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Forensic pathology originally was not open to international students, so I was extremely lucky to be offered the course as an alternative option for one of the elective time slots. This course was a fulfilling experience for understanding medico-legal differential diagnoses and reviewing anatomy in fresh specimens. I also saw several rare cases, such as endomyocardial fibrosis, and had opportunities to attend court trials with the pathologists to understand how physicians and scientists play a role in the legal system.

I appreciated the attending pathologists' commitment to teaching rotating students key pathological findings to look for in each differential cause of death and addressing the students' specialties of interest. The lead pathologist for each case clearly verbalized their thought process throughout the autopsy, pointed out notable findings that support or refute their differentials and their pathophysiological mechanisms, and explained relevant aspects of the patient's social history that may factor into the cause of death. Notably, I observed several cases with general brain atrophy due to aging, as well as a case with limbic scarring and hemosiderin deposition caused by history of epilepsy. The pathologists took extra time discussing these findings and cases and demonstrating brain dissection with me since they knew I intend on pursuing neurology, which is a practice that I think will enrich the training quality of both students and residents at TVGH.

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I worked with many attendings, fellows, and residents across different subspecialties within the Department of Neurology at UCSD. Thus, I was exposed to a much broader range of neurological diseases than during the neurology course at TVGH. Furthermore, a neurology course focusing on outpatient clinics provided more opportunities to learn about the diagnostic process and treatments of a larger variety of neurological cases, since many patients in neurology are not evaluated in an inpatient setting. I attended clinics at the UCSD Health Chancellor Park, Hillcrest, Sorrento Valley, and Jacobs campuses, and saw patients from different socioeconomic populations across these different locations. Interacting with patients with different socioeconomic backgrounds and psychosocial support pushed me to think about more long-term treatment plan options to offer and how to support and establish rapport with patients and their families to enforce compliance with care. I also had ample opportunities to work with patients who do not speak English; it was fulfilling to care for and assure Spanish-speaking and Chinese-speaking patients, as I grew up with these two communities.

One of the greatest differences I appreciated in UCSD's neurology outpatient elective from TVGH is that students were assigned to many different teams to work with so that they gain exposure to almost all neurological subspecialties. This system is applied to the neurology inpatient services as well; students rotate through neurocritical care and other inpatient departments such as intraoperative monitoring. I think this course design would greatly improve medical education at TVGH across all specialties to establish a strong foundation in common medical diagnoses and management methods.

In addition to expanding my basic knowledge in neurology, I was able to practice history taking and neurological examinations specific to different subspecialties, such as vision examinations for neuro-immune disorders; fundoscopic exam for headaches; and differentiating between bradykinesia and slowed, decreased movements caused by normal ageing. I was able to lead the patient interview and physical examination for at least one patient and present the case to the attending physician in each clinic I attended; afterwards, the attending physician, fellow, and resident provided feedback on my presentation and physical examination. Several of the attendings I worked with also had me write my own patient note and reviewed it with me in

person to give suggestions on how I can improve with structuring the narrative history and examination results. With these regular opportunities to practice clinical skills with specific feedback from multiple mentors, I felt my ability in patient evaluation, note writing, and case presentation improved drastically during the 4 weeks of this course.