

Lauren Kurlander
Summer Global Health Fellowship: Medellín, Colombia
June 12-July 14, 2014

Choosing Medellín:

Having been immersed in the medical world this past year, the truth has been inescapable that the Latino population is one of the most underserved in the United States. Furthermore, by the time I am in practice, it is estimated that 1 of 4 patients will be Spanish-speaking. Before this experience, I had taken a mid-intermediate Spanish class in my undergraduate university 4 years ago, but my attempts at communicating with Spanish-speaking patients had been extremely limited and uncomfortable. I chose the program at la Universidad CES because it seemed to be the most established South American program, incorporating a significant portion of hospital and clinic rotations with an organized Spanish class each night. I also was extremely interested in the culture of Medellín, a city that has undergone remarkable change in the past 15 years since the time of Pablo Escobar and the dangerous drug cartel. Medellín felt safer to me than many cities I have been to in the United States, and experiencing such a rapid cultural change was an extremely impactful experience.

The Experience:

Overall, the format of the trip included 1 or 2 hospital or clinic rotation(s) from 7 AM – 4 PM. These sites included El Hospital General, La Clínica Infantil Santa Ana, and Tropical Medicine in Sabaneta. During the first two weeks in El Hospital General, we spent 2 days in each of the following rotations: internal medicine, emergency medicine, OB/GYN, and surgery. I went with 2 other students, and we were split up for these rotations. This was beneficial because we had to be extremely independent in our mastery of the Spanish language, but it also made the first 2 weeks very difficult as I was acclimating to the fast speech of hospital Spanish. Since I had my internal medicine rotation first, it was the most difficult, as it mainly consisted of verbally discussing patients with little hands-on opportunities. I loved emergency medicine, OB/GYN, and surgery. Through these experiences, I had the opportunity to participate in patient history and physical exams, be the first to hold a baby during a Cesarean section, perform CPR on a patient, perform a rectal exam on a patient with hemorrhoids, and much more. We spent the third week at La Clínica Infantil Santa Ana. The staff was incredible, and I was allowed to see patients alone throughout the morning and then present a patient to the attending during rounds. The most rewarding experience here was working with an indigenous woman who only spoke her tribal language (and no Spanish). Our last week was spent at Tropical Medicine in Sabaneta. I saw diseases I had only heard about in Microbiology, including Leishmaniasis, cutaneous Tuberculosis, Chagas Disease, and many bacterial infections.

Every night from 5:15-6:30, we had Spanish class at Medellín Learning Academy, a wonderful experience where we were alone with a professor (they arranged this especially for us). We decided to take classes for all 4 weeks (20 hours total), and each week we had a different professor with a different teaching style, some focusing on grammar, and others focusing on teaching us the culture of Medellín, including the drug cartel history, Colombian alternative medicine, etc.



El Hospital General

Critiques of the Program:

In the ten days leading up to the program, I had not heard from La Universidad CES regarding our housing situation or rotation schedule. This was very stressful, and I was worried we would have to figure out a hostel arrangement less than a week before we arrived! However, everything worked out, and we heard from the university with our schedules and homestay information a week before we arrived (very common for abroad experiences).

My main critique is that I had the impression that we were going to be able to work with the simulation labs there, including scaling an overpass to practice for emergency medicine and practicing delivering a baby before doing it in the hospital. However, we were there during medical school vacations so we were unable to practice with their simulation labs, which was disappointing. Nonetheless, the experience of being in the rotations without medical students allowed us to have more of a personal relationship with the attendings. I would suggest going from July 1-August 1 so that you are able to have both experiences (the medical students are away for the month of July).

The Culture and Sites in Colombia:

Medellín is known for its people. They are all extremely friendly, charismatic, and warm, especially to foreigners. This was very apparent, especially with the woman I lived with. I was lucky that I shared the apartment with another peer from RWJMS, and the third RWJMS student stayed in the same complex, but in a separate apartment (with the mother of my homestay-mom). My homestay-mom only spoke Spanish and was very patient with our language levels. She took us to many Colombian sites, including places to shop and the local orphanage since I am very interested in orphanage care. Whenever I had a bad day or something went wrong, I immediately turned to my homestay-mom and told her everything; she was amazing! She would make phone calls in Spanish for me, sewed my shoe when it broke, and surprised us with Colombian fruits, desserts, and drinks to try. She cried when we left Medellín. We also had a terrier dog who lived with us, which created a very homey experience. She has students stay with her all year, so I recommend you trying to stay with her if possible (Liliana Jiménez).

My homestay-mom cooked us a HUGE (sometimes too huge) breakfast every morning, including arepas, eggs with vegetables, chorizo, coffee, homemade hot chocolate, fruit and pancakes. The food in Colombia in general was amazing- very rich in flavor compared to food in America. We also had a lot of free time to explore Colombia.

Some sites we went to were the botanical garden, the planetarium, the famous metro cable, many parks, the museum of Antioquia, and the orphanage La Casa de María. We also took day trips to Guatapé y el Peñol and Santa Fe de Antioquia (pictures below).

Overall, I am extremely grateful for this experience. I am now confident to talk with patients solely in Spanish because of my experiences in the hospital and clinics. Through Spanish class, I also learned a lot about the disparities in Colombia and the best way to communicate with Colombian patients in the United States. I also saw diseases I would never see in the United States, and had the opportunity to participate in surgeries and procedures that I would not be able to at RWJMS before third-year rotations or even residency. This is an opportunity everyone should take, and I promise you will be a better doctor for it!#

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The view from our apartment #



Guatapé



The view from the metro cable#

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