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During my fourth year as a medical student, I had the opportunity to spend a month studying Spanish and learning about the health care system in Costa Rica. After I completed my interviews for residency programs, agonized over my rank list, and sweated out match day, with relief I departed for Costa Rica for my month long elective. I traveled with my classmate, Lauren Kovacs. She and I stayed with the same host family and spent 4 weeks in Turrialba, Costa Rica.

Turrialba is a small city in central Costa Rica. It is lush and tropical, with a bustling city center, surrounded by narrow streets and houses, and more suburban neighborhoods further out. It is close to the Rio Pacuare, a river famous for its white water rafting, and is home to the Turrialba volcano, an active volcano with visible smoke on a day to day basis. There is a large public hospital in Turrialba, in the city center, along with a cathedral, little shops, restaurants, and bars. Our host family was upper middle class in this society and lived in the outskirts of the little city in a charming 1 floor house. They opened their home to us, providing us with breakfast and dinner each day, keys to come and go as we pleased, our own bedrooms, and a bathroom for Lauren and I to share. Our family (and the rest of Turrialba, for that matter) spoke solely Spanish, so we were truly immersed in Costa Rican culture and language. It was difficult at first, but week to week I noticed how much more I could understand during conversational exchanges, and how proficient I was becoming. Our home stay was a convenient walk to school, about 7 minutes.

The educational component of the program was well organized and began by having us take a pre-test to determine which level of Spanish instruction we were to begin at. After placement, we began Spanish classes, which went from 8:00-12:30 each day, with two 15 minute breaks during which coffee and snacks were provided. (Costa Rican coffee, by the way, is the BEST). My first week, I had one on one tutoring because I was the only student at my level. The rest of my time there, I had 1-3 classmates, depending on who came and went, with one teacher. My classmates were other medical professionals, nursing students, and Americans taking time off from work to learn and explore a tropical country. The class was entirely in Spanish, with the possibility to ask questions in English, but trying in Spanish first was strongly encouraged. Books and worksheets were provided, and there were nightly homework assignments.

On Wednesdays, we had cooking class where we learned to make Costa Rican foods and enjoyed them for lunch. On Thursdays, we had dance class in the evening, and we learned to salsa and merengue. Twice a week, we had medical Spanish in the afternoon. We practiced taking histories, learned how to give instructions and commands throughout the physical exam, and learned about the tropical diseases present in Costa Rica, like dengue fever and leptospirosis. In addition, there were clinical experiences organized for us once a week. We spent one afternoon at a nearby nursing home, did home visits with a family physician throughout Turrialba and observed the provision of routine preventive and maintenance care, and sat in on lactation sessions for new mothers in Turrialba Hospital. In our final week, we put together a Health Fair at the school. During the Health Fair, each of the students gave a 15 minute presentation in Spanish on a pertinent topic to a group that consisted of our Costa Rican families. I did my presentation on sudden infant death syndrome and preventive strategies.

We also did full histories in Spanish on simulated patients, and wrote up the histories following the encounter.

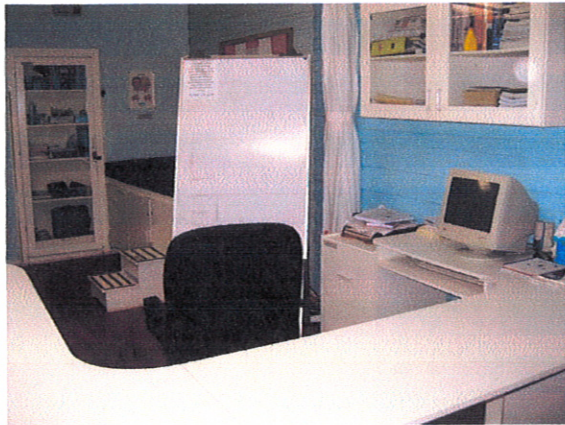
On weekends and afternoons, there were many activities we could participate in. For each week of Spanish instruction we signed up for, we received a certain number of “adventure points” which we used for various activities and travel. Lauren and I did a weekend trip to the Arenal volcano, did a hike on hanging bridges in the rainforest, swam in a waterfall, and bathed in a hot spring. We went horseback riding, white water rafting, and took a weekend trip to Cahuita National Park, a beach on the Caribbean side.

Culturally, I was embraced by my Costa Rican family and really learned from the way they live. They would spend whole days and nights with their entire extended family, eating and sitting out on the porch, watching the children and pets play. The Costa Ricans, as a people, are highly interested in their natural world and are remarkably knowledgeable about all of their agricultural and environmental riches and their country’s history. It was interesting to observe how religion plays a huge role in the Costa Rican society. We observed the role of Catholicism first hand during Semana Santa – the holy week preceding the Easter Sunday celebration. The whole city closed down from midweek until after the Easter holiday for religious observance, feasting, and celebrating.

The health care system in Costa Rica is universal, there is a tax taken out of every working person’s paycheck that pays for health care. There are public and private hospitals, the private ones costing more out of pocket, of course, and having fancier medical technology. The hospital in Turrialba was public, and on our tour, we were in awe of what we saw and learned. There is no CT or MRI available. There is no anesthesiologist around to give epidurals before delivering a baby. There were no private or double patient rooms like in the United States. There were instead large rooms with rows of beds on each side and a narrow aisle in between, with patients almost shoulder to shoulder. There were no curtains, no patient privacy, and there was certainly no HIPAA. But one thing the health care system seemed to do quite well was in the prevention and education department. Prenatal care for one is mandatory for coverage of the labor and delivery stay. And breast feeding is strongly encouraged and expected by society, with workplaces allowing time out during the day to pump, and most mothers breastfeeding up to age two. Interestingly, the WHO ranks Costa Rica’s health care system 36th, and the United States is 37th.

Overall, I gained a wonderful exposure to a different health care system and way of life, and am grateful for such an opportunity to study Spanish and medicine abroad. I highly recommend this program, and encourage every medical student to find time to do something similar. It enriches your spirit and helps reaffirm your drive to be a doctor!

Medical Spanish classroom



Cahuita National Park



Cooking class



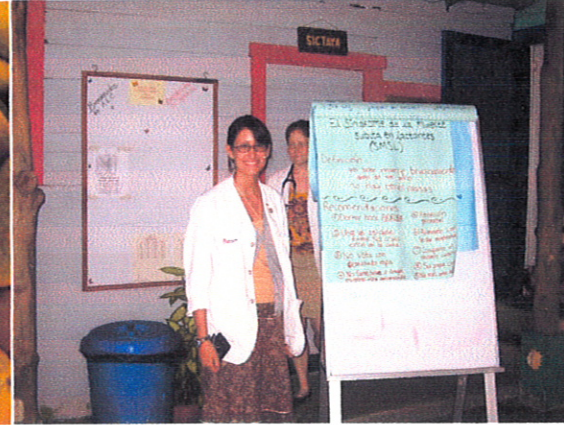
One of the classrooms: essentially a screened in hut with views of the rainforest all around.



Class field trip to the market



After giving my presentation on SIDS at the health fair



AEC Spanish Institute – Turrialba Campus

<http://www.adventurespanishschool.com/turrialbacampus.php>