

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

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Date of Reflection: August 5, 2019

This summer I had the privilege of traveling to the Dominican Republic for a social medicine elective through UAB's Office of International Medical Education. For a month, I worked in a rural free clinic that served a town of approximately 1,000 people. This clinic provided basic primary care services and was staffed by three medical students, two nurses, and a doctor. As a federally funded clinic, the clinic offered services free-of-charge to the town's residents, including undocumented immigrants from neighboring Haiti. One of my most memorable patient encounters was during my last week at the clinic, when a Haitian woman presented for a routine pap smear. Like many Haitians who have recently immigrated to the D.R., this patient did not speak much Spanish; similarly, the attending physician at the clinic, like most Dominicans, did not speak the patient's native language, French Creole. As one could imagine, the resultant language barrier greatly impeded the patient encounter.



After leading the patient to the exam room, the doctor opened up the visit by taking a general sexual history. The doctor read off seemingly basic questions from a standardized form; however, the patient mostly responded with confused looks and “*no entiendo.*” Rather than slowing down her line of questioning, the doctor repeated the questions several times, gradually showing signs of frustration. At this time, part of me wanted to jump in and ask the doctor to repeat the questions more slowly (and maybe with hand gestures), but part of me also didn't want to step on toes—after all, I was only a rising second-year medical student and a guest to the clinic. Nevertheless, tensions continued to flare as the interview proceeded: the patient appeared uncomfortable as the doctor became angry, on the verge of leaving the room.

To prevent the situation from escalating further, I finally decided to jump in. First, I repeated the doctor's questions more slowly. If they still did not resonate with the patient, I then rephrased them in a way that didn't require extensive Spanish knowledge to comprehend. In this moment,

I recalled from serving non-native English-speaking patients at UAB's EAB clinic that rewording or repeating phrases more slowly facilitated patients' understanding. Furthermore, Dominican Spanish is notoriously fast-paced; I remembered that asking my Dominican colleagues to slow down their speech had helped me in times where I also struggled to understand the language. Relying on these tactics, I was able to give the doctor a break while delivering information in a way that was easier to digest, from one non-native Spanish speaker to another.



Encounters like this did not occur often during our month on the island; nevertheless, this experience will likely carry parallels to future clinical experiences I will have in the United States. Moreover, language barriers are unfortunately commonplace for America's large immigrant population, hindering these individuals' ability to interact with the health care system. To mitigate these barriers here, I will aim to employ an approach similar to the one I used abroad (and, after seeing its positive outcome, will be less reluctant in doing so!). Ultimately, this international experience has strengthened my resolve not only to improve upon the Spanish skills I gained in the Caribbean, but also to utilize these skills to serve similarly disadvantaged groups as a future clinician.

Cameron Lee