



Last summer, I went to Odense in Denmark for a clinical clerkship. Instead of celebrating the holiday with my friends, I did something way more interesting and fun. For four weeks, I was allowed to put on the OR clothes and to be member of the Anaesthesiology and Intensive Care department. I was allowed to see everything and I will treasure the experience and knowledge I've gained here. And just as important, I have met a lot of wonderful people.

For the first two weeks of the clerkship I was assigned at VITA, the Intensive Care unit specialised in cardiac-, lung-, and vessel diseases. The last two weeks I was placed at the Anaesthesiology unit for abdominal surgery. On the forehand, I aimed to gain more experience in the general anamnesis and physical examination. Furthermore I wanted to learn more about cardiac diseases and the protocol for acute patients. Last but certainly not least I hoped to learn more about anaesthesia in general, i.e. the indications, the drugs that are used, the pro's and con's, the electronical equipment and the procedures itself such as placing an epidural.



I really liked having the opportunity to experience two different departments. I was not allowed to actually perform any clinical stuff, due to the contract I had to sign in the Netherlands. So, during this clerkship, I was mainly observing. However, even by only observing you can learn a lot. I really saw a lot of interesting patients. One device, that I actually never heard of before but is regularly used at VITA, is the Impella. The Impella is a temporary ventricular assist device, mainly used in patients with severe coronary artery disease in order to give the heart time to recover. In the Netherlands, this pump is not used very often, but here I saw several patients benefiting from it. The cardiologist working at VITA taught me a lot about this system and I was able to feel the capacity of the pump with my own hands.

Especially at VITA, my tutor and the other doctors tried to challenge me within the given limits. Together with my tutor, I decided I would mainly focus on the patients with cardiac arrest or pulmonary embolism. I did a lot of physical examinations, so I now I am able to recognize the different kinds of problems a patient can have. I also saw some surgeries regarding these topics, such as a bypass surgery and a mitral valve replacement. Furthermore, the doctors really tried to let me think like a doctor. In some cases, they let me figure out what could be wrong with the patient. In other, I had to evaluate if a patient was ready to be discharged, or what kind of treatment should be given. What I like at the Intensive care is that you have to take into account a lot of things, and not to just focus on one organ. Blood values need to be examined, scans need to be evaluated. You need to have a broad view at the patient. Them challenging me about the cases really gave me the



opportunity to put the knowledge I gained during the first three years of my study into practice. I went from just theory in books to applying my knowledge on the patient.

After two weeks, I switched to the Anaesthesiology for abdominal surgery department. At this department I learned more about anaesthesia in general and its usage for sedation and pain relief. I also learned more about the electrical equipment used to monitor a patient during surgery. Additional to this, I was able to attend a variety of abdominal surgeries, such as a nephrectomy, a whipple procedure, a robot-assisted sigmoidectomy and a laparoscopic appendectomy. Not only did I see anaesthesia and surgery in adults, I also observed procedures in children.

Additional to attending the departments daily, I did some other cool stuff. One day, I was allowed to ride along with the ambulance. This was something I have never experienced before. It is really exciting to sit in the back of an ambulance, moving very fast, crossing all the other cars and not knowing exactly in what condition you will find the patient. I also attended a night shift. During the nightshift, two anaesthesiologists are in charge of the anaesthesia of almost all the surgical departments. This way, I was able to see some orthopaedic and gynaecological surgeries. Furthermore, I was allowed to go the Emergency Room when a trauma patient came in. For me, this was extremely interesting to see.

During my stay in Denmark, I also did a lot of things outside of the hospital. I had a contactperson who showed me around the first day. In total, ten exchange students were in Odense in August, coming from Ghana to Tunisia and Italy to Greece and Spain. Our group was really close and we met everyday around 12 o'clock to have lunch together. In the evenings, we ate dinner together and went to the local bar. In the first free weekend we spent the days together relaxing in the park or walking around in Odense. The other two weekends we visited Aalborg and Aarhus, where we met the students from the other cities. These social weekends were great, especially because it was a good opportunity to meet the other students. It was fun to explore the cities and to go out all together and I definitely made a lot of friends here. In the last week, the local committee set up an international dinner. Everyone brought traditional food, and it was nice to taste the different kind of meals.





During my clerkship I noticed that the differences during Denmark and The Netherlands are not that big. People are also tall in Denmark and a lot of people use the bike. Although I have to say that it took me some time to adjust to the Danish way of biking. In Denmark almost everyone uses a helmet and the people ride really slow. In supermarkets and restaurants, you can find the same type of foods and the people have a similar way of living. So for me, there was no culture shock at all.

In the hospital, I found that the Danish doctors were really friendly. Outside the hospital, Danish people can be a bit rigid, but that was not the case in the hospital. A difference I found was the informal atmosphere in the hospitals. Everyone is called by their first names and doctors act very

casual to students. It depends on the department of course, but I find the atmosphere in the Dutch hospitals a bit more formal.

Most of the doctors and nurses were able to speak English adequately. Also most of them were happy to explain everything to me. A big advantage for me was that the Danish language is similar to Dutch. I was actually able to read most of it. And if I knew the context, I was able to follow a conversation. This made it a lot easier for me to understand the conversations between the doctors and the patients.

Also the Health Care systems are quite similar. Since The Netherlands is a pioneer in the field of euthanasia, I wanted to discuss this with the Danish doctors in order to find out their opinion. I found that the Danish doctors have in general quite similar beliefs in comparison to Dutch doctors. Most of them want to implement euthanasia into the Danish Health Care system.

Looking back at this clerkship, I am really glad I sacrificed a month of my vacation for this. I gained a lot of experience and knowledge I would otherwise never have. I see it as an advantage that I already had the opportunity to think like a doctor. I was already interested in the Intensive Care department before I came here, but after this clerkship I like it even more. The fact that you really have to look at the patient from a wider perspective and that you are not focused on just one or two organs is appealing to me. Furthermore, I like the intensive contact you have with the patients and their relatives. Sometimes communication with the patient is hardly possible, making the communication with relatives even more important. That is a part of the job that really attracts me, so maybe this clerkship was just the beginning for me at the intensive care.

Last but not least I'm thankful for all the new people I have met and all the new friends I have made. This was certainly a month I will cherish for the rest of my life.





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