

## International Medical Education

## **Medical Student Enrichment Program**

University of Alabama at Birmingham School of Medicine

Clinical Elective: Baní, Dominican Republic – INTEC: Instituto Tecnológico de Santo Domingo

**Dates of Training:** June 10, 2019 – July 7, 2019

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Date of Reflection: August 6, 2019

The summer after my first year of medical school, I had the good fortune of being selected for a global medicine rotation with the Instituto Tecnológico (INTEC) de Santo Domingo in the Dominican Republic. I have been collectively learning Spanish for 13 years, so I was ecstatic for the opportunity to expand my clinical skills while honing my Spanish speaking skills. A group of six students, including myself, set off for Baní, Dominican Republic the Sunday after our last Friday final of first year, eager to put what we had learned into application.

Our primary responsibilities would be working in small, primary care clinics known as UNAPs (Unidades de Atención Primaria). I would be living in Salinas, a rural beach community and working in a neighboring community's UNAP with two other UAB students. After a full first day of travel to reach our destination, we arrived at Salinas late that night where our host students greeted us. They had set up a small get-together to introduce us to the rest of the INTEC class. However, it took me until the next morning to develop a full appreciation of where we were living. The building was large, one of the largest in Salinas, but my first view from the balcony was limited since we arrived late at night. In the morning, we could see a surrounding bay, the Salinas beaches, and wind turbines generating electricity for part of the Dominican Republic. The view was incredible and humbling at the same time. Juxtaposed against the breathtaking view was the housing of our neighbors, the residents of Salinas. They lived in much smaller, but vibrantly colorful houses, lacking many of the amenities we have become so accustomed to in the States, such as daytime air conditioning and washers and dryers. Our building was a bit closer to what you might see in a major US city, clearly a newer and more costly development than our neighbors. I knew this experience would afford me a great global perspective and this dichotomy was my first taste in the Dominican Republic.



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The view from the Salinas house.

We soon left for the clinic in the small neighboring community of Quija Quieta, which would become our weekday routine for the entire trip. The clinic was equipped with an emergency room, a dispensary and a consultation office. The clinic operated weekday mornings and afternoons, but should anyone in the clinic need anything, the doctor was never far – a living space (fully equipped with kitchen and restroom) was attached to the clinic. Our doctor lived in this attachment and we soon found out that recently graduated Dominican doctors would serve in UNAP or similar clinics as part of government service. For three US medical students looking at residency on the distant horizon, this was a foreign concept to us. As for our in-clinic responsibilities, we served in triage and shadowed physician consults, all in Spanish of course. The patients we saw ranged from chronic conditions like hypertension and diabetes to the administration of vaccinations to infants. Being a small clinic, in a small community, the influx of patients was not overwhelming. And, while we might have only seen 5 patients in an entire day, I enjoyed each clinical exposure that I had.



Examining a patient in the clinic.



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There were some experiences that stood alone as the most memorable parts of the clinical rotation. One experience was doing in-home surveys in Quija Quieta about cervical cancer knowledge in the community. What I enjoyed most about the research was interacting with the community and learning about their level of health education in the area. I also thoroughly enjoyed our hospital shadowing experience in Santo Domingo. It was a total shift in setting as I moved from a small clinic where I was for 3 weeks, to a large, bustling hospital in the ultimate metropolitan area in the country. While at the hospital, we completed morning rounds with approximately 25 other Dominican medical students in the pediatric ward. These patients were much higher acuity than those we had seen in the UNAP and it was intriguing to see the Dominican doctors and students interact and care for the patients.

My experience in the Dominican Republic will be one I hope to reflect on often. I met some quality Dominican medical students, saw how medicine was conducted in another country and honed my Spanish speaking skills. But, additionally, I learned a valuable lesson about caring for patients: limited resources should never prevent you from giving the patient in front of you your best effort.

Paul Chisolm