

What Was Left Unsaid – Exchange Experience

Yimeng Zhang,¹

The Experience

During August of 2015 I went on a clinical exchange with International Federation of Medical Students Associations. I spent a month in Valladolid, Spain in the department of obstetrics and gynecology. Despite having supportive staff around me, I found it very difficult to keep up as I did not know any Spanish. I observed the management of many patients during my time there, however there was one patient who impacted on me the most.

I met this patient during the second week of my exchange, when I walked into an overcrowded gynecology emergency room. She was a Spanish woman in her late 40s. While a junior doctor was taking a history from her, a doctor next to me told me that she had stage 4 cervical carcinoma and came with vaginal bleeding. Her cancer extended into her bladder and she had been needing blood transfusions. I acknowledged that this was a sensitive situation so I stood alone next to the door and tried to keep out of the way.

During the discussion between the patient and the doctor, the patient broke down in tears and was visibly very distressed. A few minutes later, I noticed that the patient asked something and then looked at me. The doctor then replied with what I assumed as saying that I am a student and I do not know Spanish. The patient looked at me again and said something else to the doctor. At that point I felt very anxious because I thought she would complain that I am intruding in this important time of her life. What the doctor told me next really shocked me. I was told: “the patient wants to tell you that you should not look so worried about her and that there’s no need to be scared”. My mind was entirely on how sad I felt for her, I never thought for a second that someone else, especially the crying patient, would be worried about me. The conversation between the patient and the doctor continued. A few moments later the doctor said to me: “she is asking you if would like to sit down and be a bit more comfortable”.

As the consultation went on, the patient tuned to smile at me every few minutes, in between her discussions and tears. All I could do was smile back, trying to give that empathetic look, as if I understood that she was going through a hard time. In fact, I had no idea what was going on at all.

After the discussion, more doctors came and tried to use packing to stop the bleed. However, this failed on multiple occasions and blood flooded onto the floor every time the patient stood. Eventually the doctors stopped trying, a wristband was put onto the patient’s arm and she was moved onto a hospital bed.

Then a moment came where the doctors all left the room. I always feel awkward when I am left alone with someone in silence. I looked at the patient and my only thought was how I could comfort her. I thought about whether I should go and hold her hand or pass over some tissues, but I was too scared. I did not know anything about this lady and I felt that I could do something to make her feel even worse. While I was deliberating, I was shocked as the patient reached her hand out

for me, as if she could read my mind. She grabbed my hands tight while she started to cry even more. There we stayed, in silence and in each other’s company.

Eventually a nurse came to take the patient to the ward. They were met by the patient’s son outside the consultation room. The patient immediately asked the son to translate for her and asked me for my name and where I was from. The nurse then pushed the patient away, while she waved at me even from a distance.

This patient made me feel like I had made a difference in her life, even without speaking a word. I had always known the importance of nonverbal communication, but I never thought I would make a connection with someone I could not even speak to.¹ I was so preoccupied with trying to be invisible that I did not realize that someone might actually want me there. Medical students often get a sense of being unwanted by patients, when in most of the cases this is not the truth.² This is partially due experiences within the education system, where sometimes experienced doctors are reluctant to get students involved as they fear detriments to the patient.

From this experience I have learnt that no matter how helpless I feel, there are always ways to make positive differences in patients’ lives, and I will take this message with me as I progress to work as a doctor in the near future. I often reflect back and regret being so withdrawn in this situation as I know I could have done a lot more for the patient. Throughout the whole consultation I was so overwhelmed by everything that I did not even ask for her name.

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Submission: Jun 13, 2017

Acceptance: Sep 3, 2017

Publication: Dec 30, 2015

Process: No peer-reviews

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Acknowledgments

None.

Conflict of Interest Statement & Funding

The Authors have no funding, financial relationships or conflicts of interest to disclose.

Author Contributions

Write the manuscript: YZ

Cite as:

Zhang Y. What Was Left Unsaid – Exchange Experience. *Int J Med Students.* 2017;5(3):