

Medical Student Enrichment Program

University of Alabama at Birmingham School of Medicine

Clinical Elective: Baní, Dominican Republic INTEC: Instituto Tecnológico de Santo Domingo

Date of Training: June 2, 2024 – June 30, 2024

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Date of Reflection: July 23, 2024

Getting ready to leave for the Dominican Republic consisted of a last-minute to do list in the United States. I started by taking the renal final and passing MS1 all in the same day! I then made a quick trip to Target, packed my bags, and got on the 1:15 am shuttle to the Atlanta airport with my cohort, and soon to be good friends. Little did I know that this busy 3 days of preparation was the true start to an experience of a lifetime, the energy and fun matching what we would face in the Dominican Republic.



We landed in the Dominican Republic on June 2nd and were immediately met by the island warmth that seemed to synchronize with the Dominican spirit. As we drove to Baní, vibrant colors enveloped us: red INTEC shirts, golden mangoes, lush green tropics, and the waving blue ocean. This blend mirrors the rich diversity of life and cultures that I would soon encounter in clinic.



My first day at our clinic, Mata Gorda, I was nervous, my lack of confidence in my high school Spanish projecting to my clinical skills. However, I quickly learned that medicine is about being comfortable with the uncomfortable. In theory, this seemed obvious, but in practice I realized that my fear had been holding me back from creating opportunities to learn. My mindset had to change if I was going to gain anything from this experience, so I took the first step-- the first manual blood pressure reading that day.

The patient's face reflected my internal dialogue as I knelt in front of him struggling to untangle the BP cuff, trying to mutter anything to reassure him in Spanish. I got the reading, reported it, and the patient immediately asked somebody else to repeat it. The Dominican resident put the cuff on, got his pressure, and reported the same reading as I had. The patient had a remarkably elevated BP reading. Rather than doubting herself, the resident informed the patient he was hypertensive and engaged in shared decision making for how to proceed. In that moment, I understood the most impactful difference in the resident's technique compared to my own was not merely about technical skills but rather about being confident in the face of uncertainty.

Reflecting on my first day at Mata Gorda, I taught myself to embrace the uncertainty of the human body that is inherent in medicine. Instead of allowing my lack of knowing the answer to undermine my sense of adequacy, I viewed these moments as opportunities for growth. By acknowledging and respecting the gray areas of medicine, I could collaborate with the patient and foster more personalized medical care.

As we spent more time in Baní, I noticed my Spanish improving pila (a lot)! While my medical Spanish was not necessarily at the same level, I was still able to communicate effectively with patients. Because medicine is its own language, I found it easier to connect and empathize with patients by speaking more colloquially rather than medically. Additionally, many of our patients in the clinic community were Haitian and spoke Creole. Not

only did I struggle to understand these patients, the Dominican medical students and residents also experienced a language barrier. During these interactions, I witnessed that nonverbal communication and a genuine willingness go beyond spoken language. I learned the importance of providing extra attentiveness and effort to ensure these patients received an equal level of care compared to the majority of patients. Believing in equitable care is the easy, idealistic part. Witnessing how providers can purposefully and actively implement equity at the level of individual patient interactions despite certain limitations was inspiring. This skill is something I aim to make the bare minimum in every patient interaction, whether globally or just as importantly, step by step in Alabama.

By the end of the three weeks at Mata Gorda, I had taken many manual blood pressures, administered birth control shots, vaccinated children, and performed blood glucose tests. I was also able to ultra-sound many patients, primarily assessing volume status, looking at the genitourinary system, and doing OB scans to show mothers' their fetuses. The hands-on experience continued in our final week when we transitioned to Santo Domingo to work at Robert Reid Children's Hospital where I drew blood and successfully administered my first IV! I greatly enjoyed our time at Robert Reid as it gave me a glimpse into what MS3 will be like, reminding me why I spend the days studying away in Volker.



Reflecting on this experience, from my first day in clinic shaking while taking my first manual blood pressure to my last day in the hospital still trembling yet calm when administering my first IV, I am most proud of the personal growth I achieved. My time in the Dominican Republic has strengthened my self-confidence, and I am eager to carry this into MS2 and the rest of my clinical training.



Sukhmani Boparai