The main reason I wanted to go to Ireland was so I could work at the National Maternity Hospital and really see how it differed from the experience I have had in the States. I had the opportunity to evaluate the teaching of medical students compared to the States, compare residency between the States and Ireland, and I delved into the role of the nurse midwife at the National Maternity Hospital and compared it to my exposure to midwives at KUMC.

From the get go I saw that the teaching of medical students in the hospital was a little bit different. Rounding was meant to be quick and efficient. There was no time for teaching then. It was during tutorials (a time set aside in the afternoon) where the real teaching occurred. Each student was responsible for interviewing and examining a patient and then would present that patient during tutorials. I got off easy because I wasn’t familiar with their strict presentation style, but the other students would be stopped mid-sentence, corrected, and made to start over. I was informed by my advisor Dr. Higgins that this emphasis on presentation style and wording is to optimize success during their oral exams which they have at both the end of rotations and at the end of medical school. She also reasoned that having strict wording and structure helps in not forgetting key portions of a patient interview. In the States there always seemed to be much more emphasis placed on note writing than oral presentations.

Residency in the States for Ob/Gyn is four years at the same hospital. If you want to do a fellowship you add an additional two or three years training. Residency in Ireland goes drastically beyond that. First there is intern year, during which you do not have to have decided on a specialty. Then people apply for SHO (senior house office) positions. People are typically a SHO for 2 to 3 years and all of those years are not necessarily at the same location. Then people apply for registrar positions. Once again these last 2 to 3 years and are not all in the same location. A person cannot stop there in Ireland because being a general obgyn is not common so
people pursue research and fellowships, which are most often done outside of the country. Per Dr. Higgins, a person could spend 10-13 years before they are actually a consultant (an attending here in the states.

Up until I left for Ireland the only work I had done with a midwife was at the JayDoc Free Clinic Women’s Health Night. When I arrived at the National Maternity Hospital the third person I met was Helen, the midwife who was in charge of running the antenatal floor. She was the constant in all of the patients’ lives. As a different resident rotated through each day, she stayed. She was the one who had to stay up to date on all of the patients and she was the one to go to with any questions. It was my initial encounter with her that prompted me to examine the role of the nurse midwife in the National Maternity Hospital.

In the National Maternity Hospital there is the nurse midwife in charge of the antenatal floor and then there is a team of nurse midwives who are responsible for the labor and delivery ward. The SHOs and registrars rotate in the morning with the midwife on the antenatal patients and they are present for the deliveries of high risk patients. The consultants are only called if there is a complication. In one of my many discussions with Dr. Higgins she talked about how she believes that the presence of the midwives in the labor and delivery ward contributes to their lower cesarean rates.

While critically looking at my experiences at the hospital I also experienced some challenges that helped me grow as a person and future physician. During my ob/gyn rotations at the University of Kansas I was always left out of the more difficult conversations and the more sensitive cases. I completely understood why, it was out of respect for the patients. As a future obgyn, though, at one point I needed to be a part of these conversations and see these cases, and I finally had these opportunities in Dublin.
During my last week at Holles Street I had some pretty trying days and was a part of some incredibly sad discussions. I spent one of my days in the early pregnancy ultrasound clinic and this is where the majority of the conversations took place. The first patient of the day was a woman who was 14 weeks pregnant who had been having vaginal bleeding for a few days. When we scanned her the fetus was only 12 weeks gestation in size and there was no longer a heartbeat. This was her first pregnancy.

The next two patients also presented with vaginal bleeding. On their scans both of their fetuses were small for gestational age and had very slow heartbeats. The only thing that we could do for these women was to counsel them on the high probability of miscarriage and have them return in two weeks for rescan.

The last patient of the day was the bright light on what had been a predominately gloomy day. To set the stage… this was a couple in their early 30s who had been told they would never get pregnant. This was due to the high levels of methotrexate the husband had been treated with for his leukemia. Now he was in remission and they were in an early pregnancy ultrasound clinic. The scan showed a baby at 12 weeks gestation with a strong heartbeat; this couple’s little miracle baby. I wish the story ended there, though. The next day the consultant I was working with informed me that the father’s leukemia had relapsed and with the current standard of treatment he had a 20% chance of being alive in 3 years. They had this miracle baby and there was a high probability that he wouldn’t be there to experience it.

As I move forward with my career as an obgyn, these patients will always be there in my mind. They will remind me to truly cherish the good and that I will make it through the bad. And ultimately, each patient is unique and I must treat them that way.
While I was away from the hospital I tried to soak up as much of the Irish culture as possible. I was lucky enough to be in Dublin during the height of their election season and even watched the results with the couple I was staying with. It was amazing being able to compare and contrast their voting system to ours. They have 11 political parties in addition to independent politicians. Their election process involves ranking all of the candidates so there is more than just picking a favorite. There is strategy to the ranking process. With each position there are a certain number of spots available and in order to be elected the candidates must receive a certain number of votes. If no one received the required number of votes then all of the votes for the last place candidate are redistributed to the people ranked second on the list. This process continues until all the spots are filled. If they, somehow, are not filled, then they have to go through the whole process again six months later. At least with their process each vote matters, unlike our electoral college.

Even though my elective location was Dublin, I would be doing a disservice to myself if I didn’t mention my stop in Poland. Ever since I was a kid I have wanted to go to Auschwitz, and I couldn’t pass up the opportunity. It was the most haunting experience of my life. The Polish people have done an incredible job preserving the two main camps and as I walked through the camps the reality and gravity of everything that occurred during the Holocaust flooded over me. No reading on the subject could have prepared me for how emotionally draining the experience was. It was a sad reminder of what happens when a group of people let fear and hate control them.

My month in Ireland was life changing. For the first time I was on my own, completely independent. This forced me to do an immense amount of self-reflection both inside and outside of the hospital. While in the hospital I was completely focused on patient care and honing my
interview and physical examination skills. I have become much more confident in my abilities to thoroughly interview a patient and perform an abdominal exam with the use of an ultrasound machine. I hope that these skills and their teaching styles are ones that I can use in my time with medical students. I also had the opportunity to work more closely with midwives than I ever have before and have seen how their participation in patient care can positively impact outcomes. This will make it that much easier for me to incorporate them into my future practice.

Outside the hospital I became much more comfortable doing things on my own. I used to be ashamed to grab dinner by myself so I would just do take out, but no longer. There is something empowering about saying table for one and then spending dinner people watching and soaking everything in. Before this trip the only time I had ever traveled alone was for my residency interviews. This time I flew across an ocean and took on 2 new countries by myself. I didn’t know people and that forced me to approach strangers, make new friends, and get outside of my comfort zone. I feel that much more comfortable in my own skin because of it.