

Parag Bakshi Fellowship International Medical Experience

Colin Kane, M.D.

San Miguel de Allende is a pleasant, colonial city of approximately 130,000 people that is situated in the mountains of central Mexico, in the state of Guanajuato. Its narrow, cobblestone streets and many historic buildings give the city a certain charm that is easy to appreciate. San Miguel was declared a national monument in 1926, and there are strict regulations regarding new structures built in the city. Because of this, the city has retained much of its original colonial architecture from the time before the Mexican revolution. It was here that I recently spent one month working in the local public hospital and in several clinics while improving my Spanish language skills.

When I came to Christiana Care Health System to begin my Med-Peds residency, I inquired about opportunities to spend time training in foreign countries. As a medical student, I had been able to spend time as a medical volunteer in Haiti. Since that experience, I have felt that spending time studying medicine in other cultures was beneficial for several reasons. First, I believe that seeing how medicine is practiced in a foreign culture gives me a different perspective on how to approach medical problems. Physicians that have trained in different cultures often have alternative ways of tackling the issues that are facing their patients. Also, because many countries do not have the technological advances that we enjoy here in the United States, diagnoses must often be made on history and physical exam skills alone. Treatment options are also often limited. I also feel that spending time in a foreign medical system helps me to appreciate the medical environment that some of our immigrant patients are accustomed to in their home countries.

My month in San Miguel de Allende was spent in both Spanish instruction and in clinical experiences. I spent two hours each day in Spanish lessons, which were one-on-one with a native Spanish speaker. We usually spent the first half of our lesson practicing conversational Spanish, with the second half of our class devoted specifically to medical Spanish. In this way, I became proficient at taking a basic medical history in Spanish. The remaining six hours of my day were spent in one of a variety of medical settings including a public hospital and rural and mobile health care clinics. The majority of my time was spent at the local public hospital, either with the internal medicine service or in the emergency department. The hospital was very small, and consisted of 4 hallways which formed a square. One hallway each was dedicated to internal medicine, surgery, pediatrics and obstetrics and gynecology. My experiences in the hospital were interesting because of both the similarities and differences in the practice of medicine that I observed when compared to what I was accustomed to here in the United States. I enjoyed rounding with the residents and medical students each morning. Although their system of medical education is different than ours, the morning rounds and bed side teaching done by the attendings were basically the same. There were many noticeable differences in how each patient was evaluated. The hospital did have an x-ray machine, but they did not have a CT scanner. Basic laboratory studies, such as CBCs and electrolyte panels were quickly available, but others labs that we consider standard here in the United States

had to be sent to outside laboratories. If a patient presented complaining of chest pain, cardiac enzymes could be ordered, but the results would not be available until the following day.

I also spent time with a mobile health clinic that traveled to various parts of rural Mexico which had limited access to health care. We would travel in a truck packed with charts and basic medical supplies to remote areas in the Mexican country side that were often just a collection of houses. Many times there were no roads that led to these developments, and I was always impressed that the driver knew where to go. Once we had arrived at our destination, we set up a clinic in a bed room of a house that a local family had donated for the day. There we would see patients with a variety of medical problems, including hypertension, diabetes and pregnancy. There were no pharmacies for our patients to utilize. Their medicines came exclusively from cardboard boxes of samples that we brought with us.

I also spent one memorable day transporting a very sick infant. Although I was spending the majority of my time with the internal medicine department, the doctors that I worked with knew that I was also training to be a pediatrician. Because of this, I was asked to transport a 3 week old infant with pneumonia and probable sepsis to the closest tertiary care center, which was about 70 miles away. The baby was intubated and it was necessary for me and the medical student who came with me to manually ventilate the baby for the entire 90 minute trip. Because of a lack of some basic supplies, the obvious language barrier, and a very sick patient, there were a few tense moments along the way. I was relieved when we arrived at the hospital with the baby still very sick, but stable.

I thoroughly enjoyed my time in Mexico. Not only did I greatly improve my Spanish language skills, but I also gained a better appreciation for the health care system in Mexico. The physicians that I interacted with in Mexico worked hard for their patients and did the best that they could with the resources that were available. I returned to the United States with a better understanding of the challenges faced by our colleagues in economically challenged areas of the world. I also gained an appreciation for the frustration that can be caused by a language barrier. In Mexico, it was I who had to struggle to communicate with my patients. In my future career, I will continue to seek out opportunities to volunteer my time and medical skills.