

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

Student: [Autumn Beavers, MS1](#)

Date of Reflection: August 7, 2019

“Soy ilegal!”—I’m illegal!, our patient loudly exclaimed as we sat in the waiting room of the clinic and discussed how we both had arrived in the Dominican Republic and learned Spanish. He and his family had emigrated from Haiti 3 years ago, and he was in the clinic for two reasons: his wife was having complications with her pregnancy and his mother, Mrs. J, had just suffered a stroke and was being rushed from the clinic to the hospital.



This particular morning in the clinic started like any other day. We arrived around 8:30 AM to find a couple of patients anxiously waiting in the waiting room. As we went around and said our morning greetings, I noticed a petite, elderly woman waiting and smiling in the corner. One of the other rotating medical students who knew the family pulled me aside and whispered, “That’s the Haitian family that I was telling you about”. We’d heard that there was a large Haitian population in the town and that they would often come into the clinic. Since they didn’t always speak Spanish well, it was never really clear if they’d understood the doctor or if their medical concern had been properly addressed. I went over and introduced myself to Mrs. J and her daughter only to realize that Mrs. J didn’t speak much French. She spoke Creole. Her daughter, who spoke Creole, French, and Spanish, was there as her translator. We chatted back and forth for a little while before I started our daily task of measuring height, weight, and blood pressure. A couple of minutes into our shift I saw the doctor bringing a cup of water to Mrs. J. I knew this was protocol for patients whose blood pressure was reported as high. Mrs. J was told to sip the water and that her blood pressure would be retaken in 10-15 minutes. On the second measurement, her blood pressure was still high. She was then given sublingual captopril and told to continue waiting until her number was called for consultation.

International Medical Education

Mrs. J had been in the consultation room for about 5 minutes when the doctor rushed out asking for IV fluids. Mrs. J had presented to the clinic with a blood pressure of 180/110, right sided weakness, nausea and a headache that wouldn't go away. As she sat on the exam table and the nurse and medical students swarmed around asking her daughter various questions about her mother's medical history, I noticed that she had the most peaceful look on her face. She didn't seem the least bit concerned that the word stroke was being whispered around the room or that the Red Cross had been called to transport her to the nearest hospital. As she was wheeled out of the clinic, she turned, smiled and waved to me. It wasn't until I saw her daughter whisper to her in Creole that it occurred to me. Mrs. J hadn't understood one word of what had just transpired over the past 30 minutes. I assumed she knew something was wrong but had no idea the severity.

Four days later, we followed up with Mrs. J during one of our routine home visits. As we drove down the dirt road, Mrs. J's family compound came into view. Their house was pink painted panels of tin and wood with a white "Iglesia" sign that hung from the roof. We entered their courtyard and were greeted by the family. We rechecked Mrs. J's blood



pressure and asked how she'd been doing since being released from the hospital. Her daughter told us that they hadn't been able to afford all of the prescribed medications, so they'd only bought the cheapest ones. We continued to discuss her medical history, asking about family history, diet, and past medical conditions. In doing so, we realized that a lot of Mrs. J's medical and family history, she just didn't know. She said her parents had died years ago but she wasn't sure exactly how old they were or what they'd die from. She'd had 12 children but only 8 lived past infancy. We also learned that she'd only come to the Dominican Republic for medical treatment. She hadn't wanted to leave Haiti and often asked when she would be able to return. She missed everything about her home—her friends and family, speaking her language, her culture, etc.

International Medical Education

As we toggled back and forth between Creole, French, and Spanish, I looked around and realized that these were the moments I would miss most. Although there wasn't much medically that we could have done for Mrs. J, we were present. We sat around their courtyard, laughed and talked for hours. This moment reminded me that medicine was more than being able to treat an ailment. It was also about being able to sit on a broken chair in the middle of a family's compound, eating popcorn and chatting about the different types of mangoes. I realized the importance of finding common ground so that you can build rapport and trust with a patient. It also reminded me that patients do not always need us to be their healthcare professional. Sometimes they just need us to be a person, an ear in the room willing to listen. This is a lesson I hope to carry with me into my career. I hope that I will always try to see the person before the disease and realize that patients are also people. As we gathered our things and prepared to say our final goodbyes, we hugged Mrs. J and her family, thanked them for everything, exchanged phone numbers, and promised that we would try to one day return.



Autumn Beavers