

Medical Student Enrichment Program
University of Alabama at Birmingham Heersink School of Medicine

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

Dates of Training: June 2, 2024 – June 30, 2024

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My very first Spanish-speaking patient was a pregnant woman suffering from vaginal bleeding. I spoke little Spanish at the time, but she was clearly scared and catching buzzwords like “embarazada” and “sangre” got the point across. I stumbled through words, and we typed back and forth over Google Translate until I could find her a reliable interpreter. The frustration of that experience, and many more, sparked an interest in learning Spanish to better communicate with patients like her. Ever since, studying Spanish has played a key role in how I connect with patients and people. To me, the chance to travel to the Dominican Republic was an opportunity to combine two passions: Spanish and medicine.



Upon arriving, the Dominican students and faculty greeted us warmly with home-made signs. As we boarded the southbound shuttle together, I got my first culture shock. I

had heard that Caribbean Spanish could be challenging to understand, but I was startled nonetheless when my limits were tested despite weeks listening to Dominican podcasts, music, and years dedicated to studying and speaking Spanish. Apprehensive, but excited for the challenge and opportunity to leave my comfort zone, we made our way to the rural town of Baní, where we would spend three weeks working in community primary care clinics.

Any difficulty communicating was quickly washed away by the friendliness and sense of community given by the students, teachers, and patients. Our Dominican counterparts, who quickly became our friends, were eager to teach us slang, introduce us to Dominican music, and help interpret phrases or interactions we didn't understand. Each morning, the nurses would brew fresh



coffee on an electric burner in the back or make arroz con leche as patients began to fill the waiting room. Even our patients would come in the morning and later return with bags of fresh mangoes or bread to offer us.

Baní offered an opportunity to bring medicine and education to the community. Our first week, we visited a local public school to talk to the children about different types of interpersonal aggression and violence. As we walked through the halls and courtyard, the children eagerly congregated around us in groups, each kid wanting to give us all high-fives. Other times, we would drive into the community to care for patients in their homes. While I was no stranger to prehospital care in the states, these calls were quite different. Squeezed

in the back seat with our equipment, we would dodge motorcyclists and potholes in our doctor's Honda Civic, rather than in an ambulance.

On one occasion, we traveled to the outskirts of Baní for house call. When we arrived, the patient's family met us at the door and warmly welcomed us into their home. They ushered us to a lone bed in the back, where there lay an elderly man receiving oxygen from a large tank, bedbound beneath an electric fan. I quickly learned that he had terminal cancer, and that our clinic had been giving him home hospice care for some time. Over the next hour, we listened to his heart and lungs while measuring his oxygen as we gave him breathing treatment through a nebulizer. As we monitored him, his family offered us freshly brewed coffee and offered us to stay as it began to rain outside. As the treatment ended, we all came together to reposition the patient and make him comfortable, and I left having seen an even more intimate role of doctors in the community.

Our time in the rural clinics of Baní and children's hospital in Santo Domingo offered an opportunity to see procedures, practice our clinical skills, and learn to better communicate and describe concepts to patients. One pregnant patient came for a simple wellness check. Excited, we asked her permission to examine the fetus with our portable ultrasound probe. As we slowly brought a head, spine, and heartbeat into view on our iPad, her eyes lit up in what could perhaps be one of her only chances to see her baby before she was born.

At Robert Reid Cabral Children's Hospital in Santo Domingo, we saw high-acuity patients with a much wider range of illnesses. Rounds with the attendings and other

students offered an exciting deep-dive into pathophysiology and treatment as we went patient-to-patient and pondered the attending's many questions about burns, sickle cell disease, pericarditis, and more. While we experienced the community and excitement of treating children in an academic hospital, we also witnessed harsh realities like lack of access to prenatal care or poor screening for chronic diseases as we ventilated a critical infant during resuscitation efforts and saw children suffering the effects of unmanaged AIDS or tuberculosis.

The Dominican Republic showed me new challenges in medicine, while also demonstrating the adaptability and perseverance to provide medical care in the face of power outages, limited PPE, and equipment. Now that I've returned, I feel that I've gained a more thorough appreciation of medicine in another country and firmly believe that my newfound knowledge about barriers to care, effective communication, the importance of preventative medicine, and more will help me better take care of our patients here in Birmingham and beyond.



Peter Anthony