

## **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 2, 2024 – June 30, 2024

**Student:** Michael Murphy, MS1

**Date of Reflection:** July 26, 2024

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This summer I had the once-in-a-lifetime opportunity to travel to the Dominican Republic for the Medical Student Enrichment Program. I have no doubt this will be one of the most enriching experiences I will have during my medical education. Three weeks were spent in rural Baní, and we spent our final week at Robert Reid Cabral Children's Hospital in the capital. Every moment was a learning experience that changed my view on patient care and global health.

While in Baní, I had many first-time experiences. I had numerous opportunities to observe pathology on ultrasound, including kidneys, livers, and hearts. I also had the opportunity to and legs. It was an emotional experience as it was the mother's first time seeing her baby as well. I also performed my first pap smear, which went surprisingly well! These experiences enhanced my practical skills and helped me identify normal from abnormal findings on ultrasound. A typical daily task was taking many blood pressures, and I can safely say I now know how to take a manual blood pressure. An interesting cultural difference was that many patients asked for their blood pressure to be measured while in the waiting room, assuming I could give a full diagnosis based on that. I became proficient at explaining what a blood pressure reading is to the patients. I even learned how to take a quick systolic pressure without using a stethoscope, which is a valuable tool, especially in the fast-paced environment of the Unidad de Atención Primaria (UNAP), which translates to Primary Care Unit.



The contrast between their healthcare system and ours was immediately apparent. The clinics we worked in often lacked basic supplies like pens, gloves, alcohol swabs, and lancets, and the pharmacy was poorly stocked. The personnel working there and the Dominican medical students demonstrated great resourcefulness and highlighted the privilege we have in our well-resourced healthcare system. Their dedication to their patients despite these limitations was very inspiring.

At the beginning of the trip, language was a significant barrier. While I do speak Spanish, the rapid, unique dialect of Dominican Spanish made me feel like I did not speak Spanish at all. This forced me to adapt, analyze, and improve my Spanish. I am so appreciative of everyone there for constantly answering my translation questions, and I now feel much more confident in communicating and interpreting for my Spanish-speaking patients in the future.

The encounters I had with patients were all very diverse and covered a wide range of conditions,



including gynecological symptoms, colds, rashes, sweats, hypertension, diabetes, tumors, swelling, coughs, fever, and immunizations. House calls were also very exciting. While eye-opening, they also allowed me to highlight the conditions that some people live in, providing a deeper understanding of our patients' social determinants of health. Many of these houses were open-air, with rainwater only, enough electricity to run a couple of fans and lightbulbs, dirt floors, and no proximity to markets, healthcare, or public amenities. Two other house calls included a declaration of death and assisting a bed-bound man with lung and liver failure.

Another striking aspect of the primary care system in the DR was the pace of patient care. Some appointments only lasted five minutes, which was necessary given the limited resources and high patient volume. Follow-up visits were frequent because of this, and it appeared that quick turnover with plans to reassess was the primary focus. While different from how clinic visits are performed here, this showed the adaptability and responsiveness of their system, especially under the given constraints.

There were many patients with diagnoses of Giardia, Entamoeba, and even two patients to whom we had to deliver an HIV diagnosis. I was impressed to learn about the comprehensive HIV system they have in place, which includes testing, counseling, follow-up calls, and free medication distribution. It is very honorable how they are combating the public health issue of HIV, and I think many other systems could model themselves after that.

The culture of the Dominican Republic was like none I have ever experienced. The nature, food, people, music, museums, and historical districts were some of the most fun experiences while there! I think learning about the culture of the country was just as important as practicing medicine while we were there, and I left feeling like I adequately appreciated the culture considering the time we had.



Overall, my time in the Dominican Republic improved my clinical skills, cultural competence, Spanish-speaking skills, and time management significantly. I feel more confident in my patient care abilities and in learning how to adapt to time and resource constraints in an unfamiliar environment. It reinforced my passion for global and public health, and I will continue my commitment to being a culturally competent physician while also providing high-quality patient care to diverse populations.

*Michael Murphy*