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**Interfaith
Medical Center**

Final Report

EXTERNSHIP AT THE BROOKLYN HOSPITAL CENTER AND
INTERFAITH MEDICAL CENTER

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Introduction

After the earthquake at Haiti in 2010, the AMHE wanted to help young Haitian physicians to get rotation in the US medical system during their residency, in order to help them improve areas of their knowledge which needed to be strengthened. After the rotation these physicians would go back to Haiti and would share what they have learnt with the other residents who did not have the same opportunity. The choice of the residents is made by the Chairman of a designated department of the Hospital of the State University of Haiti or The Hospital Justinien and the Dean of the Faculty of Medicine in Haiti. This choice is based mainly on the academic performance of the resident. Most of the time, the Chief Resident is chosen. This is how I have done this rotation in the Internal Medicine department at The Brooklyn Hospital Center and Interfaith Medical Center.

Both of them are community hospitals in Brooklyn, NY. The Brooklyn Hospital Center offers several medical services such as Surgical care, Radiology, OB/GYN, Cancer Care, Pediatrics, Psychiatry, Dentistry and Oral Surgery, Emergency medicine, Internal Medicine (Nephrology, Cardiology, Hematology, Rheumatology, Pulmonary Medicine, Gastroenterology, Infectious Disease etc.). It also has Residency programs for Internal Medicine, Family Medicine, Surgery, OBGYN, Pediatrics, Podiatry, Emergency Medicine, Pharmacy, Oral and Maxillofacial Surgery and Fellowship programs for Hematology/Oncology, Pulmonary Medicine, Cardiology and Gastroenterology.

Interfaith Medical Center offers services such as Psychiatry, Dental Medicine, Emergency Care, Gynecology, Medicine, Pathology, Pediatrics, Radiology, Physical Medicine, Surgery. The medical education is centered around residency programs for Internal Medicine, Dentistry, Podiatry, Ophthalmology and Pulmonary Medicine Fellowship.

Objectives

Besides the AMHE objectives mentioned earlier, mine were pre-established and shared with the AMHE members at the beginning of the rotation.

- 1- Improve my knowledge in the Internal Medicine subspecialties by attending rounds, conferences, morning reports and working with Attendings, Residents and Fellows.
- 2- Be able to write notes and present them to Attendings.
- 3- Compare the US medical system to the Haitian medical system.

Description of the rotation

The rotation was subdivided as follow:

- Hematology/Oncology March 10, 2016- April 15, 2016 (5 weeks)
- Radiology May 2, 2016- May 25, 2016 (4 weeks)
- BLS course May 11, 2016
- Nephrology June 6, 2016- June 25, 2016 (3 weeks)

- Neurology June 27, 2016-July 1, 2016 (1 week)
- ACLS course July 7, 2016-July 8, 2016
- Cardiology July 11, 2016-July 29, 2016 (3 weeks)

Hematology/Oncology

- Monday and Friday 9h am-4h pm clinic or consult
- Tuesday 8h30 am-10 am Conference, 10am-3pm clinic or consult
- Wednesday 3h pm review of cases for tumor board
- Thursday: 9h am-10h am Tumor Board, 11h am-12h am Journal Club

These 5 weeks were amazing. The Hematology/Oncology department was very academic. I spent 3 weeks in the consult team, during that period I was able to review all hematology consult cases with the fellows, the residents and medical students. I rounded also with the Attending, discussed about the diagnosis, the possible treatments, the differentials, asked questions and saw the patients with the team.

I had the opportunity to observe 3 bone biopsies, the counselling of oncologic patients, patients receiving chemotherapy. I read slides of peripheral blood smears and bone biopsies with the team. The last 2 weeks was spent in clinic where I shadowed the Attendings or the fellows and discussed the diagnosis and asked questions about the cases.

Radiology

Monday to Friday: 9h am-to 4 pm

I started readings CT-scan, MRI mainly of thorax and abdomen with Dr Fuksbrumer then I observed the radiology technicians doing ultrasounds of the abdomen, the pelvis, the penis, was able to take some pictures of the abdomen as well. I read X-ray, and rotated for a couple of days in the nuclear radiology department and observed some interventional radiology techniques such as thyroid mass biopsy, abdominal mass biopsy.

Cases seen:

- Hepatic masses
- Appendicitis
- Metastatic bone disease
- Uterine carcinoma

- Cholecystitis
- Gastric Cancer
- Post-op abscess
- Stercoral colitis
- Uterine fibroids
- Lung cancer

Nephrology

Monday-Wednesday-Friday 8h am I attended morning report at Interfaith Medical Center. After the morning report I attended rounds in the ICU while waiting for Dr Shein.

11h am Round with the nephrology team. Discussion about the cases and treatment. Monday, Wednesday and Friday at 2h pm I attended the nephrology clinic at Interfaith Medical Center, where the residents presented patients to Dr Shein and we discussed about the follow up.

I also attended the nephrology clinic at Kingsbrook Jewish Medical Center with Dr Jerome and rounded with the Dr Jerome and the residents. I had the chance to attend the lecture “Uremic toxicology of Indoxyl Sulfate” at New York Methodist Hospital.

Cases seen:

- Lupus nephritis
- Acute Kidney Injury secondary to septic shock, cardiac arrest, heart failure
- Chronic Kidney Disease secondary to HTN, Diabetes, illicit drugs
- Patient on chronic dialysis

Neurology

Monday, Wednesday and Friday 8h am I attended morning report at Interfaith Medical Center then rounded with neurology team. Reading head CT-scan, discussing cases and treatments.

Cases seen:

- Microvascular disease
- Dementia secondary to vascular disease, alcohol
- Hemorrhagic and Ischemic stroke

- Brain edema
- Uremic neuropathy

Cardiology

Monday-Wednesday-Friday 8h am I attended morning report at Interfaith Medical Center. After the morning report I attended rounds in the ICU while waiting for Dr Dufresne.

Monday 12h pm: EKG lecture

After rounds I had the opportunity to read echocardiography, observe the radiology technicians doing echocardiography and Doppler ultrasound. I also observed TEE and coronary angiography.

Cases Seen:

- Acute Myocardial Infarction
- Mitral valve replacement
- Complete Heart Block
- Acute Coronary Syndrome
- WPW
- Atrial Fibrillation
- Right Bundle Branch Block
- Left Bundle Branch Block
- Dilated Cardiomyopathy
- QT prolongation

Central lines practices

Completed live simulated placement of Central Venous Catheter under supervision of Dr Louisdon Pierre.

Conferences Presented

March 30, 2016	Multiple Myeloma Vs Metastatic Bone Cancer
April 13, 2016	Major Bleeding in Atrial Fibrillation treated with Dabigatran
April 27, 2016	Atrial Fibrillation
May 11, 2016	Imaging Studies in Stercoral Colitis
June 22, 2016	Primary EBV infection
July 6, 2016	Kidney Failure, muscle weakness and cocaine use
July 18, 2016	Chronic Secondary Mitral Valve Regurgitation Treatment

Conclusions

This rotation has helped me see another aspect of the practice of medicine. I have learned how to always put the patient's desire and comfort first. I have also learned how to talk to the patient and how to remain calm and confident.

Regarding the 2 medical systems, in Haiti the residents are more exposed to the clinical approach of the patients compared to the US where unnecessary diagnostic tests are often ordered. The cases in Haiti are more challenging because our patients arrive at the hospital sicker than those in the US. However, the US physicians have the possibility to get a definitive diagnostic what is very important for the patients and the residents. Each hospital in the US that I have visited had a library, a rapidly accessible medical reference such as uptodate.com, an electronic database for the patient records, daily rounds involving Attending and residents. The medical staff in the US including the physicians, the nurses, the social workers, works as a team allowing the patients to have an integrated medical care.

I also met new people and made new friends. I am impatient to share my experiences with my peers in Haiti. Most importantly, I have realized that we need to work harder to help our people get a better health system.

Recommendations

The rotation in a subspecialty of Internal Medicine should be done in an academic department where fellows are formed to help us learn more.

Before the resident arrival in the US, all the preliminary documents such as blood tests should be ready to use.

At least a 2 weeks' rotation in a department.

Annexes

Acronyms

ACLS	: Advanced Cardiovascular Life Support
AMHE	: Association des Médecins Haïtiens à l'Étranger
BLS	: Basic Life Support
CT-Scan	: Computerized Tomography
HTN	: Hypertension
ICU	: Intensive Care Unit
MRI	: Magnetic Resonance Imaging
NICU	: Neonatal Intensive Care Unit
NY	: New-York
OB/GYN	: Obstetrics/Gynecology
TEE	: Transesophageal Echocardiography
WPW	: Wolf Parkinson White Syndrome

Pictures



Picture 1, from Left to Right: Dr Paul Nacier, Dr Louisdon Pierre, Dr Regine Gonel, Dr Patrick Leblanc



Picture 2: with the Hematology/Oncology team, The Brooklyn Hospital Center



Picture 3: Central lines simulation



Picture 4: BLS and ACLS cards