This past April I participated in The Pediatric Health Program in La Paz, Bolivia through Child Family Health International. Through the program I had the opportunity to rotate through clinics and hospitals in La Paz and its surrounding city, El Alto, and to learn Medical Spanish.

During my four weeks there, I lived with a host family where I had ample opportunity to practice Spanish, learn about Bolivian culture and even help cook cornbread and empanadas from scratch on the weekends. Our days were structured so that we worked in the clinics in the mornings, came home to have lunch with our host families, and took Spanish classes in the afternoons. Additionally, each Monday evening after Spanish class, we met with the program director, Dr. Cecilia Uribe, who organized talks for us that pertained to medical topics that we encountered in the hospital. For instance topics ranged from vector-borne illnesses such as leishmaniasis, to the structure of the Bolivian healthcare system and health insurance. She also used Mondays to answer any questions that we had. On Wednesday evenings we would meet with Gonzalo Claure, the local program coordinator, who would address any questions or concerns that we had. During the weekends we had the opportunity to travel to various places around Bolivia. I went to Salar de Uyuni (the salt flats), Copacabana and Lake Titicaca, which were all amazing trips.

Having the opportunity to rotate in hospitals and clinics in such a poverty-stricken city as La Paz, and to interact with Bolivian attending physicians and with patients, last month not only furthered my understanding of the needs of the underserved, but also of the needs of physicians who work with the underserved. For instance, the attendings with whom I worked were current with the latest research in their fields but lacked the resources to apply their knowledge in the care of their patients. These attendings had to be creative in devising a treatment plan in order to apply what they knew was the latest research while practicing in the setting of limited resources. Moreover, with each patient, attendings would adjust their treatment regimens according to the financial situation of the family, for instance, whether the child was malnourished, and the family's cultural and spiritual beliefs - a practice which is often overlooked in the U.S. Additionally, patients presented with a different range of
illnesses compared to those we most commonly encounter in the U.S. Vector-borne illnesses, malnutrition and hepatitis A were prevalent. I also had the opportunity to practice interviewing patients in Spanish, a skill that will serve me well in the U.S. Overall, my four weeks in La Paz taught me the true value of preventive medicine in such a poor area of the world, where surprisingly I saw little preventive medicine practiced, introduced me to the skills needed to practice in a resource-poor area, and the value of taking into account each patient as a whole. The knowledge and experience that I have gained during my month in La Paz has furthered my personal growth and will help me become a more compassionate physician. I look forward to similar opportunities to work abroad in the future.