

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 2 – June 30, 2024

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Date of Reflection: July 26, 2024

Having never been outside of the United States before, I was nervous at the beginning of my month-long clinical experience in the Dominican Republic and unsure of how I would overcome the language barrier and cultural differences. Nevertheless, I was extremely excited to meet new people, practice my Spanish, and see what I could learn to become a more globally minded physician.

I was partnered with 3 medical students from INTEC for the month and went with them each day to an Unidad de Atención Primaria (UNAP) in a village called Villa Sombrero on the outskirts of Baní. We spent the mornings in clinic seeing patients and out in the community for house visits, and I gained valuable hands-on experience obtaining vitals, taking comprehensive histories, and practicing physical exam skills. It was humbling to realize the things I often take for granted in a clinical setting were not a given, from taking blood pressure manually everywhere to not having enough pens, gloves, alcohol wipes, and cotton bandages. This helped me to see

just how capable and creative the providers were in their fields, using what they did have to the full extent in order to provide care for their patients.



I had studied Spanish for several years before my trip, but I quickly learned that Dominican Spanish was an entirely different challenge. I sometimes felt useless the first few days as patients and I stared helplessly at each other after trying to communicate with minimal success, but the students with me were extremely supportive, teaching me Dominican-specific words and giving me space to practice. Soon enough I grew accustomed to the accents and gained more confidence in my

abilities, even if I was still asking for help and advice. Because of my initial (and continuous) struggles with the language, I really got to practice my nonverbal communication skills and saw how important a friendly smile or a comforting hand can be. I did, though, become much more comfortable using my Spanish in a healthcare setting, and it's something I hope to more actively utilize as I go through my medical education and beyond.

My INTEC colleagues were working on a project about levels of burnout and depression in caregivers of patients with chronic conditions within rural communities, so we spent many afternoons walking door-to-door around the neighborhoods of Villa Sombrero to talk with people about their experiences. Similar to Alabama, I found there was significant stigma around mental health and not many were eager to talk about it, especially with strangers. “¡Hola, saludos, buenas tardes!”; we'd announce ourselves at the door and after explaining the project, were often immediately turned away, though sometimes we'd tentatively be allowed inside for a conversation. One elderly woman was happy to chat with us. She invited us into her home with the hospitality I'd become familiar with in Baní, offering glasses of juice and plastic chairs so everyone could sit near the open doorway and catch a bit of the breeze on the hot day.



She gave lengthy responses to the first few questions we had about who she was caring for and their situation, lovingly talking about her husband with diabetes who was in a wheelchair due to an above-knee amputation. They lived alone with her as the sole caretaker and were unable to travel much further than the small grocery store right across the bumpy street because of his wheelchair and their lack of a car. They had no reliable way to monitor and manage his blood glucose levels, and although providers from the clinic came for home visits, his health was slowly declining. Despite the circumstances, she appeared to be in good spirits; she was obviously a very social woman who loved telling stories and making us laugh, and she even slowed the conversation down at certain points if she noticed I had missed something due to gaps in my Spanish. When we began asking questions about her own well-being, however, her answers became shorter and quieter, and she seemed hesitant to fully express herself. The woman started to get tears in her eyes as she described feelings of isolation, weariness, and unhappiness. She explained how the around-the-clock care her husband required meant she did not often have time to see other family and friends, and that she also had guilt for feeling like she didn't have enough time or resources to provide the care her husband deserved. At one point I reached out to hold her

hand and the way she clung to mine and looked at me with gratitude made me think that she had been silently struggling with her own mental health for a very long time. At the end of our talk, she thanked us for allowing her to talk about these things and invited us back anytime, saying we'd always be welcomed in her home.

Our conversation with that woman reminded me of people I've talked to as a hospice volunteer in Alabama about the emotional toll of being a caretaker of someone with serious health conditions, but it also highlighted how resource scarcity and a lack of supportive infrastructure can seriously exacerbate the feelings of isolation, burden, and helplessness. I admired her, though, for her dedication to her husband despite the lack of support, and I saw that dedication and kindness reflected in all the people I interacted with, from the way the INTEC students embraced us and taught us about their country, to the people in Villa Sombrero welcoming a gringa into their homes with open arms, to watching the nurses in the UNAP make a little girl laugh after she had to get stitches. I think this is reflective of Dominican culture as a whole, and I realized throughout the month that the differences in language and culture weren't necessarily barriers for me to overcome to treat patients as I would in the U.S., but rather ways to learn who a patient was beyond their medical condition in order to best take care of them in their entirety. The clinical experiences I had in the Dominican Republic were invaluable as an aspiring physician, but my favorite parts of the trip were being immersed in the culture and getting to know the country on a deeper level so I could understand how that influences the way they interacted with their healthcare system. Ultimately, this trip has solidified in me a desire to be a more globally conscious person and a culturally competent doctor so I can provide the most effective care for my patients.

Caitlin McIlwain

