

GOING INTERNATIONAL

How I got to spent the American independence day in Washington D.C. ...

by- Viktoria Wuketich.

My Motivation

I have always wanted to do medical rotations in the US. I decided to apply to different programs, and one of them was the [Max Kade scholarship program](#). Some of the reasons I really wanted to experience the US medical system was because of the reputation of excellent teaching at American hospitals. In addition, I have always been interested in doing research in the US, specifically brain research. Another personal reason was that I had many friends in the US, so I was excited to visit at least some of them. After many reports of the US rotations, I was expecting a lot of teaching, long working hours, but also knowledgeable and competent medical students.



My Application process

Given my zeal to get a US experience, I decided to apply for a scholarship through the Max Kade institute. This scholarship would provide me with financial support, as well as simplify the application process at the American universities. I touched base with Maria Teichmann Aulitzky, who is the main organiser/correspondent of this scholarship, to ask questions and clarify concerns. The application was due in the beginning of January in the year prior to the rotation (I went to the US in 2022, hence the application deadline was January 2021). Max Kade scholarship application required multiple documents like a motivational letter, a letter of recommendation, a letter from the dean, in addition to a set amount of rotations prior to the actual application to the American university (8 weeks of internal medicine, 8 weeks of Ob/Gyn, 8 weeks of surgery, 8 weeks of psychiatry, 8 weeks of pediatrics) (see "[Max Kade clinical clerkships](#)"). The application was a two-step process: One first had to apply to the Max Kade scholarship, wait for a reply and then - if one was accepted for the scholarship - instructions followed on how to apply to American university. For the application one had to rank 3 different American universities based on personal preference; the 3 cities i.e. medical schools were New York ([Weill Medical College of Cornell University](#)), Washington D.C. ([George Washington University](#)), and Philadelphia ([Perelman School of Medicine](#)); the applicant was selected for one of the universities.

The application was definitely a challenge and required some thought, especially completing all the required rotations. Another challenging part was that the application to the American university and the final acceptance were very late. The application to the American university was due March 2022 and I found out what rotation I would get in the beginning of May 2022 (about 2 months before the rotation). It was challenging to not know what rotation I would get and the duration of the rotation until so short of a notice. This made it definitely more difficult to plan the stay.

My work experience

I was happy to get a spot at the George Washington University in D.C. for cardiology. The rotation in cardiology allowed me to get involved and experience different areas: the electrophysiology lab, cardiology consults and the heart team (an actual floor). The hierarchy between attendings and students was definitely

present, however attendings would still listen to patients presentations by medical students. Also, residence and fellows were usually very approachable, especially interns (first year residents). Compared to my experiences in Europe, medical students were more involved in the team - this was especially true in the heart i.e. the floor. I usually carried one or two patients per day, presented them at rounds (included clinical presentation, pertinent labs, assessment and plan) and I had to share my thoughts on the management and be able to discuss it with the attending!

At times it was daunting to present the patients to the attending or be tested on my knowledge, however I did have great moments, where I truly enjoyed my contribution to the team. One example of this was when I presented a patient, who had atrial fibrillation and was still in the emergency room. The patient was supposed to get an electro cardioversion (which meant they would need to get a transesophageal echocardiogram). After checking on the patient in the emergency room, I could update the team that the patient had spontaneously converted to sinus rhythm (meaning they didn't require the electrical cardioversion anymore); the attending was very happy with my news and I felt very appreciated. :) This case also allowed me to discuss the general management of atrial fibrillation with the attending and to demonstrate my knowledge. On the heart team I was also expected to write notes on the patients and to keep their documentation up-to-date. Medical students were expected to come before 7 (usually I came at around 6:40am) and left between 4:30 and 5:30pm; in the morning, I really needed the time to prepare for the rounds and finish all my notes before 8am rounds.

Overall, the engagement and involvement on the heart team was great. On the consult teams the medical students were also involved, but the workload and teaching depended on the number of consults. On the consult services the days started a bit later (around 8-9am) and usually ended 4-5pm. The electrophysiology lab allowed me to see the placements of ICD's and pacemakers, however it felt a lot like surgery and there was not much to do for medical students.

Coping with English

Given the fact that I had previously spent time in the US, had written the USMLE, and had previous exposure to English in school, my English was sufficient most of the time, except for a few times, when I didn't know certain words or had difficulty pronouncing some words. Overall, the language was not a big struggle, but at times it was difficult to understand certain patients, especially black patients because they had a slightly a different accent/pronunciation. A greater struggle for me was to find a community at the hospital; I spent most of my lunches or free time with American medical students, which was nice, but I would have appreciated getting to know more international students.

My experience with the US social insurance system

There was a decent amount of teaching in the hospital. There were daily teachings for fellows at 8:00am in the morning, which medical students could attend. While I was on the heart team it was difficult to attend these teachings, because I usually had to finish up writing my notes, but it was possible to attend the lectures when I was on the consult services. If I would have come later in the year (not in July), there would have been also daily teachings for residents at lunch time. We also had weekly teaching with our supervisor, going over the most important cardiology topics. The fellows tried to do teaching on a daily basis; most of it was case-based. The GWU hospital has about 350 beds. On the heart team the turnover was very high, so the number of patients were usually more than 20 and we had about 5 admissions and 5 discharges per day. On the consult teams we got around 3 consults per day for the EP (electrophysiology) lab and 1-2 consults/day for the normal cardiology consult service. One thing I noticed was (note: this is my subjective observation)

that on the heart team many of the patients were black patients, who had come from a poorer background. Many of the heart failure patients were also male. It was clear from some of my interactions and after talking to the residents, that some of the patients at GWU came from medically underserved areas i.e. districts of the city which were poor; I was amazed and saddened to see that unfortunately socio-economic differences in US are still relevant to this day and this is evident in the hospitalized patients. It was also bizarre for me coming from Austria that at times the medical management of patients' was discussed in terms of the patient's insurance (particularly medications or expensive interventions). The hospital definitely did have the electrophysiology lab, cath lab, nuclear/exercise stress testing or the medication, but not every single patients' insurance would pay for it! On the most part however, I did have the impression that the patients received the medication that was indicated and the medical team truly was trying to give the patients the best medical treatment and care they could offer.

Insurance matters

I had a private medical insurance with Vienna insurance; I also got a liability insurance for the US through Generali ([contact](#) the ÖH or mario.celofiga@generalali.com for more information).

Leisure activities

D.C. has a lot of [free museums and things to do](#). The national mall is a must-see. I can also really recommend the [African American museum](#) (reserve a spot in advance!), the [American history museum](#), the [Holocaust museum](#), or the [Bible museum](#). I recommend hanging out with Americans and getting their recommendations for going out at night and for restaurants/bars.

Conclusion

Overall, my experience at GWU hospital was definitely an adventure. There were challenging - as well as rewarding - moments in the hospital, and overall, it was an honor to serve the patients. It was also a good opportunity to connect with American medical students at the hospital and get to know students/young adults at the accommodation, where I was staying. My rotation was a good way to experience the US medical system, as well as learn Cardiology.

Useful websites:

- [Information on the exchange](#): application deadlines and all needed documents for the exchange.
- Some [information on the opportunities/possible rotations](#) at GW. One gets a more comprehensive list at the application.
- Washington D.C. has a lot of free museums, which you can find [here](#) (there is also an official visitors guide on this website.)
- When I received my acceptance, I received a number of suggested housing opportunities/dorms e.g. [U Street hotel](#), [International Student House Dupont Circle](#) or [Washington International Student Center](#); however I looked for other options as well, including [housing services of the Catholic University of America](#), which are further away, but more affordable.
- The accomodation [where I stayed](#): it's further away, but more affordable than a lot of the places.

Table of costs

Category	
Flight	About EUR 900
Accommodation (dinner and breakfast included)	about EUR 880
Food and drinks	about EUR 200
Transport	about EUR 100
Free time activities	about EUR 100
Total costs	about EUR 2200
Stipend	about EUR 2000



© Wuketich, Viktoria: 4th of July with Americans at the National



© Wuketich, Viktoria: The 4th of July parade



© Wuketich, Viktoria: The Arlington cemetery