

My experience as an exchange student at Linköping

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Student exchanges, electives are a regular part of education system in the West, though rare in our part. They prove very beneficial for the students to view and learn about different aspects of their study in different areas of the world. Realising the potentials of such programme, Kathmandu Medical College (KMC), in collaboration with Linköping University, Sweden, has taken the initiative to introduce such system in its education system and i feel extremely fortunate and privileged to be one of the first exchange students.

The basic idea behind such exchange programme is, I believe, to learn from each other and share ideas with an intention of mutual development and improvement. As for myself from KMC, a specific area to observe was problem based learning, which Linköping University (LU) has been practising for a quite long time now.

We, two students being the first ones, didn't have any idea as what to expect from the programme. However, we left for Linköping with much excitement and enthusiasm, and looked forward to learning more from that part of the world.

Linköping: a different place and a different life

Well, the place was new and different. It was mid January and it was only few hours of sun a day while it was almost summer in Nepal. In addition, the snow and extreme cold made us feel we had indeed come very far from Nepal. But then, warm welcome from our coordinators – Katarina Swahnberg and Humlan Svensson - really made us feel at home. Even before we could realise it, we had already blended into the life here and we didn't feel as foreigners anymore.

The place we stay, Ryd, is almost five kilometers from the hospital. But it doesn't seem very far in our bicycles, which are very common and major means of transport here, especially for the students. And with a separate and smooth cycling path, it was a pleasure instead. We wish we had those in nepal too.

Ryd, close to the main university, was almost full of students. Living in corridor was another different experience for us though it somehow likened hostel life we had in Nepal. We were seven students in my corridor

- three Swedish, one American, one Macedonian, one South African and myself. We shared a common kitchen which proved to be the best means to communicate and socialise with each other. It was only there that i came to realise how popular our country, Nepal is infact – a fact that i never cared for at home. I was shocked by the huge information they kept about Nepal and it gave me much pride when they shared their dream of going to Nepal someday.

Linköping Hospital: many new things to observe

The next week, we started at the hospital. My first impression was – it's huge. Really, it was the biggest i had ever seen. After a week of Swedish language course, we started with Emergency Medicine. Though the limited vocabulary we learnt was simply not enough to communicate with the patients, we had a fruitful time at the Emergency Unit (EU). One thing I was much impressed with, besides the EU being well equipped and well manpowered, was the patient sorting system. According to the severity and urgency, the patients were prioritised into different groups and they received treatments accordingly. I had never imagined how amazingly quick and efficient it could make the emergency service. I think it would be a big step towards improving patient care if KMC Teaching Hospital could also implement some system of this kind.

Next, the ambulances were a big surprise for us. They looked the same ones we were used to in Nepal, but not inside. I was impressed by the way they had been designed, utilizing each and every small space inside to hold all the possible equipments and yet not compromising patient comfort at the same time. I would say, those ambulances are mini-hospitals in themselves. They had ventilator, defibrillator, all emergency drugs, IV fluids, GPRS system, besides all that I could imagine. And with two paramedics all the time, how better could they get? I can't even imagine.

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Fig 1: Linköping hospital

Their working system was as surprising as the ambulances themselves. Any emergency call is first received at the SOS office, situated in another city, Norköping. The SOS, after few words with the informant, categorises the patient into severity grade and informs the ambulances in Linköping, which are always ready at their station. Thus, the ambulance people know beforehand, what they are going to have and they prepare themselves and act accordingly. Throughout the service, they remain in contact with the doctors in the hospital and before they reach the hospital, even the doctors know how the patient is and what emergency treatment he has already received in the ambulance. So well coordinated the system is, I could not believe myself.

The out patient clinics were totally different too. The patients get their appointments days before. So, the doctor knows before hand what he will be having the day. Is that not a good thing that you get some time to research about the case, and even discuss with your colleagues and seniors and decide what treatment would be the best for your patient? There should be no doubt over the quality of care to the patient. Besides, the patients also feel very comfortable with the system. "I know what time do I have to arrive and how long will it take. So, i know if I could pick my children from the day care or not? It's easier to plan things", one patient said. Very efficient system indeed!

The other distinct feature here is how well they have used Information technology. Every small detail about the patient is put on a database which can be retrieved not only from any corner of the hospital but from any corner of the country. It was really strange to see how so many doctors could work on the same patient at the same time. At that moment, I remembered our hospital and how we used to run from one ward to the other with consultation files, searching for the right person just to



Fig 2: An ambulance

get them noted. Days would pass before the patient gets reviewed.

The medical teaching here: something familiar, something new

Unlike the clinics, the theory classes seemed quite familiar. The same large number of students in a big hall, the same powerpoint presentations – they were not new for us. However, PBL was something new. The whole class was grouped with six students in each – which were called base groups. Two days a week, the base groups would have a meeting where they get a case with detailed history, examination findings, investigations and treatment in different chapters. But, they are supposed to see only one chapter a day, so that they could reflect upon the case systematically and make their own study. Then the next meeting, they could see another chapter and judge how far they were correct and what they needed to do next. We had a good time and it was a good exercise as well. I feel it won't be hard for us to start it in KMC, considering the minimum resources and infrastructures it requires.

Besides the PBL, I noticed something that proved very helpful for the students – the professional patients. I am very grateful to Prof. Barbro Wijma and Katarina Swahnberg for arranging this session for us which was very impressive. Well, I met patients who were trained to teach students how to perform clinical examinations the correct way. Because patients are the ones who get examined, the idea was they could judge the student's clinical skills better than anyone else. So, they are the ones who could guide the students the best way. And I felt, it was entirely true. I did pelvic examination including per speculum and per vaginal examination in one of the professional patients. It took about half an hour, and I felt it was the best examination I had ever done. She told me whether I was at the right place or

wrong, whether I was pressing very hard or too soft, whether I was hurting her or not. And accordingly, I rearranged my manoeuvres. It was excellent and I feel I have refined my skills.

After the pelvic examination session, I thought, "Is this possible in Nepal?" May be pelvic examination would not be the easy one to begin with but we could definitely start with some other units. Medical ward could be a perfect start. Why can't we get some patients trained and let the students examine their abdomen, feel the liver or spleen? This would be a great help for the students, because I, as a student, had difficulties locating and describing these organs. In addition, this would also compensate for the problem of having few teachers, who always are too busy.

Research was always supposed to be a part of our curriculum but it was only here that I find out how well integrated it could be into our medical study. Every student is supposed to do some kind of projects during one of their semesters. Some go abroad, some work in the laboratories in the hospital itself. It was surprising to see how much effort and emphasis they put into research activities. May be this could be another aspect of medical study that KMC should put extra effort on.

Any difficulties?

As expected, the quality of life was very high. Even when the temperature outside is -10°C , the rooms are warm enough to manage with just a shirt on. As a student, the only little limitation I felt was communication with patients because Swedish is the preferred language of which I had little idea. My principle is that patients should be at the top of the health care pyramid, and it's doctors who should adjust themselves according to their patients and not the opposite. So, my ethics didn't allow me to request the patients to speak English though most of them were very fluent with the language. However, I must thank all the doctors who never felt bored or tired of translating every small conversation with the patients into English. Our classmates also deserve much gratitude for making our stay there comfortable and easy.

Besides hospitals and teaching

We had a very good time travelling here too. Though everyone commented that perhaps Winter was not the

best time to be in Europe, the weather didn't decrease our pleasure a bit. Most exciting was the cruise to Finland. For a person from a landlocked country, sea was always a big pleasure and this proved to be an experience of a life time. Isabella, the ship, was a huge hotel on water with hundreds of rooms, Disco, Bar, Casino, Theatre, swimming pool, restaurant, shopping centre! And what not? Everything was in there, which ofcourse was hard for me to believe at first.

The trip to Stockholm would also be memorable all the time. Besides the amazing city construct and artistic buildings, I found the train system most amusing. There were many underground railway tracks, some going upto seven levels down the ground. Completely stunned, I stood at one of the stations, watched a high speed train pass by and rememberd our tempos back home. Well, tempos have a different charm though!

My impression of the exchange programme

Personally, I have updated myself with the advanced health care techniques and services. I now have a better idea of how Western life and medical system is and where we actually stand in comparison to them. I had new observations and lessons as well. Here it snows half a year with harsh environmental conditions, but still people have managed to maintain such a high quality of life. What could it be except an outcome of sincerity, dedication and proper planning. Coming far to a different place, I got to see our country from a different pair of eyes. Actually, my esteem for Nepal has risen many fold, specially after learning how highly people here rate it. I am much satisfied with this programme and I believe this has been the best part of my medical study.

Conclusion

To conclude, I am very grateful to KMC and Linkoping university for accepting me into this programme. From my observations here, I think KMC, as an institute, could update its teaching system with programmes like PBL, professional patients, promotion of research in medical education. In the coming days, i hope to see the programme develop further with more students and teachers being on exchange. May we be able to set an example of mutual understanding, cooperation and team work to raise health care service to a new level.