High Risk Obstetrics in Medellin, Colombia

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For my Honors in Global Health Research Project, I created my own elective by emailing a Maternal Fetal Medicine physician, Dr. Tolosa, whose research on preeclampsia I found interesting. Thanks to Dr. Tolosa, Dr. Velasquez and the AMWA Overseas grant, I had an unforgettable educational experience in Medellin, Colombia rotating on a high risk obstetric unit and assisting with manuscript translations from Spanish to English.

From the moment I arrived in Medellin, I was enchanted by the picturesque landscape and embraced by the hospitable people. After I got settled in my apartment, I went to the hospital to meet my mentor, Dr. Jesus Velasquez. We discussed my goals for the rotation; he asked how I wanted to spend my time, between research, clinic and the operating room. I wanted a mix of each, but mostly to participate in patient care and to help in the OR. Later, I went to an orientation for interns, it was interesting to hear about expectations, surgical scrubbing and hospital policies in Spanish. They treated me like an acting intern, which was both intimidating and exhilarating. At first it was a struggle to fully engage the Spanish-speaking part of my brain, but my colleagues and patients were not only understanding and helpful, but also excited that I was there as an American medical student wanting to learn about their healthcare and culture.

In the mornings, I saw a few patients and would later present them to the team on rounds and then write their chart notes. Navigating a different EMR in Spanish was a fun brain teaser. Although I was in a foreign setting, daily expectations and practices were quite similar. Most afternoons, I triaged patients in the obstetric urgent care department or was assisting in the OR. Interacting with the patients was my favorite part of the rotation. The patients were so lovely to me and welcomed me as their provider, even though I am a non-native Spanish speaker.

I was moved by the comradery between the patients. The rooms were open and in one of the main units there were four to six beds, with drapes dividing them, if patients wished to close them. Generally, the patients had the drapes open; they watched television together and kept each other company during the day. Once, when one of the patient's tocometers fell off, another patient with her large pregnant belly walked over to me and said that her roommate's tocometer needed to be repositioned. I appreciated this moment even more when I returned to UAMS, my home university, on the antepartum service and observed how bored and isolated the hospitalized patients seemed.

The triage area at San Vicente was hectic, but everyone contributed, particularly the students and interns. I was impressed by their strong physical exam skills and diagnostic abilities. One medical student said that while he was interested in going to the U.S., his understanding was that we ordered a lot of unnecessary testing; he admired the doctors there who "hacen más con menos" (do more with less). I couldn't disagree with this statement. In the emergent care setting, it was rare to see labs drawn or imaging (other than ultra sound) performed. They spent more time with the patients asking history questions and performing a thorough physical exam. I was also astonished at how little waste there was. I did not see one Styrofoam cup or any plastic utensils for patient or staff meals. In their place were reusable glasses and place settings. Surgical gowns looked different too: they were cloth—so they had to be washed and sterilized after use, rather than discarded. When we artificially ruptured the amniotic sac, we used a sterile glove and a broken wooden cotton swab, rather than the plastic

hook we use here. There was no supply room with endless materials wrapped in plastic. Importantly, San Vicente Hospital is a renowned hospital with good outcomes. They also do not mail their patients satisfaction surveys, or have the litigious concerns we do. However, it was evident that patients were very satisfied with their care and appreciative of the medical teams. The Colombian physicians are glad to focus on patient care and evidenced based medicine.

In this hospital diabetes, smoking and obesity rarely complicate pregnancy, unlike at my home institution. Instead, I mostly saw women hospitalized for preeclampsia, preterm labor and postpartum hemorrhage. It was also uncommon to see advanced maternal age; most pregnant patients were under age 30. One of the interesting cases was a patient who had acute liver failure secondary to isoniazid therapy. I had the opportunity to first-assist in her C-section. Calmly and quickly, my mentor delivered the newborn. Since he expected profuse bleeding with her elevated INR, he prophylactically activated their transfusion protocol and once he closed the uterus, he swiftly threw in a B-Lynch Suture. Throughout the procedure, he clearly instructed me when and where to retract, clamp and cut. One day, I intend to be as anticipatory, competent and able to provide comprehensive obstetric care as Dr. Velasquez.

I also had the opportunity to translate two manuscripts which will be published and one oral transcript for a presentation that my mentor will give at the Conference for the International Federation of Obstetricians and Gynecologists.

My time in Medellin flew by, but the experience has changed the way I understand healthcare delivery and will influence the way I practice medicine in the future. I am very grateful to Dr. Jesus Velasquez and Dr. Jorge Tolosa, two physician-scientists I admire very much. My rotation at San Vicente was a life changing experience both personally and professionally.

Photos:

San Vicente Hospital

View of Medellin from Comuna 13

Comuna 13 Graffiti Tour with kids from the community

Dr. Velasquez, my mentor in Colombia

Feria de las Flores with a friend, Dr. Luisa Munoz Fernandez