Lost in translation

Switzerland offers fertile ground for medical students to practise medicine … and languages

A. Daniel Malebranche, MSc

UBC medical student Daniel Malebranche (left) tries to navigate his way through Swiss operating rooms. In Zurich with Swiss surgeons Dr Daniel Perez (right) and Dr Eva Rüegg (centre) inserting a dynamic hip screw.

It was June 2008. I had finished my last clinical exam and was on the way to Zurich, Switzerland, the country where I had lived for the 4 years prior to matriculating into medical school. I had the special privilege of learning how a hospital was managed in a European country. It was a surgical rotation with 1 week being spent on a different subspecialty. First up was urology. Although I had a very basic command of Swiss German, I had not yet learned how to say, "Mr Meyer, this part of the physical exam requires me to palpate your prostate." The power of full body demonstrations on one's self, however, can be instrumental in conveying an idea.

The second station was general surgery. I was advised by one of my colleagues to study well before entering the operating room. One of the chiefs of the department, whose name translates to "Cutter," was known to intensely question medical students while simultaneously correcting their retracting technique. The terms *inadequacy* and *helplessness* still come to mind. *Pimping*, I recently learned, refers to the action of quizzing a student, resident, or fellow on relevant medical trivia.

"What are the top three risk factors for acute pancreatitis?" she shouted in Swiss German. I thought she was kindly asking the float nurse outside of the operating room to bring more sponges. Apparently, she was talking to the Canadian medical student situated right beside her.

"Sorry, my German is not so good," I responded in broken Swiss German. Switzerland has four official languages, and English is not one of them. I was certain that I dodged a bullet. She switched to fluent English. Successfully pimped. Although I will never, ever forget that alcohol, gallstones, and medications are the top three risk factors for acute pancreatitis, the Pavlovian phenomenon has always caused my heart to go into sinus tachycardia whenever asked this question.

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After touring through the other slices of surgical services such as orthopaedics and emergency trauma, I arrived to cardiac surgery for the grand humbling finale. It was Thursday afternoon and I had just finished lunch, a double espresso with a stick of Swiss chocolate. The telephone in my pocket had rung, which meant that the sternotomy was likely finished and that my mastered skill of spraying a fine mist at the ultrafine suture material was needed. This allows the surgeon to effectively graft the new blood vessel to the patient's heart so that it can better perfuse previously starved regions and ultimately contract more efficiently.

One of the things that I appreciate most about surgery is the opportunity to work in team-oriented environments: anesthesiologists, surgeons, nurses, and technicians all functioning together to bring comparatively immediate improvements to patients' lives. I had just arrived to *operationssalle nummer acht* (operating room 8). The technician had successfully harvested the saphenous vein, one of the frequently used vessels for coronary artery bypass grafts, and passed it to the cardiac surgeon. "*Bitte Inizieren*" (please inject). The saphenous vein needs to be

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Learning at your convenience

Access to clinical information is often best used when the physician is at the point of care. But what about the kind of learning that requires quiet contemplation?

Continuing medical education at the point of convenience, when the learner has the time to focus and concentrate, is clearly ideal. This can be achieved by listening to audio files on portable CD or MP3 players, or even on smartphones. Audio-Digest Foundation, an affiliate of the California Medical Association, has been offering recordings of lectures of CME meetings from across the USA for more than 50 years. The lectures cover a wide range of specialties including anesthesiology, emergency medicine, family practice, gastroenterology, general surgery, internal medicine, obstetrics and gynecology, ophthalmology, orthopaedics, otolaryngology, pediatrics, and psychiatry. The College Library subscribes to these lectures in CD format and makes them available for loan. Furthermore, since 2006, the files have been available in MP3 format. Through the Library's account at Audio-Digest, College members may download hundreds of files and listen to them on their computers or mobile devices for free. Instructions for access are on the library's web site at the Audiovisual & PDA page, www.cpsbc.ca/library/pda-video-audio. A limited number of these files have been made publically available by Audio-Digest on the iTunes web site, but access using the College's web site offers a much larger selection by virtue of the Library's subscription.

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injected with a saline solution so that the surgeon can see where micro holes exist and close them with a small stapling device. This prevents the graft from leaking. Unfortunately, I had understood *Bitte Ziehen* (please pull). Like a good surgical clerk I followed instructions and started tugging on the vein that the technician had so carefully removed.

"What are you doing?" the surgeon screamed. "This is cardiac surgery!" I was not sure what was happening as I had done everything that was asked of me. I stopped pulling the blood vessel. Thankfully it was not harmed in the ordeal and the patient successfully received a new graft. Surprisingly, though, the telephone in my pocket did not ring on Friday. BCMJ

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must be promptly notified of a trial date and whether they may be required to attend at trial for cross-examination. Objections to any expert opinion must be raised no less than 21 days before trial or they will not be permitted at trial.

An expert is not permitted to give evidence at trial unless a report has been prepared and served in accordance with the rules. If a party wishes to cross-examine an expert, they must give notice to the party tendering the report within 21 days after the report is served. If an expert has been requested for cross-examination, the report will not be admitted unless the expert is present at trial. If an expert is not called for the purpose of cross-examination, the scope of the evidence he or she can give is limited to clarifying terminology in the report or otherwise making the report more understandable.

In anticipation of the new rules coming into force, medical experts will likely soon be asked to change the format of the reports to reflect the new rules, particularly for any matter which has a trial date after 1 July 2010.

Medical experts will continue to play an important role in personal injury litigation in the province. The new rules should serve to clarify the role of experts in civil litigation and provide greater certainty for both parties and the experts who are retained.

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If you have any suggestions for future articles, please contact DrLaura.Jensen@icbc.com.