

Overview

- Four-week program in Costa Rica beginning with a two-week Medical Spanish course and ending with clinical shadowing at a local clinic

Background on Costa Rica

- Central American country bordered by Nicaragua and Panama
- Tropical and subtropical climate with rainy season from May to Nov
- The capital San Jose is home to one-fifth of the 5.2 million "Ticos" living in Costa Rica
- GDP per capita (2021): \$21,200
- Life expectancy: 79 years
- 3.3 physicians per 1,000



Background on Program

- Program established by IHCAI Foundation—International Health Central American Institute Foundation
- Two-week advanced Medical Spanish course with 1-on-1 teaching, simulated actors, and immersive language experience in San Jose
- Two-week clinical shadowing at a local clinic in Grecia, a small town located two hours from San Jose
- Both stays in San Jose and Grecia were with host families who ensured language immersion

Personal Goals

- To enhance my medical Spanish vocabulary and overall confidence using Spanish in a medical context to ultimately provide high-quality care to my future Spanish-speaking patients
- To experience another country's healthcare system to gain insights on our own
- To travel on my own and immerse myself in the language and culture of another country

Costa Rican Healthcare System

- The Caja Costarricense de Seguro Social is the governmental entity in charge of the country's public health sector
- Around 7-11% of a person's monthly salary go towards paying their public insurance
- This insurance gives a person access to hospitals, clinics, and EBAIS owned by the Caja
- An EBAIS (Equipos Básicos de Atención Integral de Salud) is a local clinic serving a specific area and population
- There are around 1,000 different EBAIS in Costa Rica
- In each EBAIS, there is a physician, nurse, medical records technician, and an ATAP (Técnico de Atención Primaria).
- An ATAP is a health care worker in charge of vaccinations and often does home visits
- While the Caja provides affordable and accessible insurance, patients complain of long wait times, delays in care, and a narrow scope of treatment options. For example, there is 1 single MRI machine within the Caja



Medical Spanish Course

- As a native speaker of Spanish, my goals were focused on improving my vocabulary and speaking Spanish as much as possible
- My lessons were taught by Alejandra Craniotis, a recent medical school graduate, and took place at the IHCAI headquarters every day from the morning to late afternoon
- In our lessons, we focused on physical exam skills, specific pathologies, and mock patient interviews
- I found it difficult to learn vocabulary for diseases that I had not yet learned in English as my understanding of them was very limited



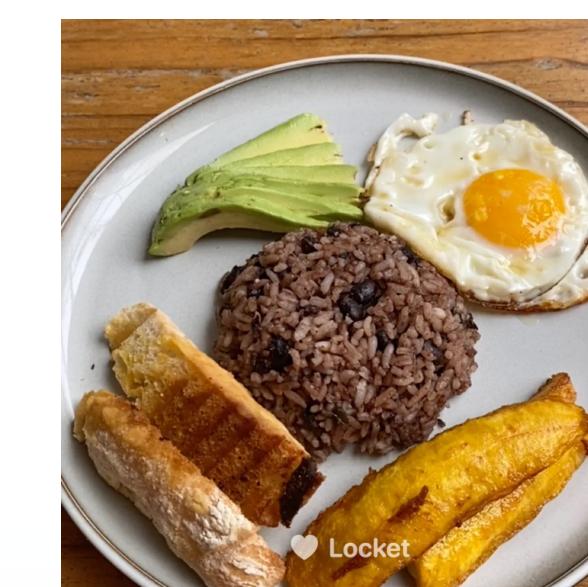
Clinical Shadowing

- During my stay in San Jose, I spent several days with Dr. Victor Gil Chang, a physical medicine and rehabilitation physician/
- During my time in Grecia, I shadowed Dr. Oldemar Bultrón, a general physician heading the EBAIS of El Mesón, and his team members. For example, I accompanied the ATAP to vaccinate members of a local older adult care center



Travel Adventures

- Some of the highlights from my trip include visiting the Poás Volcano, coffee farm tours, and eating delicious food!



Conclusions

- Bilingual health providers are essential in providing care to a growing Spanish-speaking population in the US. As a future bilingual provider, it is crucial that I continue learning and developing my medical Spanish skills
- While language is one avenue for patients and physicians to connect, comportment is another important element. My time in Costa Rica reinforced my aspirations to become a physician who treats every patient with warmth and invites them to be an active participant in their health decisions

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