approach them, I was welcomed and quickly incorporated as one of the team members.

Not only were the physicians welcoming, so were the nurses who played a central role in the care team. While on rheumatology, I spent two weeks on the in-patient ward that focused on patients with severe musculoskeletal ailments. Our day started in the resident room at 8 a.m. with a brief conference or a case discussion. We then moved to the nurse's station to sit down for an espresso, toast, and home-made preserves. At 9:30 each nurse led the rounds by presenting the previous day's events of the patients. The physicians followed them with the portable computer to enter the orders after the presentation, examination, and discussion of the plan for the day.

Lunch is sacred. We always finished in time at noon for a leisurely hour. The team ate together in the hospital cafeteria, which offered a number of delicious hot entrees, including Tartiflette, a specialty of the Haute Savoie region made with potatoes, Reblochon cheese, cream, and ham. Perfect for cold winter days! Lunch is followed by a trip to the café for an espresso before returning to the ward to admit new patients and do consultations.

My French wasn't bad since it was my major in college, but I never learned medical French. While doing consultations in the hospital, I felt like a 3rd year medical student all over again because I didn't know what anything meant. For example, instead of saying CABG they say PAC for "pontage aorto-coronarien." I was playing Boggle all day to guess at the meaning of the acronyms. It took about a week for me to feel comfortable in completing "l'anamnèse," the Swiss counterpart to a history and physical. My first one took a number of hours to collect, write, and present. It was hard and, at times, rough. For three weeks

I walked around with my medical French dictionary absorbing new words and quizzing myself in the evenings, and soon I was out on my own doing initial rheumatology consultations and presenting in French to the attendings.

By the end of a busy week full of new patients, new words, and new concepts, it was time to escape to the Alps. My husband and I signed up for the CERN ski club and rented equipment for the season. Each Saturday, we woke up at 5:45, dressed in our ski clothes, loaded up our equipment, and took the tram from the center of Geneva to a parking lot in the suburbs where 55 person buses were waiting to take 200 of us to the slopes. We skied six different spectacular resorts in the French, Swiss, and Italian Alps in groups of eight similarly capable skiers led by experienced instructors. We skied hard all morning under such breathtaking beauty as Mont Blanc and then stopped for a rich, filling lunch complete with wine, and then skied a more leisurely afternoon. By the end of the day I felt relaxed and refreshed, ready to start a new week.

I ended my experience at HUG with four rich weeks in the nephrology department staffed with vibrant and inspiring physicians. We did a number of consults a day, but one I remember in particular. I was asked to see a woman in her forties who had stopped taking her blood pressure medicine a number of weeks ago and one day was getting out of the bath when she felt a sharp back pain. She then had a seizure. On admission she was found to have severe renal failure that wasn't improving after almost a week. The renal ultrasound showed normal sized kidneys and normal perfusion on Doppler. Nevertheless, our attending was troubled by the history of sharp back pain that the patient described as similar to labor pain, and she asked for imaging of the aorta. Testing revealed an aortic dissection from the arch of the aorta down the length of the vessel and as a result had dissected into her renal arteries partially occluding both. We had a clear and unfortunate reason for her renal failure.

It was an exciting challenge to be a medical student in Switzerland. Thanks to the collegial culture of medicine at HUG, I developed depth and confidence in my medical French as well as in my medical knowledge. Moreover, in working with the brilliant teams in two such complex specialties as rheumatology and nephrology, I learned to look for and appreciate the elegant, simple answer to tough clinical questions. I felt humbled as I witnessed the art of medicine come alive in a community full of cross cultural collaboration. I hope you feel inspired to travel, to learn languages, and to take a chance with stepping outside of your comfort zone to learn something new about yourself, about medicine, and about our world.



"Desert Tree"
Painting by Mahmoud Gaballa, MD

About Daring

Mariam Kabir, MD

Tell me this.
Do I dare stare down boundaries?

When I see rules
That school me
To think brinks,
And shrink my world
To bits of skittle-shaped thoughts
Of how actions
Need to know bounds,
Do I dare stare down those rules,
Those schools,
For a school of my own
Thoughts?

Tell me this.
Rules laid are laid for reasons.
If those reasons
Are treasons to my core of being
Do I dare to stare them down?
Do I dare blink away
Those close to me
Who believe in those rules,
Those schools
Of boundaries,
Of age-old sayings
That have histories
Of oppression, brinks, and borders?

Only time will chime
And tell if the bells of the rebels
In me
Will toll for new rules
In a school of my own boundaries.



"Crested Pigeon"
Photography by Dan Roan, MD



Cover Art

Photograph: Dan Roan, MD

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