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Starting in June, I will be a med-peds intern at Mass General Hospital, Boston.

Mumbai, India - I spent 2 months observing at a large public hospital in Mumbai called King Edward Memorial (KEM) hospital. This is one of the biggest hospitals in India, and one of the most famous medical teaching institutions, and it draws the sickest and poorest people from a large area of Western India. While I was assigned to the ICU for my two months, I visited virtually all departments of KEM and spent time rounding with medicine, pediatrics, surgery, GI, dermatology, and endocrinology. I attended the outpatient departments, and also spent some time with KEM's radiologists. This experience was absolutely fascinating, and I saw just about every disease that we learn about in medical school but will likely never see in US hospitals. I saw malaria, dengue, leptospirosis, rabies encephalitis, leprosy, TB in every manifestation, scabies, rheumatic heart disease, etc. The physical exam skills of KEM's doctors are mind-blowing, and I have no doubt that this experience has been extremely valuable in improving my own physical diagnosis skills. The heart murmurs of the rheumatic patients fit exactly the textbooks descriptions we learned at school. Partly because these poor patients show up with advanced disease, and partly because of resources limitations, the physical exam still exists in India on a level that we never saw on the wards of NJ. For those interested in improving their physical exam skills, I cannot recommend such a global medicine experience highly enough. If you are adventurous, love medicine, and are not afraid to convert on your PPD (although I am still at zero mm), then this experience is extraordinary.

Here is the website for electives for foreign medical students:

<http://www.kem.edu/college/training.htm>

Kolkata, India - I worked for 3 months with a medical/educational charity here called Calcutta Rescue. CR has existed for 30 years and started treating those living on the streets of Kolkata. It has expanded greatly since then. CR's medical services include a mobile clinic that visits slums, orphanages, and homeless communities throughout Kolkata, as well as several rural regions of West Bengal. CR also has four permanent clinics, including clinics for leprosy, TB (including MDR-TB), HIV, diabetes, heart disease, pre- and post-natal care, and special feeding programs for malnourished children. CR also has two schools for over 300 street children, and several workshops where it employs former students and patients to make fair-trade products, to make clothing for students and patients, and to weave cotton bandages for all CR clinics. CR also does arsenic filtration in rural West Bengal where arsenic levels in the water are dangerously high.

I participated in CR's mobile outreach clinics, which visit street and slum communities several times per week. I performed the physical exam while the Indian doctor took the history. I also did surveillance around the mobile clinic to see if I could find signs of disease in people who were not seeking help from us. In this way, our surveillance team found a man with the early stages of untreated leprosy and got him to treatment within one week of spotting him.

I also did a project on malaria prevention for our school children, which involved looking at our malaria statistics by region, visiting those regions hard hit in the summer months, talking with members of those communities and assessing why people are not hanging their nets appropriately. This was a fascinating project that took me into very interesting and heart-wrenching neighborhoods in Kolkata. I created a curriculum of malaria education/prevention/identification for the parents of our school children. I also did some literature research into other ways of preventing malaria in our street children (it is often difficult for street families to hang bed nets when they do not have walls).

I did a chart-research project that in which I assessed the thoroughness of follow-up for CR's street patients. I assessed holes in the follow-up system, where people with signs of TB, HIV, leprosy, cancer, and other serious conditions who were referred to hospitals or CR clinics for diagnosis and follow-up treatment were slipping through and not returning with their results. I created a system for keeping track of such people and seeking them out when the results of their diagnostic tests do not reach CR clinics.

Furthermore, I screened hundreds of children at a local orphanage for signs of disease. This project was very educational and very disturbing. The orphans were extremely malnourished, and examining all of them was a lesson in the physical diagnosis of macro- and micro-nutrient malnutrition. I designed a system for food deliveries and nutritional supplementation for these orphans.

I continue to work with Calcutta Rescue to this day - it is a fantastic organization doing truly incredible work helping some of the poorest and most disadvantaged people on earth. I became the president of the US support-group and I am involved in sending volunteers to work with them in Kolkata, and raising funds in the US. I was so moved by my experience in Kolkata that I have established a life-long connection with CR.

This elective is for passionate, self-motivated medical students and residents who are not afraid of living in an extremely hot and dirty city. Ideally volunteers will commit for 3-6 months, however, shorter electives can be discussed. Please contact me at [reisman.jonathan@gmail.com](mailto:reisman.jonathan@gmail.com), or [CalcuttaRescueUSA@gmail.com](mailto:CalcuttaRescueUSA@gmail.com).

