

**From : Dr. Ng Yuey Zhun, Michael (M18)**

**Clinical Attachment in DUNCAN HOSPITAL, INDIA thru CMDF  
Elective Program**

I always admire doctors who devoted themselves to work in an alien and hostile environment and serve underprivileged populations who do not always respond to love with kindness. Also, I wonder how life could be like to serve people together with a strong Christian community. I was also interested in tropical medicine which I had little exposure in Hong Kong. So, with the help from Christian Medical and Dental Fellowship of Hong Kong (CMDFFHK), I joined the clinical attachment organized by the Emmanuel Hospital Association (EHA) at the Duncan Hospital.

In my opinion, the Duncan Hospital provides a good environment for medical students to learn how to become a good Christian doctor. The learning and working schedule designed by the Hospital enabled close and in-depth interactions with the doctors. Given the opportunity to choose according to my interests, I assigned myself to internal medicine, paediatrics, surgery, orthopaedics and obstetrics and gynaecology. I was given opportunities to observe, assist and perform under supervision in operations, deliveries, procedures, to follow ward rounds and clinics, to interact with doctors, nurses, other staff members, patients and other local people. I was particularly by how willing the doctors were to share their lives openly with others in multiple occasions such as morning devotions, doctors' meeting and English fellowship. I was much honored to be invited as guest in one of the staff members' wedding ceremony to share his moment of joy. I was particularly impressed by some nurses who were from not very well-off family but yet they committed themselves to care the poor people in Bihar with very low salary.

There were many community health initiatives in Duncan and I was given the chance to join ASISH, Community Health, Education, Training, Networking & Awareness (CHETNA) and Community Based

Rehabilitation (CBR) programmes. I spent two days in ASISH for field visit and outreach consultation. During the field visits, I learnt about the living condition as well as a wide range of health-related social problems encountered by populations living in Raxaul and they include as poor sanitation, malnutrition, poverty, poor access to healthcare, no formal education, human trafficking, underage arranged marriage, poor family planning, gender inequality, poor infrastructure development, etc. It was crystal clear that social injustice and poor economic status had huge negative impacts on people's health in Bihar. I practiced history taking with the help of translators, physical examination skills and basic medication prescriptions in outreach consultations. In the other two programmes, I participated in data collection and interacted with young students in special education classes.

I would recommend this elective programme for students who wish to expose themselves to tropical medicine and learn about the poorer and socially underprivileged side of India. There will be a lot of Christian religious activities in the day such as prayer sessions at every clinical activity because the hospital is a clinical hospital so non-Christian participants would need to take note of that. Patients usually speak Hindi or Bhojpuri only so one has to actively ask for translation. There were plenty of opportunities to ask history, do physical examinations and assist in operations but for bedside hands-on procedures one has to be more proactive to ask for permissions. One should familiarise himself/herself with the basic life support and advanced cardiac and trauma life support protocol and suturing in order to participate in resuscitation, wound management and operation. I would recommend future participants to bring all the necessary items or buy in Delhi because it is not convenient to buy things in Raxaul. I also recommend newcomers of India to follow the guidelines provided by the Emmanuel Hospital Association and by the Duncan Hospital.