

During my stay in Columbia University New York, I attached to the hand, elbow and microvascular team in the orthopaedic department. Most of the time I was under Dr. Melvin Rosenwasser and his research team supervision. The rest of the time I had the chance to shadow other doctors in the hospital and observe their clinical work. In addition to these, there was a local medical student from Columbia University attached to my department as well. I had an opportunity to exchange with him and we discussed a lot about the difference in medical education between Hong Kong and the USA. I was surprised that even during medical school, they already have many patient contacts and have more leeway to choose to learn and research on the specialty they are interested in!

In that period of time, Dr. Rosenwasser and his team was publishing an analytic study on hand infection rate on elective soft tissue procedures of the hand. His research fellow guided me through the methodology and the result of their study. He also taught me how to analysis the study results and read different studies conducted in other centres. He also brought me to their wet and dry lab. In those laboratories, they had doctors, PHD and medical students working together to experiment on different things. This broadened my horizons in world of experimental science in medicine.

Every Tuesday and Friday, I was shadowing Dr. Rosenwasser in his clinic. There were a huge variety of cases, ranging from carpal tunnel syndrome to follow up for hand reconstruction. Some of those cases are very interesting, especially those cases that involved gunshot and explosion. In one of the cases, the girl came from Egypt and had been follow up by Dr. Rosenwasser for 3 years. Her hand was damaged during a bomb explosion and required total hand reconstruction. After more than 20 surgeries, she can now use her left hand to hold a spoon and eat with her newly resembled fingers. I was very lucky to observe the latest reconstruction surgery on her right hand during my first week of observership. Hopefully, she will have a better standard of living after her right-hand surgery. As the health care system in the USA mainly consists of the private sector, doctors spend more time explaining to the patients about the pathophysiology of their problems and the pros and cons of different treatment. Compared to Hong Kong, doctors in HA have less privilege to explain in detail to every patient.

The other days, I will be in the operation room with Dr. Rosenwasser and his fellows. There were many different types of cases about the hand and elbow. This ranged from open reduction and fixation of the fracture forearm to arthroscopic treatment of the wrist. It was my first time to observe an arthroscopic release of the carpal tunnel for carpal tunnel syndrome. This procedure is more superior to the open approach because less soft tissue damage will be done to the patient. Compare to the open carpal tunnel release that I had seen in my medical school, this procedure requires a more sophisticated skills and equipment! I also saw another rare case during my attachment. It was a paediatric case with polydactyly that required fusion of the two bones and excision of the redundant structures. The doctor showed me the complexity of the anatomy of the hand and how a great hand surgeon can estimate every maneuver during the operation.

On Thursdays, they had a grand round and research meeting during lunch time. These meetings were cross specialties. There was one very interesting case discussion about the ankle fracture and various treatment for osteoarthritis of the ankle. It was a 76 years old gentleman who work as a security guide in Columbia University for more than 30 years complaint of having worsening ankle pain in the past year. Due to the deformity of his ankle and low limb, doctors had a long discussion on the operation that the patient should have.

Different doctors had different views on the problem and eventually the discussion became heated. It was fun to see such intellectual arguments among world famous orthopaedic surgeons.

There were some days that I shadowed our consultants in the team in their clinic. I was surprised that different doctors even with in the same institution had a very different indication on treatment about same disease. For instance, Dr. Rosenwasser refused to do aspiration on ganglion as he thought that the recurrence rate was very high. However, Dr. Strauch was very keen on doing aspiration as he thought that such procedure to minimally invasive and can achieve immediate relieve to the patient. Looking back into the situation in Hong Kong, it is very standardised to treat most problems and doctors tend to treat different diseases less aggressively.

Lastly, I had some time walk around New York and visited their park and museums during my weekends. I also tried some local delicacy. The most memorable one was that I went to Harlem to eat their local food which they called it soul food. Luckily, I was in New York during the Easter weekend and joined their parade.

All in all, it was a great learning opportunity from various doctors and a life experience in New York.



