

Description of his
clinical experience as
a student in us from
march till sept 1s...

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My Clinical Experience as a in the U. S. From March - Sept. My regular schedule at the hospital started at 4 A. M. everyday. My work assignment for the morning rounds included visiting the patients listed as under the care of the doctor who headed my team and talking to the patients about their overnight situation. I studied their charts for any notable information pertaining to changes in their condition while adding my own notes pertaining to the history of the patient and their progress chart in reference to each physician assigned to his medical case since the doctors in charge rarely had time to do the task themselves.

Soon after I finish my rounds, the physician in charge would normally arrive and I would join them during their own rounds just so I could be on hand to explain any questions they may have had about my patient notes. Since these doctors normally had a significant number of patients admitted in the hospital, they did not have the time to spare when it came to admission of new patients in the emergency room under their care so I would often go to the emergency room in such cases in order to represent the doctor as part of his medical staff. My job during this part of the admissions process was to help diagnose what was ailing the patient and what possible stop gap measures can be applied until the doctor in charge can actually see the patient. My emergency room notes would then become part of the patients diagnosis chart that the doctor uses in considering the possible illnesses and treatment for the patient. Whenever called upon, I also took on the task of writing the discharge summaries for patients who were getting their " clear to go home" certifications.

Most of the work I did as described above was done under the excellent

supervision of Dr. Varon from internal medicine. He willingly allowed me to see some of his patients in order to help hone my diagnosing skills. I wrote notes pertaining to his patients conditions that he would then interestingly discuss with me, allowing me a chance to suggest various treatments and looking into the results of the treatments as I applied them to the patient. He was very supportive and allowed me a tremendous amount of room to grow and learn as a physician.

Aside from working extensively with Dr. Varon in his clinic, I also completed hours in the radiology department. Here I helped the technicians run their x-ray machines, analyzed the x-ray results alongside a licensed radiologist. I also participated in the performance of ultrasound, MRI, and CT scan examinations, helping the technicians to properly analyze the results prior to their encoding of the test results for the physician in charge. It was not uncommon for my analysis and recommendations to be used by the technicians as the basis of notes for the doctors since I proved to be highly well versed in patient symptoms and diagnosis.

My exposure in the various clinical settings helped to fuel my desire to pursue a residency program in the United States. But amongst the three medical fields that I was exposed to, I found that I am partial to internal and family medicine. I believe that the reason behind my interest in these two particular fields stems from the fact that I enjoy having direct interaction with my patients. These two fields allow the patients to become part of the diagnosing process and allows them more room within which I can explain their illness and their treatment without making them feel like they have no choice in their treatment. I have always been a compassionate doctor and

most of the patients I have treated in the U. S. hospitals have commended my excellent bedside manner and my command of medical terms in such a manner that I can easily explain the situation to them in layman terms.