

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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The month I spent working in a small rural community in Quija Quieta, Dominican Republic this summer was a life-changing experience. Located a distant 16km from the nearest hospital, residents of Quija Quieta turned to the local clinic in the center of the town for their medical concerns, questions, and needs. My colleagues and I arrived at the clinic every day at 9 AM with stethoscopes wrapped around our necks and medical Spanish cheat sheets in our pockets, ready to take blood pressures, obtain histories, clean wounds, and when necessary refer to our vocabulary cheat sheets in order to properly relay information to our patients.



I've been taking Spanish classes ever since I can remember and have been proactive about traveling in order to practice speaking to native speakers. However, one thing I did not anticipate was how difficult Caribbean Spanish would be for me to understand. This became apparent the first day in clinic while interviewing women within the Quija Quieta community about cervical cancer and which practices they utilized to prevent the disease. As I began interviewing my first clinic patients, I realized that the cadence of their speech and even some of the vocabulary that they used to describe their medical history differed greatly from the Spanish that I had studied and been exposed to previously. Although confronting this language barrier was

one of the primary elements that attracted me to this program, it was initially very frustrating not being able to engage in conversation with my patients as fluently as I would have liked. In subsequent interviews, I found myself developing defense mechanisms like nodding my head to feign mutual understanding or asking one of the Dominican medical students to aid me in my translation. However, I soon realized that I was not alone.



While aiding a clinic patient with a large diabetic foot ulcer, I noticed that she utilized similar defense mechanisms. As I began explaining to her how her arterial circulation was affected by her diabetic state and that her foot was changing colors because of lack of blood flow, indicating damage, I noticed that she became increasingly quiet. Eventually, she stopped asking questions and instead began to only nod her head. At once I recognized this behavior as the same thing I had done days prior when I had felt embarrassed about my confusion.



Medicine is a language, and like Spanish it takes a certain level of familiarity and proficiency in order to understand and internalize concepts. I'm constantly surrounded by medical students and doctors who perfectly understand the language of medicine, and as such, it's easy to forget just how foreign physiology or pathology can be to the average person. The dangers of miscommunication can be quite severe and as I saw during my trip, it can present in a variety of different ways.

In clinic, I found that when patients could not understand the complexities of a disease, they made the simplest associations as possible for the sake of clarity. For example, it was common for patients to associate "treating" their disease with "taking medication" and while the physician instructed them to eat better and exercise more, they didn't fully understand that the absence of doing so directly counteracted the benefits of medication.

Likewise, much like how I referred to the Dominican medical students for translation, patients too turned to people for medical advice who were able to translate medicine into concepts they understood. If this is not the doctor, then perhaps a family member or another member in the community who appears to be knowledgeable. However, these familial sources are not always reliable and can be detrimental. Although there were times when I struggled with language barriers, this experience allowed me to recognize and better understand the communication barriers that can often negatively impact a patient's health and healthcare.

It is my goal to become the kind of physician that breaks down barriers of communication and guides patients towards making informed and responsible decisions about their health. Working in the Dominican Republic this summer not only helped me develop medical and linguistic tools that I will use in future practice, but strengthened my commitment to engaging in international experiences in pursuit of my goal of becoming a culturally competent physician.



Marshall Lewis