THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
International Medical Education

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

Clinical Elective: Baní, Dominican Republic – INTEC: Instituto Tecnológico de Santo Domingo
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I was blessed to have the opportunity to go to the Dominican Republic and work with my UAB peers to serve in the rural communities of Baní. We were lucky to be hosted by local students who were extremely gracious and wanted to give us a Dominican experience. When we first landed in Santo Domingo, the first thing all of us noted was the super high humidity. But the second thing we saw was the INTEC coordinator and students waiting for us with a sign that had our names on it. One of the student's moms baked us a tres leches cake and the students gave us gifts of chocolates and handheld fans (which they knew we would need to survive the heat of clinics). It was a wonderful welcome and that was when I knew we would be taken care of. After the hour long ride to Baní, we were greeted by the rest of the Dominican students, who had prepared a welcome home-cooked lunch for us and it was a time filled with laughter and dancing.

For the next three weeks, I would spend a lot of time working at a UNAP, which was essentially a walk-in primary care clinic that offered all services and medications for free. Because there were so many UNAPs in Baní, every patient was within a 10-15 min drive of a UNAP. So they could easily access our services on any weekday morning. I took note of how the majority of the patients that came in were patients that wanted their hypertension or diabetes monitored, and they would come like clockwork every week to check on their BP or glucose. I really admired how those patients took charge of their own health and had the opportunity to come often. Because of that, we became very proficient at taking manual blood pressures. Our UNAP was the least stocked and the least maintained of all the UNAPs, so we had to work with limited resources. There were times when we could not use gloves, or the syringes and speculums would not work well so we had to try to fix them so they were manageable. We also only had one bed that we reserved for any patients that needed to lay down for a physical exam. As a result, the majority of the patients we saw were seen in the waiting room. There was no such thing as HIPAA, so we would be questioning and examining every patient in a crowded waiting room.

As UAB students, one of our purposes was to bring the Butterfly ultrasound devices so that we can show the providers there how they are used and how they can help with diagnosis. Since we were only MS1s, I was worried about whether we would be able to recognize structures well and if we would be of any use with the ultrasounds. But once we started using the probes, my confidence grew very quickly. We would do kidney/bladder ultrasounds on patients that had UTI symptoms to check for hydronephrosis. We did an echo on a teenager who had a heart attack at 16 to see if he had any type of cardiomyopathy. We verified a lot of pregnancies and got to show many women what their baby looks like. For most of the women, this was the only ultrasound they would get. I got to feel very comfortable with the ultrasounds and I'm excited to use them more often. Our providers did not really seem to have much interest in using the ultrasounds, so me and my UAB peer would ask to scan any patients we thought might be interesting and wanted to explore.

We had a vaccination clinic attached to our UNAP that was run by a different organization which provided free vaccines for all children. So we got to spend time with them learning about when the routine vaccinations are needed, vaccination techniques, and how intramuscular and subcutaneous injections vary with children. I did not know that for very young children, because arm muscles are not developed, subcutaneous injections are done in the same place that we adults would get an intramuscular flu shot. And if you wanted to give a child an intramuscular injection, it would have to be in their thigh. We had an interesting time trying to poke little crying wriggling kids with our needles. It took multiple people to hold kids down while I did the injections, and I was often squatting on the ground contorting my body to get the best angle. For adults, I got to learn how to give birth control shots and I gave quite a few people prednisone shots in their buttocks too. These UNAPs were the best way for us to learn how to do these physical skills like getting vitals, glucose, injections, and ultrasounds. I feel confident doing these my third year and this experience also taught me how to jump in and try something new.

House visits were extremely interesting as well. The houses that people lived in reminded me a lot of India, and I was pleasantly surprised at how welcoming the people were. A lot of them gave us food and mangos to thank us for coming. At the house visits, we took blood pressures and tested glucose on patients that were not able to easily come to the clinic, and this was done weekly. It impressed me how the clinic knew the people in the community that were not able to easily come and actively made an effort to monitor their health. The idea of regular home visits like this is not as common in the US, and I think that it would be really beneficial for patients here.

Overall in our UNAP experience, I was also surprised by the Haitian population. We had a significant population that immigrated from Haiti in order to have a chance at a better life, and many them did not speak Spanish. Seeing the way our providers interacted with them was interesting. Even if the patients brought a friend that could speak Spanish, they generally did not ask them many questions, not allow for the patient to thoroughly explain their symptoms, and tend to refer them out to the hospital more often. I had the chance to ask some of the students and providers about why this is and why don't more people try to learn Creole to bridge the gap. One of our students did learn Creole, but she is the only one out of the Dominican students that did so. The students and providers say that because of the political and historical background between the Dominican Republic and Haiti, there is animosity and Haitians are looked down upon. This background seems to bleed into how we saw the Haitian patients be treated in the health system.

We spent our last week in the Dominican Republic shadowing at the Hospital Infantil Dr. Robert Reid Cabral, which was the first pediatric hospital established in the country. Because of that, all of the rare and acute patients presented there. We saw so many rare genetic cases like kids with Moebius syndrome and Patau syndrome along with kids that were born with HIV and sickle cell. In the emergency room, most kids came with respiratory issues, but we had some emergent patients that were unconscious from issues such as suicide attempts and brain tumors. We were very lucky to have the opportunity to see these sort of patients that are more uncommon in the US.

I am so grateful to have had this unique experience. Not only did I make lifelong friends, get hands-on experience, and see rare patients, but I also improved my Spanish and gained confidence in my skills—something that I know will serve me well in my clinical years and beyond.