GLOBAL HEALTH ELECTIVE PROGRAM FOR SENIOR MEDICAL STUDENTS OF ROSS UNIVERSITY SCHOOL OF MEDICINE AND AMERICAN UNIVERSITY OF THE CARIBBEAN

ANNUAL REPORTS
2016–2018

WESTERN CONNECTICUT HEALTH NETWORK AND THE UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE GLOBAL HEALTH PROGRAM
Welcome message from Director of Global Health Program, Dr. Majid Sadigh

Welcome message from Director of Global Health Electives Program for AUC/RUSM Students, Dr. Bulat A. Ziganshin

Welcome message from Associate Clinical Dean at AUC, Dr. Robert M. Hecht

Welcome message from Assistant Director of Hospital Support & Partnerships at RUSM, Christopher Bellone

Welcome message from Coordinator of Global Health Electives Program for AUC/RUSM Students, Dr. Dilyara Nurkhametova

Three-year results of the Global Health Elective Program for AUC/RUSM Students by Dr. Bulat A. Ziganshin and Dr. Dilyara Nurkhametova

Description of each global health elective site with selected student reflections and photos

Looking Ahead: Changes to AUC/RUSM student selection procedures for global health electives starting in 2020

Global Health Team Directory

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Welcome
Majid Sadigh, MD
Christian J. Trefz Family Endowed Chair in Global Health and Director, Western Connecticut Health Network and the University of Vermont Global Health Program

We were very excited when the leadership of American University of the Caribbean (AUC) and Ross University School of Medicine (RUSM) decided, three years ago, to send twenty-four medical students from each of their campuses for the global health elective. We are honored for their partnership, and are celebrating the fruitful collaboration as well as the immense growth of global health at both institutions.

Moving forward, we are working to expand the Global Health Program at AUC and RUSM to our newly formed partner sites at Datta Meghe Institute of Medical Sciences in India and Walailak University School of Medicine in Thailand, as well as impending partnerships in the Southeastern United States through Global Health at Home, which aims to focus on delivering healthcare to Native Americans, refugees, immigrants, and other socioeconomically marginalized populations. To help target the lack of ing aptate pediatric training in medical education, we have established two new pediatrics rotations: one in Vietnam, University of Medicine and Pharmacy at Ho Chi Minh City as well as a pediatric community health center in Arizona. By way of our continuously growing partnerships, our global health participants have a greater spectrum of clinical and cultural experiences to choose from.

We are grateful for the leadership of AUC and RUSM for their strong advocacy of the global health mission, as demonstrated by their ongoing commitment to supporting students and faculty in their global health involvement and endeavors. We admire them for placing such great value on utilizing global health as a venue for teaching cultural and social determinants of health to the next generation of physicians. It has been a joy to witness the growth of global health throughout the entire Global Health Program at Western Connecticut Health Network/University of Vermont, and have all returned changed, each in their own individual way. We strongly feel that our unique program is helping shape the future generation of medical professionals with greater sensitivity toward cultural differences and emphasis on humanistic aspects of care.

This report summarizes the results of three years of experience with global health electives through numbers, statistics, and student reflections. Program interest among students is growing both at AUC and RUSM, who have taken significant steps to promote global health over the last year. AUC held a Northeast Regional Symposium on Global Health on May 12, 2018, which was a well-attended full-day event for students and faculty interested in global health. The symposium featured student presentations and posters, keynote speakers, and faculty panel discussions. Student presenters either focused on their past experience participating in the WCHN/UVMLCOM Global Health Program or on other global health work in which they have engaged in the past. Since the holding of this successful event, we have seen a significant increase in student applications to the elective program. Meanwhile, RUSM introduced a global health elective information session in 2018 as part of the Internal Medicine Foundations (IMF) clerkship held in Miramar, Florida. A six-week transitional clerkship held between the second year of medical school and the beginning of the clinical track program, the IMF clerkships were held six times throughout 2018. The global health information session was conducted either by a UVMLCOM/WCHN faculty member or the RUSM global health elective coordinator. This event presented a unique opportunity to inform students of the global health elective opportunity early on, enabling them to plan to undergo this elective during their fourth year of study. We saw a similarly significant increase in student applications as a result of IMF participation at RUSM.

Moving forward, the natural next step in our partnership with AUC and RUSM is to establish a global health track for interested students, similar to the track already in place at UVMLCOM. Such a track would provide an in-depth global health education in addition to the six-week elective experience. We are fortunate for the opportunity to work with students from AUC and RUSM, and look forward to continuing our successful partnership with both institutions.
Robert M. Hecht, MD, FACOG

Associate Clinical Dean – US
American University of the Caribbean School of Medicine

As an international medical school, American University of the Caribbean School of Medicine (AUC) understands the importance of exposing students to global views and healthcare practices. One of the greatest benefits of our affiliation with Western Connecticut Health Network (WCHN) is our inclusion in the Global Health Program which introduces medical students and other health professionals to diverse health issues and healthcare environments around the world. In the three years AUC has been affiliated with WCHN, thirty-five of our students have journeyed to the Dominican Republic, Russia, Vietnam, Uganda, and Zimbabwe.

Under the outstanding leadership and supervision of Dr. Majid Sadigh and Dr. Bulat Ziganshin, AUC medical students travel internationally to train with renowned physicians. They work on a wide array of clinical cases while the supplementary sociocultural curriculum allows further connection with the local culture and community. When our students return, they demonstrate improved critical thinking and clinical skills and often hold new and evolved views of healthcare. Many students shared these experiences during an AUC-sponsored educational symposium centered on critical issues in global health in May 2018.

The unique elements of the WCHN Global Health Program align with AUC’s goal of producing physician leaders who are resilient, collaborative, scientifically adept, and able to meet the needs of evolving populations and healthcare systems. Many AUC alumni have done significant work internationally in low-resource settings, thereby inspiring current AUC students to follow in their footsteps. The UVMCOM/WCHN Global Health Program provides additional role models as well as another avenue of exposure to global health needs and practices. These experiences give AUC students an awareness of global health challenges while helping our university accomplish our mission of fostering the highest standard of professional ethics and competence in aspiring physicians.

Christopher Bellone

Assistant Director of Hospital Support & Partnerships
Office Of Hospital Partnerships and Compliance
Ross University School of Medicine

Ross University School of Medicine (RUSM) has been providing students with the foundation they need to pursue successful careers dedicated to the science of healing. We are committed to providing our students with a range of global medical opportunities that will enable them to develop the kinds of life and professional skills that will make them stand out in residency programs and beyond. Our partnership with Western Connecticut Health Network (WCHN) and its Global Health Program is essential to our students’ development. Thirty-nine of our students have journeyed to five nations around the world through this affiliation.

Dr. Majid Sadigh and Dr. Bulat Ziganshin are exceptional in their leadership of RUSM medical students and other participants. The students travel internationally to train with well-respected physicians. Their clinical and cultural experiences are as diverse as the educational outcomes are profound. The global health experience helps our students fulfill our credo of serving our community with an ethical and humanistic perspective, champion a diverse and collaborative learning environment with a global outlook, and foster professional and personal perseverance and resilience.

After having completed the WCHN global health elective, RUSM students return with the skills to balance clinical and life lessons. A diverse group of leaders provide role models for our students of the bi-directional exchange that is at the center of this inspiring elective. These global health experiences help us fulfill our social mission by educating physicians who serve in medically underserved area, striving for equity in healthcare.
I have been working as Coordinator of the Global Health Elective Program at the American University of the Caribbean School of Medicine (AUC)/Ross University School of Medicine (RUSM) UVMLCOM/WCHN Global Health Program since 2016. During this time, I have had the fortune of meeting and working with many incredible people from around the world. It has been a great pleasure to witness the growing interest in our program over time, thanks to our multiple collaborators, leadership members, and coordinators at every participating site and institution, as well as diligent work and common vision of and appreciation for global health values. While the leadership has certainly been a defining feature of the program’s growth, I would like to acknowledge an essential component of this success: students. Selecting only forty-eight medical students from AUC and RUSM from among so many competitive applicants with impressive talents and accomplishments has been challenging. I wish we could offer all applicants a spot in the global health elective. The overwhelming majority of participants have impressed our international colleagues with their knowledge, adaptability, and positive attitude. Their contributions to our partners has been as undeniable as those of our partners to them. This is the first annual report for AUC and RUSM. We are looking forward to compiling a more enriching and comprehensive collection next year. We anticipate a photo exhibition as well as excerpts from reflection pieces for Global Health Day, which will be held from June 3-4 this year. Their pieces have been posted on the Global Health Diaries blog monthly eMagazine, where many AUC and RUSM students have been highlighted.

In my position as coordinator, I deeply enjoy reading weekly participant reflections during the elective. Many are thoughtful and insightful, helping us immensely in improving the quality of the rotation for upcoming students. They provide us with a window through which to see the growth of brave, open-minded, and warm-hearted people unafraid to challenge themselves, and as well as a chance to share the student experience. Student participants in the Global Health Program are an endless source of inspiration and energy moving forward as the program continues to grow. I am excited to see how the program continues to grow moving forward into the fourth year.

Three-Year Results of the Global Health Electives Program for AUC/RUSM Students

Students from the American University of the Caribbean School of Medicine (AUC) and Ross University School of Medicine (RUSM) have been participating in global health electives organized through the UVMLCOM/WCHN Global Health Program for the past three years, starting in 2016. The number of student participants who have completed the elective, along with the experience gained by the UVMLCOM/WCHN global health team, permit us to use this three-year landmark to describe the initial results of the collaborative program while drawing conclusions and setting goals for the future. Herein, we report and analyze the numerical statistics of students’ global health elective participation and review some of the challenges that have arisen.

Over the past three years, 74 students from AUC (n=35, 47%) and RUSM (n=39, 53%) have undertaken six-week electives in global health in various parts of the world. More than 60% of participating students were female (n=46). The mean student age was 28.6 ± 3.9 years, ranging from 25 to 47 years. Figure 1 shows the total number of students participating in the global health elective per year and provides a breakdown of students between schools (AUC and RUSM). We see that the number of students pursuing global health electives is generally increasing every year. We anticipate that AUC and RUSM will fill all 24 spots allotted for global health electives in 2019.

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Students from both AUC and RUSM undergo a comprehensive two-step application process in order to be considered for the global health elective. The first step involves submitting an application to their medical school and expressing an interest in the global health elective. Both institutions have a dedicated global health coordinator who handles the applications and conducts initial applicant screenings. We ask the universities to focus on determining whether the student is a good candidate for an international study experience and identify those with a genuine interest in global health. We also rely on coordinators to ensure that accepted applicants are have begun their fourth year of study by the elective start date and has completed their core rotations. Once applicants have been cleared to participate in the elective, students submit a full online application to UVMLCOM/WCHN.

In this application, students specify the date block for their elective, rank the sites (countries) in order of preference, and identify the clinical fields in which they are most interested. It is of note that each year’s number of initially submitted applications was greater than the number of students who eventually participated in the elective (Figure 2), even when the maximum number of 24 spots allocated per school was not filled. Students withdraw their applications for a variety of reasons, including dates of USMLE exams conflicting with the elective, university requirements to complete a different elective, difficulties fitting a six-week elective into their schedule, concerns about exceeding the limit of elective weeks permitted by the medical school, residency interviews coinciding with elective dates, and personal/family reasons, among others. However, for the year 2019 we have received significantly more applications (especially true for RUSM see Figure 2B) than the number of available global health elective slots. Thus, for the first time we find ourselves in a position where the difference between the number of submitted applications and the number of completed electives will be determined not by students withdrawing from participation, but by a specific selection process that we are conducting to identify students who would most benefit from this elective opportunity.

Figure 2. Comparison of the total number of applicants and total number of participants of the global health electives per year. Panel A – Students from AUC, Panel B – students from RUSM.
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Figure 3. Global health elective rotation sites according to student preference (1st choice – most desired, 5th choice – least desired site) – AUC and RUSM students together.

Figure 4 illustrates the number of students who traveled to each of our five elective sites. Uganda was predictably the most common site, where 28 students (38%) rotated in one of the four hospitals: Mulago Hospital in Kampala, St. Stephen’s Hospital in Mpererewe, St. Francis Hospital in Nagaggala, and Nakaseke Hospital in Nakaseke. Interestingly, Vietnam was the most frequent elective site for AUC students (Figure 4A) and the second most frequent elective site overall (n=23, 31%), with all students rotating at Cho Ray Hospital in Ho Chi Minh City. Russia was the third most common elective site (n=12, 16%). Surprisingly, there is a dramatic difference between the number of AUC and RUSM students who elected to travel to Russia for their global health placement (3% vs 28%, respectively, see Figure 4). In Russia, all students undergo their elective in Kazan at a variety of teaching hospitals affiliated with Kazan State Medical University.

The Dominican Republic and Zimbabwe saw the fewest number of global health students overall, 8% (n=6) and 7% (n=7), respectively. This can be explained by several reasons. The Zimbabwe site was closed for global health electives in November 2017 due to escalating political conflict, and has remained closed ever since. We rely on our colleagues at the University of Zimbabwe College of Health Sciences to inform us when it will be safe to resume student placement. Meanwhile, the Dominican Republic site had initially not been very popular with AUC and RUSM students due to a perception that the experience would be very similar to their medical school experience on the Caribbean islands (Sint Maarten for AUC; formerly Dominica for RUSM; currently RUSM is relocating to Barbados). However, as students who have traveled to the Dominican Republic share their experiences with classmates and peers, the number of students applying for electives in the Dominican Republic has been steadily increasing.

Figure 4. Proportion of students from AUC [panel A] and RUSM [panel B] participating in global health electives in each of the five sites.
Details on AUC and RUSM students who have successfully completed the global health elective are provided in Tables 1 and 2.

Looking at the time of the year that students are most likely to participate in the elective, we noticed that fall and spring are the most popular seasons for students to travel, with 65% participating in the elective during those months (Figure 5).

The experience our team at WCHN/UVM has gained by sending AUC and RUSM students for global health electives has uncovered several challenges, many of which are worth addressing moving forward:

1. Lack of global health awareness and training. Unfortunately, we meet AUC and RUSM students once they are already in their fourth year of medical school. Though some students have been educated in global health and have participated in similar programs in the past, the majority does not have much knowledge of this emerging field. Ideally, it would be best to identify students interested in global health education early-on during their first year, form an interest group, and provide regular exposure to global health topics through seminars, conferences, community outreach experiences, etc. Ultimately, a global health track for students at AUC and RUSM would be hugely beneficial by preparing students to travel to different sites during their fourth year as part of the clinical global health experience.

2. Remote application and selection process. Students from AUC and RUSM rotate in hospitals all over the U.S. (and even abroad) to complete their core clinical disciplines and electives. Thus, the only way to connect with all interested students is by remote video conferencing (Skype, Zoom, etc.). This is how we typically conduct interview sessions and pre-departure orientation sessions. Although this solution allows us to connect with students located in any part of the U.S., it does not fully substitute for in-person meeting and training.

3. Tourism-driven interest in elective. Every year, a number of students apply for the elective without any real interest in the discipline or learning about medicine abroad, but rather with the intent of exploring the country from a touristic perspective. Although this approach is not inherently flawed and we welcome students’ curiosity towards new cultures and traditions, such a major emphasis on tourism takes time and energy away from the global health learning experience, distracting students from absorbing the values and philosophy of global health. Each of our sites has a robust curriculum in place with bedside teaching, lectures, seminars, community outreach programs, language classes, and field trips, among many other elements. Taking time away from the elective is not permitted as it is disruptive to students’ schedules. We strongly feel that tourism may be an important part of the global health experience but should not be the motivating factor or driving force for students to apply.

4. Filling the void of healthcare professionals. Many sites in which AUC and RUSM students rotate are extremely limited in healthcare resources. Students notice this immediately on witnessing a critical shortage in attending physicians, nurses, and medical staff on hospital wards. Throughout the rotation, students often find themselves left unsupervised with patients and are tempted to “step in” to the role of the physician. This situation is compounded by the fact that global health elective participants coming from the Global North may mistakenly be viewed as more experienced or knowledgeable, which may in turn lead to involuntary engagement in an activity for which students are not trained or comfortable performing. Ultimately, this may lead to a safety issue for a patient or even the student. We continuously remind our students that their role in the elective is that of a student, and their goal is solely to learn, and not to help or fill the void of healthcare professionals in any capacity.

5. Inflexible participants. We have learned that one of the keys to success for students pursuing a global health elective is their ability to easily adapt to a new environment and embrace challenges with a positive attitude. Students enrolling in an elective with a predefined set of expectations - often based on the system of medical education used in the U.S. - have a hard time adjusting to a rotation at an international facility. We recommend that students traveling to a global health elective site leave behind any judgment or notions of “normality” and engage in the process of understanding a new culture and accepting their “normal” simply as being different rather than wrong.

In summary, the Global Health Elective Program for AUC and RUSM students has been extraordinarily successful. We have trained seventy-four amazing individuals and are confident that each has returned a different person. We hope these elective experiences are helping students become more compassionate, empathetic, and skilled physicians while providing them with the tools required to better serve the underserved, in the U.S. or abroad.

Bulat A. Ziganshin, MD, PhD
Director, Global Health Electives Program for American University of the Caribbean School of Medicine /Ross University School of Medicine
WCHN/UVM/MLCOM Global Health Program

Dilyara F. Nurkhametova, MD
Coordinator, Global Health Electives Program for American University of the Caribbean School of Medicine /Ross University School of Medicine
WCHN/UVM/MLCOM Global Health Program
About the Country:

The Dominican Republic is beautiful, with amazing scenery and beaches highlighted by the historic city of Santo Domingo. It is only a short flight (3-4 hours) away from JFK and located within the same time zone as East part of the USA (no jet lag!).

About the Leadership:

Universidad Iberoamericana (UNIBE) College of Health Sciences and its several affiliate sites are our partner institution in the Dominican Republic. The leadership of UNIBE, including Dr. Amado Castaños Guzman, President of UNIBE; Dr. Marcos Núñez, Dean of UNIBE College of Medicine; Lorraine Amel, Dean of International Affairs at UNIBE; Danny Capellan, Coordinator of Global Health at UNIBE and Dr. Jomar Florenzán, Site Director of Global Health Program, is visionary and welcoming to new ideas.

About the Institution:

UNIBE is the most progressive medical school among eleven medical schools in Dominican Republic. UNIBE is affiliated with several other institutions that exist as part of the Global Health Program, including, Asociación Instituto Dominicano de Cardiología (AIDC), and Hospital General Dr. Vinicio Calventi. UNIBE medical students are knowledgeable, with a majority fluent in English.

About the Clinical Experience:

The clinical experience offered in the Dominican Republic is rich and expansive. Students are exposed to a wide diversity of tropical infectious diseases, including malaria, tuberculosis, HIV, Zika, Dengue, and Chikungunya, in addition to more common chronic conditions such as diabetes, hypertension, and cardiovascular diseases. The clinics and hospitals to which medical students are assigned have astutely skilled and supportive staff. Community outreach programs have been popular among medical students taking the global health elective in this site. Medical students are hosted by the kind Organda family that welcomes participants at the airport, introduces them to the community, familiarizes them with the city, and helps them immerse in the colorful Dominican culture.
Dr. Marcos Núñez, Dean of UNIBE College of Medicine

Jomar Florenzán, Site Director of Global Health Program in Dominican Republic

Dr. Loraine Amell, Dean of International Affairs at UNIBE

Jesus Organda, host of Global Health Program participants through the homestay model

RUSM students Antonia Nwankwo (left) and Samantha Boustani (right) with Maritza and Jesus Organda (host family in middle)

Sameena Salcin Haque (right) and Gina Cha (left) with two family medicine residents and a nursing staff in La Barquita

RUSM student Antonia Nwankwo with Danny Capellan, Coordinator of Global Health at UNIBE, and Dr. Jomar Florenzán, Site Director of Global Health Program

Dr. Robert Reid Cabral with UNIBE and Antonia Nwankwo and Samantha Boustani RUSM students in the children’s hospital

Universidad Iberoamericano (UNIBE) campus, Santo Domingo
My first week in the Dominican Republic has already taught me so much. This is my first experience living with a host family and it has been wonderful so far. I love that these family members immediately call me sister, daughter, and aunt despite never having met me. It is very precious.

We spent a couple days letting patients come to the clinic and one day walking around the community giving out vitamins to the kids. Seeing kids playing in the street with plastic bottles and rocks was heartbreaking, but they were smiling and laughing. It showed me that happiness is truly something you have inside yourself and not in the things you own.

One last thought that has changed my perspective: while in the community, I learned that it costs 100 Dominican pesos, or $2.17 USD, for a consultation with one of the doctors. This information made me reflect on institutions in the United States that won’t see patients on Medicare or Medicaid because they don’t pay more than maybe $65 per patient. This has really put things in perspective for me. These doctors and healthcare workers are making a difference in people’s lives even though the clinic is only getting $2.17. When I get through residency and perhaps open my own clinic one day, I am going to make my clinic available to all. The ladies of this clinic are an inspiration and what the world needs more of.

I am so thankful for the opportunity to experience this. I will forever be changed and molded into a better person for the knowledge I have gained, and will use it to share with others the luxuries that we have. I feel that every physician-in-training should undergo a comparable experience. I know I will be a better doctor because of the experiences I have gained. Thank you to all who have helped me on this journey. I have enjoyed it immensely.

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Despite not speaking the country’s language, many things are apparent and universally evident to me. People here are jovial, easy-going, and quick to make a joke. I noticed these qualities on my first day here, which feels so long ago although it has only been a week. Meanwhile other aspects - specifically pertaining to the healthcare system - took a little longer to realize, among them how much healthcare workers can do for patients with so little.

I cannot help but reflect on the great impact they make with so little resources. I have never seen white-out used in a clinic in the United States, but it is used quite often at the clinic there. Though the power is out about 70% of the time, but no one ever complains and everyone still smiles nonetheless.

Overall, this rotation has offered me a very broad overview of how healthcare operates in the Dominican Republic. Every week offered a different aspect of medicine and proposed different challenges for the healthcare team, many of which are not as prevalent in the resource-rich United States. It was an honor to be in the presence of some of the most resourceful physicians I’ve ever had the pleasure of meeting. Even more so, it was a privilege to be treated as part of a comprehensive team and to be given so much respect, even as a student. The Dominican Republic was not only full of sunshine, but also full of laughter, kindness, and smiling faces. I’ll never forget the amiable people I’ve met in the DR. This experience is especially important to me in molding my career as a healthcare provider.
About the Country:
Kazan State Medical University, located in the capital of Tatarstan 500 miles to the southeast of Moscow by the Vulgary river, is our partner institution in Russia. It is the land of harmonious coexistence of Christians and Muslims where the East meets the West; the land of art, music, ballet, opera, and sports.

About the Leadership:
Under the leadership of Rector Alexey Sozinov, Director of Global Health Program Professor Marat Mukhamedyarov, and Coordinator Alsu Khayrutdinova, the Global Health Program has established annual tropical medicine, evidence-based medicine, epidemiology, and biostatistics courses at this site.

About the Institution:
KSMU is the third largest medical university in central Russia and the oldest partner of the Western Connecticut Health Network / University of Vermont Larner College of Medicine Global Health Program. The institution also has a medical residency program accredited by the Canadian Royal College.

About the Clinical Experience:
Participants see a wide array of clinical manifestations, including hemorrhagic fever, the European form of Lyme disease, tick-borne encephalitis, intestinal parasites, malaria, tuberculosis, HIV, and chronic diseases including cardiovascular and pulmonary illnesses. Medical students stay in dormitories in a beautiful part of Kazan, and undergo an organized supplementary sociocultural curriculum on Saturdays.
Professor Sozinov the Rector of KSMU

Professor Marat Mukhamedyarov, Director of the Global Health Program at KSMU with the Global health interest group

Tropical Medicine Class

Senior RUSM students Jessica Hudson (left) and Dawn Hill (right)
My last week in Kazan is finally here and I can’t believe how fast my time went by! As I reflect on my last four weeks here, I am both humbled and grateful for this experience that was eye-opening in more ways than one. I am grateful to have met such wonderful, kind people who welcomed me and shared their culture, customs, and way of life. I had a wonderful time living in this beautiful country, even if for only a few weeks.

Being in Kazan was certainly a very new experience. There were many things such as the ease of transportation with my own car that I initially missed, but I quickly adapted. I am grateful for the friendships I formed and to the hospital staff, including attendings, nurses, residents, and medical students for being so gracious with their time and patience. It was challenging not knowing the language, but everyone did their best to accommodate and help me. I am especially thankful to the patients I had the privilege of speaking with and caring for. I have come to really admire the people here. Though many patients are quite poor and at times quite ill, they are incredibly grateful and genuinely kind. It was not uncommon for patients to give me a hug or hold my hand as a way of expressing their gratitude.

Sharing and exchanging medical and cultural knowledge with my supervisors and fellow medical students was a valuable experience. I have a lot of respect and admiration for them, as many have left their families and countries to study medicine in Kazan. I relate to them at least in part because I too had to move away from my family to a new country for the first two years of medical school. However, I did not have to learn clinical medicine abroad like they did. Learning about the people, culture, and traditions of an unfamiliar place while simultaneously learning clinical medicine is an extraordinary task. Their commitment gives me strength and valor to overcome obstacles and challenges that I may encounter during the remainder of my medical school training.

In fact, the global health elective has given me exactly what I need at this stage of my career: a reminder of why I started this journey of medicine in the first place. There is nothing more gratifying than learning how my knowledge and skills can be used to help another human being at a time when they are most vulnerable while lessening their suffering and healing them back to recovery.

While I have never lost sight of this fact, I must admit that this elective solidified it for me in a way I hadn’t quite experienced before. I look forward to sharing my experience with family and friends back home. Most importantly, I know I will incorporate the experiences I’ve had into my professional journey towards becoming a doctor. Knowledge is of no value unless it is put into practice. This experience has not only given me knowledge and insight, but has demonstrated how much good can be accomplished when these abilities are grown to their fullest potential.
One month after my global health elective, I am starting to miss all the wonderful people I met while there. By spending time with people day in and day out, a bond forms through which they leave a special imprint on your life. What I have really taken away from Russia is deeply ingrained in the people I met and the experience we had together. It was great getting a first-hand experience of their opinions on various topics, and talking about differences in our lives, educational backgrounds, and beliefs. It was great sharing with one another and taking everyone’s combined experiences to learn from, thereby building greater understanding. In my opinion, this is the best diplomacy there is to build understanding between two cultures: by letting people get to know one another so that they understand each other’s differences and build a mutual respect and liking. Russia now has a special place in my heart because I was given the opportunity to get to know the real Russia, not just the information presented on the news that is often very one-sided and not entirely true.

Britn’y Edwards

Senior RUSM students Britn’y Edwards and Lindsey McKee with KSMU Global Health leadership
UGANDA

About the Country:
Known as the breadbasket of East Africa, Uganda is visually stunning in lush blue and green. Among popular attractions is included the source of the Nile River in Jinja, gorilla trekking in the Bwindi Impenetrable Forest, safaris at Elizabeth Park and Murchison Falls; cultural dance performances, and temples representing a diversity of religious faiths.

About the Leadership:
The leadership is strong, curriculum comprehensive, and support system strong in each of our several sites in Uganda. Among many leaders is Charles Ibingyira, Provost of MakCHS; Dr. Robert Kalyebeula, Founder of ACCESS in Nakaseke; Sister Jane Francis and Dr. Simon Otom, Director and Medical Director of Naggalama Hospital; and Catherine Nakibuule, Director of the Global Health Program at St. Stephen’s Hospital.

About the Institution:
We have several partner institutions in Uganda, including Makerere University College of Health Sciences (MakCHS), the most prestigious university on the East coast of Africa; St. Stephen’s Hospital, a community hospital close to Makerere University; the African Community Center for Social Sustainability (ACCESS) in rural Nakaseke; and St. Francis Naggalama Hospital in rural Naggalama. Medical students are mostly assigned to the rural sites unless they are interested in Ob/Gyn, in which case they rotate through Mulago Hospital in Kampala. Students in Kampala are housed via the homestay model, and in safe, modern living quarters close to their respective hospitals in the rural sites. With English the official language of learning, medical students, residents, and faculty are all fluent English speakers.

About the Clinical Experience:
Students will see common and uncommon infectious diseases including HIV, tuberculosis, sleeping sickness, malaria, schistosomiasis, elephantiasis, and opportunistic infections of advanced HIV. Students in all of our international partner sites in Uganda undergo one to three days of vigorous orientation upon arrival.
NAKAŞEKE

ACCESS Guest House and a room in ACCESS Guest House

ACCESS campus walk
St. Francis/Naggalama Hospital

**NAGGALAMA**

Sister Jane Frances, CEO of St. Francis Naggalama Hospital

**KAMPALA**

Susan Byekwaso, Coordinator of the International Office at MakCHS

Senior AUC Students Gitanjali Lobo and Michael Villasin with GH Participants at Luboga’s Homestay

The WCHN Global Health Information Center, located on the lower level of Nabacwa Guest House where our participants live at Reverend Professor Samuel and Christine Luboga’s homestay

A room at Nabacwa Guest House at the Luboga’s Homestay

Opening of the WCHN Global Health Information Center at Rev. Prof. Samuel and Christine Luboga’s Homestay with WCHN representatives and Jeffrey Anderson of AUC
3 MONTHS POST-ELECTIVE

My heart and soul still want to continue in global health as a working physician. This is for certain to become part of my future. I have always stood for the underserved, the persecuted, and the minority because they often have a muffled voice that is not heard. Humanity is a whole, not a part. This is part of the reason I went to Uganda, a part. This is part of the reason I went to a resource-limited setting in Uganda. Symptoms would be addressed in our government, clinical judgement is the best diagnostic tool. The doctors treat for what they think is most likely based on signs, symptoms, and the most basic lab tests. If the patient isn’t responding after a few days, they go to the next best options. Patients take the doctor’s advice and trust they are doing what’s best for them.

1 WEEK POST ELECTIVE

Returning to hospitals in the U.S. has been a shock to my system. I quickly got used to wondering how patient symptoms would be addressed in our resource-limited setting in Uganda. While MVA victims and patients with acute changes in mental status or physical ability warrants a CT scan, they weren’t often feasible over there. In the Emergency Department I’m currently working in, we ordered more CT scans in just one shift than I could count. Every single one of them was normal. I imagine that more machines would be ordered in Uganda if they were more affordable and readily available, but I would like to believe the clinician’s judgment would be weighed more heavily and that instead of practicing defensive medicine like we do in the U.S., they would still order far fewer scans than we do here. In my six weeks in Uganda, we ordered one CT scan for a patient that had an unexplained new onset seizure, but she couldn’t afford it so it never happened.

THREE MONTHS POST-ELECTIVE

When people find out I spent a significant amount of time involved in the healthcare and village setting in Uganda, their curiosity is piqued. They are excited by my excitement when I get to speak about how life-changing the experience was. They want to know what is different, what is similar, and what lessons have stuck with me. It’s always the same response for me: Ugandan people are so kind, humble, and appreciative of whatever physicians are able to do for them or their family. They wait patiently to be seen. They disclose what is ailing them with hopes of a speedy resolution. And no matter how much pain and suffering they endure, they are always gracious and try to have a smile to offer Muzawo. In the toughest of times, with the worst news, they remain smiling and humble. I think about these patients and families when I begin to complain about something insignificant or inconsequential, and I change my attitude and perspective immediately.

I’ve tried to reduce my personal consumption footprint since returning. I’ve tried to think outside the box to get things done without immediately running out to buy something new or utilize unnecessary resources. I’ve disconnected from technology regularly in order to give myself time and space to reflect on my day or week. I take time to just sit and be still, grateful to the creator for all the opportunities afforded to me that may not have been possible had I been born in a different place or time. I take nothing for granted. Applying to participate in this global health rotation was one of the best decisions I’ve made. I had no idea what I was getting myself into, but the experience has made me a better person and will help me become a better doctor. I initially had plans to go to a different country, but instead ended up exactly where God wanted me to be and I couldn’t be happier.

I am still so humbled by the people I met, the families who welcomed me into their homes with open arms, and the friends I’ve made along the way. I can’t wait to let them know when I’ll be back!
During our first few days of ward rounds, I was amazed at the ingenuity and flexibility of the doctors with each new patient. From making inhaler spacers out of a water bottle, to working with basic instrumentation in surgery, to mixing two or three oral rehydration solutions to get the one they need. The doctors at Nakaseke Hospital just do the best with what they have and what is available to the specific patient. Clinical skills are the most important tool in the clinicians “tool box” since more land than just a basic CBC can sometimes be hard to come by. X-rays can be too expensive for some patients, and the country of Uganda only has three CT scans (none of which are near Nakaseke). Thus, the clinical symptoms and the patient’s history (if it can be taken) are what really makes the diagnosis. Trial and error with available medications comes next.

The experience so far is extremely eye opening and makes me very thankful for all that us, US doctors, have available to our patients. When I asked one of the doctors here what he would want if he could add anything to the hospital he said “we have what we have, and we try and make the most of it. That’s all I can ask for really.”

So far, I have not only learned to hone my physical examination skills, listen carefully to a person’s HPI, and now really think about what the financial burden may be for any tests or medications ordered. Just because we have more access in the US to medications within the hospital setting it is still important to think about why you’re doing what you’re doing and think about the patient.

1 WEEK POST ELECTIVE
All of my friends and family have been asking a million questions about my trip, giving me greater opportunity to reflect on my six weeks in Nakaseke. I think bullet-pointing some of highlights and thoughts about my trip would be nice:

- The people of Uganda are some of the kindest I have ever met. They are always willing to help you, no questions asked.
- The physicians are incredibly resourceful. They make do with what they have and do not really see it as a problem. They just do want they can for their patients.
- A patient’s attendant is really important to receiving proper medical care. They are instrumental in obtaining medications, food, etc. They sleep next to the patient’s bed on a floor mat. Say that to anyone in the U.S. and they would be very upset, but in Uganda it’s the norm.
- We had the opportunity to participate in hospital medical care, clinic care, and community medical care. Each environment was a little different, but we were always treated like competent medical professionals rather than just students.
- Being in Uganda gave me an incredible opportunity to get ample hands-on experience, which in the U.S. would be limited to interns. The elective has given me greater confidence in my physical examination and procedure skills.
- The programs run by ACCESS for bettering the community, including the OVC and JaJa program, were humbling to participate in. To understand the hard work and dedication that ACCESS has to the community is amazing.

As time goes on and I transition back into my rotations in a U.S. hospital, I am sure that even more things will need reflecting upon. I am so grateful for the experience and the people I have met. I hope to return to Uganda either during residency on a global health elective or maybe even as a pediatrician one day. The global health bug has bitten me and I’m glad it did!

The programs run by ACCESS for bettering the community, including the OVC and JaJa program, were humbling to participate in. To understand the hard work and dedication that ACCESS has to the community is amazing.
Janice Hanawi in Naggalama, Uganda

One week post-elective

I will never forget to appreciate the resources that are available to us in the United States and will always try to be mindful of the culture and context that my patients come from. The patients we saw came from really simple backgrounds and were still filled with joy. They loved that we spent time with them, even when there was nothing we could offer medically. They wanted to be seen, to be valued, and for their stories to be known. As a medical student I had plenty of time to sit and listen, even with a language barrier. As a future physician, I hope that I will always do my best to make time to meet these needs, beyond the medical issues that will bring people to me. I’m really grateful that this was a shared experience with the other students and residents. It’s a connection I will always be grateful for.

I thought about that and found that I really do not feel any guilt. I certainly came back more grateful, but I think that instead of dwelling on guilt, I’d rather direct my focus towards looking for opportunities to give back to the communities that I get to build connections to. Someday, I’d like to come back to Naggalama and contribute to the work that is already being done there. Being a physician here means that I have the opportunity to advocate for people anywhere in the world.

Marcus Powers

One week post-elective

Many emotions have hit me since I have been back in the United States: feelings of guilt, appreciation, thankfulness, homesickness, and fatigue. I feel guilty for living this life. I feel guilty for being so entitled. The Global North would be a lot better off if its inhabitants were aware of how people live in the Global South. I’m sure they have all heard stories, watched the news, and seen photographs of people living with limited resources, but it’s completely different immersing yourself in this lifestyle enough for it to become a temporary reality. I find myself memorizing the time difference and wondering what Ugandans are doing at the moment I’m thinking of them.
RUSM, Uganda, 2017

NICOLE GRUNER

ONE WEEK POST-ELECTIVE

I am so grateful for the opportunity to study medicine in Uganda. It was truly a humbling, eye-opening experience. It is inspiring what healthcare workers are capable of with such limited resources. The physicians are extremely knowledgeable and have a significantly broader skill set because they are required to do so much. The rewards for such a demanding education and career are so small, it is a wonder that anyone chooses to endure it. It is truly a dedication to humanity and health that drives physicians in Uganda. It is so inspirational.

My favorite experience was the outreach program for individuals with chronic diseases. I had the opportunity to witness the true situation of the majority of Ugandans, and it was humbling, to say the least. We are so fortunate and take so much for granted, such as access to clean water. The experience had significant educational value as well, as we do not often see such advanced pathology in the U.S. It was heart-wrenching to care for people who needed help that was available but financially out of reach.

This experience reinforced my desire to be involved in global health in my future career. The language barrier was my greatest frustration on this rotation, which motivated me to continue studying Spanish and participate in medical care in Central or South America in the future. However, I would definitely consider returning to Africa. The people were so welcoming and excited to share their food and culture. Uganda was more beautiful than I imagined and certainly deserves its title as “The Pearl of Africa.” I would highly recommend this experience to all healthcare providers.

RUSM, Uganda, 2017

ANITA KISIEDU

ONE WEEK POST-ELECTIVE

I will always remember the time during my medical school education when I left Virginia to go to Naggalama. My reasons for pursuing medicine have not changed. I still want to be able to serve underrepresented and underserved populations.
SHALEEN DOCTOR

RUSM, Uganda, 2018

WEEK 2
The strength of Ugandan women is remarkable. Most women deliver vaginally without anesthesia. As I was assisting one woman, she looked up at me and asked, “Do white women feel labor pains?” I was shocked by this question because she had just experienced almost five days of active labor. Is there some perception among Ugandans that Caucasians are superior in that way? I do not feel that we are by any means. If anything, I feel I have so much to learn from these women. The maternal and fetal death rates in Uganda are 1/232 and 1/23, respectively. After the woman delivered she exclaimed, “Thank you, doctor, for saving me and my baby. God is good.” I forced back the tears while my heart filled with gratitude for the special moments I had while in Uganda.

WEEK 6
I was always a global health enthusiast, a keen traveller, and a passionate medical student. I think Uganda allowed me to fulfill all of these three aspects of my existence. Just like this and many more, I am so grateful for the special moments I had while in Uganda.

Buddhi Hatharaliyadda

RUSM, Uganda, 2017

One week post–elective
A young Ugandan girl with albinism waved at me as I walked by on my way home from the hospital. I stopped to wave back, and she ran towards me excitedly. Once she reached where I was standing, she handed me an oil-stained paper bag containing a small donut. I kindly smiled and said, “No, thank you. I am fine.” She proceeded to take my hand and place it next to hers. She scanned and observed my skin with beaming interest in her eyes. The contrast of my pale skin against hers made us look like sisters. Her skin was white, her eyes blue, and her hair - though naturally transparent - was dyed black, most likely by her mother. As I looked into her eyes, her peers. Poor girl. She probably experienced the same perplexed stares that I experience daily since arriving in Uganda, but from her own people. I saw the beauty in the pearl of Africa at your disposal. Last but not least, I promise as I leave a piece of my heart and its humble people.

Week 2
Something else I was not initially able to process is how medical officers (equivalent to residents) here are basically jacks of all trades - and, as I am concerned, masters of it all too! As an intern starting in June, I could not for the life of me see myself rounding in the wards in the morning, running the outpatient clinic mid-morning to afternoon and then going to the operating room for the rest of the day. Yet, as I spent more and more time with the medical officers here, I was able to understand that based on the needs of the healthcare system, the available medical officers at a given hospital, especially in a rural setting like Naggalama, are required to be flexible.

As the week went on, I developed greater capacity to be open-minded, to not jump to conclusions about why certain things are done certain ways, and why things cannot be different. For instance, a thirty-two-week pregnant woman came in for a follow-up visit. This story was becoming more and more common. Global health will still remain as one of my aspirations while I dedicate the next three years of my life to training myself to become the best internist I can be. Uganda has touched my soul to the point where I will seek every opportunity to come back as a resident. While the things I have accumulated the past six weeks even feel overwhelming to an extent, I am certain I have only been exposed to a fraction of things I should see as a global health enthusiast. So let me call this a week of thankfulness and promise as I leave a piece of my heart with Uganda and its beautiful people and board the flight tomorrow in the hope of returning in future.
OLIVIA ASAMOAH

ONE WEEK POST-ELECTIVE
To say that I miss Uganda would be an understatement. For the past week, not only have I struggled with severe jet lag but I’ve also been experiencing this feeling of being away from home. This past week, I’ve felt like a visitor in my Maryland hometown. In the six weeks I spent in Uganda, it became my home. The people I worked with became my friends. Everyone was friendly and made us feel like we were part of the team. On our last night, some of the doctors gave us a surprise farewell dinner. We ate a lot and laughed even more.

I’m grateful for the opportunity to complete an elective in Uganda. I think every medical student should have an experience of medicine outside the U.S. and Canada. It was a humbling experience that put things into perspective for me. I learned so much in such a short time. Although they don’t have all the modern conveniences that we have here, the job still gets done. It makes me wonder if we’ve drifted away from the practice of medicine in its true form. There are many improvements that could be made at St. Francis Hospital, but there were less patient complications. Uganda did not care; they were some of the most selfless and kind people I have ever met, but the sheer number of patients in need coupled with the lack of resources and staffing made it impossible to give every patient the best possible outcome. It was frustrating, yet eye-opening.

It is impossible to put into words what this experience in Uganda means to me, and how it will shape my future as a physician. It has also furthered my passion for global health. Though I am still processing this experience on a daily basis, I can already feel how it is shaping me into a better, more aware person. I will be forever grateful for my time in Uganda, and hope to return again one day once I am further in my training.

LAURENIE LOUISSAINT

TWO MONTHS POST-ELECTIVE
Uganda has taught me to appreciate everything in medicine and in life a bit more. In medicine, I appreciate the privilege to use sterile gloves in every cervical exam, and to be able to wash my hands on a regular basis. I appreciate the ability to provide necessary care to patients regardless of their financial standing or the status of the pharmacy. I appreciate the ability to have the resources and manpower needed to respond to emergency situations quickly. In everyday life, I appreciate my friends in their twenties and thirties being alive and well. I saw far too much morbidity and mortality in this age group in my time in Uganda – deaths that could have easily been prevented with adequate access to preventative medicine and proper care. It wasn’t that the healthcare providers in Uganda did not care; they were some of the most selfless and kind people I have ever met, but the sheer number of patients in need coupled with the lack of resources and staffing made it impossible to give every patient the best possible outcome. It was frustrating, yet eye-opening.

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STACEY SASSAMAN

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This experience has strengthened my desire to pursue global health. Although our healthcare system is by no means perfect, we are lucky to have the access we have here. Other countries aren’t so lucky. In the future, I’d like to travel to different places to provide services to those who don’t have access to routine healthcare. The most important aspect of the medical profession is service, and I believe I would be fulfilling my purpose by working in global health. I hope to participate in global health programs during residency that will help guide me into the aspect of global health I will end up pursuing in the future.

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One thing I’ve learned about global health is that it takes more than knowledgeable physicians to make a difference. It’s a team effort; there are those who tell the story by writing or documenting it through images. There are those who may not have the medical knowledge but have a big heart and willingness to give to those in need. I’ve come across some of these individuals over the last few weeks. Being around them will help me wonder how this experience will have an impact on my path in medicine. I refuse to believe that I’ve travelled thousands of miles to return with an extra badge of honor as someone who’s gone on a global health trip. I want to do more. Will I return to Uganda to do more work? Is my calling back in the U.S. or in Haiti where my passion for global health first began?
About the Country:

Vietnam is the easternmost country on the Indochina Peninsula in Southeast Asia. The landscape is stunning, with hills, tropical forests, and mountains. Ho Chi Minh City is the largest city in Vietnam. It has gone by several different names during its history, reflecting settlement by different ethnic, cultural and political groups. Today, the city’s core is still adorned with wide elegant boulevards and historic French colonial buildings, and there are many attractions for those interested in becoming familiar with its history including the Vietnam War.

About the Leadership:

Site Director Dr. Tran Van Vu, Head of International Affairs Dr. Hoang Lan Phuong, and Site Coordinator Dr. Uyen Tran stand as a strong, collaborative leadership team.

About the Institution:

The Global Health Program has two partner institutions in Vietnam: Cho Ray Hospital, a three-thousand-bed high-technology modern facility in Ho Chi Minh City that serves as a tertiary center for patient referrals from both underserved and affluent communities, and... The staff is welcoming and knowledgeable. Although the overwhelming majority do not speak English, the Global Health Program has trained twenty-one junior faculty for several months at Western Connecticut Health Network who are now familiar with the medical education and healthcare system of the United States and have a mastery of the English language. Medical students are mainly assigned to these faculty.

About the Clinical Experience:

The hospital is providing advanced tertiary and primary care to adults and has all specialties and subspecialties including pulmonary, ICU, cardiology, surgery, emergency medicine, anesthesiology, tropical medicine. The pathology in this hospital is diverse including spectrum of cardiovascular and pulmonary diseases, snake bites, TB, lung flukes, malaria, and soft tissue infection.
JASJIT
ADLAKHA

FINAL REPORT
My time here in Cho Ray Hospital has been one of the most worthwhile experiences of my life. I have made countless memories that will stay with me forever. The people of Vietnam have touched me deeply and I will cherish this experience. Cardiology, Tropical Medicine, and the Emergency Department provided us with such a varied experience and I am so grateful for all the doctors and staff who made this experience possible along the way. I can’t imagine seeing or doing more in six weeks at any of the other hospitals I have trained at previously. I cannot say enough about how amazing this entire rotation has been. Although this country lacks some of the technology that is common in the United States, I think physicians here are more talented in certain ways because of it. They rely on nuances of the physical exam and lab findings instead of computers, ways because of it. They rely on nuances of the physical exam and lab findings instead of computers, and are just as talented and educated as the physicians I trained with in America. They were all up-to-date on current guidelines regarding medication and antibiotic usage, and also very receptive to learning from us as well. I must have talked about induced hypothermia with a few interested physicians in cardiology for thirty minutes straight. I learned or saw something new every single day I came into work. The Vietnamese people have been so welcoming and friendly. They never had a problem with us being part of their healthcare team even though we did not speak their language and sometimes slowed the other doctors down by asking them to repeat themselves. Countless doctors took us out for lunches and dinners. I will never forget the hospitality and good times the people of Vietnam have shown me. I can’t wait to return in the future as a physician and give back in any way possible.

A serum thank you to everyone who has made this experience possible for me. I only hope I represented the Global Health Program with the type of excellence and commitment it deserves. I reflect often on the experience as I continue my travels across Asia. I enjoy sharing every story with people I meet and knowing I am a more confident physician-in training than I was before I started. I wholeheartedly believe every American medical student should be required to do something like this, and I am happy to be a proponent of the program should you ever need one. Thanks again to everyone for making this possible.

HANNAH
DUANE

Week 1
I forgot that a hospital is a place where people are sick and die. There is so much more space between doctor and patient in the United States in comparison to here, both literally and figuratively. When you walk into a hospital at home, you enter a lobby, usually adorned with nice chairs and couches, maybe a fish tank, and usually a gift shop. There might be a patient in a wheelchair waiting for a ride. The really sick people are hidden up on the floors, using the elevators in the back of the hospital, so as not to be seen by everyone.

Here, the entire room listens to and watches patient’s history and physical. On the first day of patient rounds, I felt that patients and sickness constantly swarmed our little posse of white coats, and at any minute they might have swallowed us up whole. I am getting used to it now. Patients smile and nod at us, grateful that we are even there. The swarm isn’t angry, but just eager for news of improvement or any answers at all, as a lot of our patients are there for unknown reasons. The swarm is also grateful for any news, good or bad. The physical closeness here has reminded me what a hospital and medicine are for: the sick and dying.

During my third year of medical school, I had some very sick patients. Some died, some were old, and some were young. It was all “medicalized.” We [myself, interns, residents, attendings, nurses, physician assistants, and other students] all say, “That person is really sick,” or “They are going to die,” or “This is terrible.” As a student I would research the disease, the mechanism of its lethality, available treatments, and whether anything could be done. In the business of conducting this research, I forgot that the patient was sick and dying. Their disease became about me and my education. Though I don’t think this is necessarily a bad thing, as what I learned will hopefully help prevent death in the future, this has been a good reminder that as much as I try to distance myself, a lot of medicine is really hard, both physically and emotionally.

Dr. Stephen Scholand with the participants of global health elective
Harsh Bhavsar

WEEK 4
There were many moments during the course of the elective when I wished I was not as conspicuous as a foreigner, and to just blend in. Of course, there is no way for me not to be a foreigner. I cannot change the color of my skin. But my experiences here have definitely taught me that it is important to become culturally aware and to acclimate to and accommodate people who may be different from myself. Attempting to adapt shows a level of cultural respect that helps gain the trust and appreciation of local people. Making them feel like we are not just sticking to our American ways and being arrogant about them shows them that we admire their culture and respect its existence and what it contributes to the world.

Speaking to a patient in their own language or with the cultural etiquette that they are used to brings joy to their faces and makes them feel like their doctor is truly on their side. This seems to unquestionably help healthcare outcomes. I hope to take this knowledge of cultural assimilation and apply it assiduously to patients I will see in the future in my practice in the U.S. Learning about a patient’s background and culture can only help with their care. This type of lasting impact on my view of cultural awareness could only have been brought about by spending so much time in this country.

Joseph Banno

Tonia Gooden

ONE WEEK POST-ELECTIVE
It’s hard to express exactly how an experience like this changes you, but it does. It presents challenges to overcome in addition to a unique medical learning experience. I value the knowledge I learned in the Tropical Diseases Department. Although the likelihood of seeing a Malaysian viper bite or Dengue is slim, it was still an incredible experience. Being able to tell my colleagues exactly what Steven Johnsons Syndrome or pemphigus vulgaris present is priceless. My experience will not only shape me as a physician, but hopefully will influence others in medical knowledge and global perspective. I’m very happy with my experience in Vietnam.

Two months post-elective
The knowledge I accumulated during my time in Vietnam is irreplaceable. Living in a different country for six weeks, socializing with locals on a daily basis, overcoming the language barrier, and embracing the culture helped me learn more about myself as a person, a professional, and a global citizen. This knowledge will carry with me for the rest of my life and I will share it with colleagues, loved ones, and future generations. I hope to inspire people to pursue their own journeys to indulge in different cultures and get out of the comfort zone that we draw around us. In coming years, I hope more people explore the option of global medicine and give back to those who are in the greatest need. It will expand our horizons and allow us to have an open mind.
ZIMBABWE

About the Country:

Zimbabwe is a beautiful country with one of the best medical education systems in the world. The main language is English, and faculty and residents among the best-trained and educated in the world. Students live in apartments within the hospital. Harare is famous for its many sculptures, natural landscape, and national parks, as well as Victoria falls. Due to political and economic instability, this site is currently closed but we anticipate its reopening by September 2019.

About the Leadership:

Chiratidzo “Rati” Ellen Ndhlovu, Director of the Global Health Program at UZCHS and recipient of the 2018 Consortium of Universities in Global Health Velji Global Health Education Award; Rangarirai Masanganise, Dean of UZCHS, and Dr. Shalote Chipamaunga, Senior Lecturer at the Department for Health Professions Education at UZCHS together comprise a strong and skilled leadership team.

About the Institution:

Our partner in Zimbabwe is University of Zimbabwe College of Health Sciences (UZCHS), Zimbabwe’s only medical school. Parirenyatwa Hospital, a two-thousand-bed facility with many satellite clinics, labs, and hospitals, and Harare Hospital, a twelve-hundred-bed facility nearby, serve as teaching hospitals for UZCHS, with a shuttle providing transportation between them. Students are housed on the Parirenyatwa campus across from the hospital.

About the Clinical Experience:

Participants are exposed to a diverse array of conditions and tropical diseases in the medical center. This site offers particularly strong education and training in HIV, as many patients with advanced HIV and HIV-related diseases are cared for at university hospitals.
It was a pretty sad week for the patients. We had some double orphans (both parents died of HIV). One was 12 years old and the other 16 years old. They stopped taking their ART medication and were having some opportunistic infections that were severe. One teenager we have been treating with TB meningitis should be in an ICU and ventilated but there are no funds for that. Another 19 yr old HIV+ had PCP pneumonia and was severely depressed. I can only imagine the weight on her shoulders. Another patient was brought in for lower leg swelling, turns out she’s pregnant and she found out she’s HIV+ after admission and did not want to be pregnant. It was the sort of week I expected to have here with the HIV rate so high. I was also splashed with HIV+ blood when I was assisting an intern place a cannula. It had been placed, but wasn’t working so she tried to flush it and it popped off. I had a few specks on my coat, but wasn’t worried. I did call Rati (Dr. Nhlawu) and let her know and we both felt ok with not taking PEP.

**1 WEEK POST ELECTIVE**

As I was speaking to my friends about my experiences in Zimbabwe, especially related to HIV/AIDS, most of the conversation was sad or medical and kind of boring to them. Every week while in Zimbabwe I wrote a journal and sent some of to the program and sent the entirety to my family. After the 3rd week I stopped sending it to my family because I thought it might be too gloomy for them to read because some of the patients had really depressing stories and they didn’t end well. These were life altering experiences and I’m glad that I wrote them down, but when people ask me about the time there I brush over the sad stories, high light the great doctors/experiences and incredible things I had read about in books and finally got to see and end on the safari stories. Everyone loves hearing about when we saw a leopard in the wild and lions ran through our camp in the middle of the night.

**2 MONTHS POST ELECTIVE**

Before I left Zimbabwe, I emailed a non-profit that is run by one of the medical school professor’s uncle. They just emailed last week stating they had an opportunity for me to return to Zimbabwe this February for 6 weeks. It would be working in a rural area and helping with public health and rural health. With my experience in public health they think it would be good fit for me. They waited so long to contact me do see what would happen with the new leadership in the country. They feel it’s safe to continue their endeavors at this time. We have a conference call scheduled for tomorrow and I’m excited at the possibility of returning. I feel like I was able to really love the people and see some incredible things while making a difference. It’s a nice feeling to help people.
Global Health Team

DIRECTORY

- Majid Sadigh, MD, Director of Global Health at WCNH/UVMLCOM, Christian J. Trefz Family Endowed Chair in Global Health
- Bulat A. Ziganshin, MD, PhD, Director of the Global Health Electives Program for AUC/RUSM Students
- Stephen Scholand, MD, Site Director at Vietnam, Zimbabwe, Thailand, and Arizona
- Dilyara F. Nurkhametova, MD, Coordinator of the Global Health Electives Program for AUC/RUSM Students
- Laura E. Smith, MScBMC, Medical Education Coordinator, Danbury Hospital
- Lauri Lennon, MBA, Director of Business Operations, Danbury Hospital
- Robert M. Hecht, MD, Associate Clinical Dean, American University of the Caribbean
- Christopher Bellone, Assistant Director of Hospital Support & Partnerships, Ross University School of Medicine
- Jeffrey B. Anderson, Northeast Regional Coordinator, American University of the Caribbean
Table 1. Students from the American University of the Caribbean who have undergone global health electives through Western Caribbean Health Network.

<table>
<thead>
<tr>
<th>N</th>
<th>N</th>
<th>Last name</th>
<th>First name</th>
<th>Country</th>
<th>Dates of elective</th>
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<tr>
<td>1</td>
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<td>Lawler</td>
<td>Scott</td>
<td>Vietnam</td>
<td>Mar 26 – May 7, 2016</td>
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<tr>
<td>3</td>
<td>3</td>
<td>Boston</td>
<td>Deyanna</td>
<td>Uganda</td>
<td>Sep 17 – Oct 29, 2016</td>
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<tr>
<td>4</td>
<td>4</td>
<td>Barreto</td>
<td>Angela</td>
<td>Uganda</td>
<td>Sep 17 – Oct 29, 2016</td>
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<tr>
<td>5</td>
<td>5</td>
<td>Humphrey</td>
<td>William Scott</td>
<td>Uganda</td>
<td>Sep 17 – Oct 29, 2016</td>
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<td>6</td>
<td>6</td>
<td>Hanger</td>
<td>Kendal</td>
<td>Uganda</td>
<td>Sep 17 – Oct 29, 2016</td>
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</tbody>
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| 2017 Year |     |             |            |                    |                   |
| 10 | 1  | Patel       | Dharaj Ragnikumar | Zimbabwe        | Feb 6 – Mar 17, 2017 |
| 11 | 2  | Lima        | Murilo J.    | Zimbabwe          | Feb 6 – Mar 17, 2017 |
| 12 | 3  | Misinmilder | Aimee       | Zimbabwe          | Feb 6 – Mar 17, 2017 |
| 13 | 4  | Janowski    | Courtney Marie | Vietnam        | Mar 6 – Apr 14, 2017 |
| 14 | 5  | Josephs     | Lauryn      | Vietnam           | Mar 6 – Apr 14, 2017 |
| 15 | 6  | Lancarte    | Cameron Paul | Vietnam          | Mar 6 – Apr 14, 2017 |
| 16 | 7  | Panzarella  | Rory        | Vietnam           | Mar 6 – Apr 14, 2017 |
| 17 | 8  | Powers      | Marcus      | Uganda            | Mar 6 – Apr 14, 2017 |
| 18 | 9  | Patel       | Keni        | Vietnam           | Apr 12 – May 25, 2017 |
| 19 | 10 | Cherian     | Maria       | Vietnam           | Apr 12 – May 25, 2017 |
| 20 | 11 | Truong     | Michelle    | Vietnam           | Sep 11 – Oct 20, 2017 |
| 21 | 12 | MacDouggall | Kira Nicole  | Uganda            | Sep 11 – Oct 20, 2017 |
| 22 | 13 | Hanawi      | Janice      | Uganda            | Sep 11 – Oct 20, 2017 |
| 23 | 14 | Cheung      | Gloria      | Uganda            | Sep 11 – Oct 20, 2017 |

| 2018 Year |     |             |            |                    |                   |
| 24 | 1  | Ruano       | Susana Pretto | Uganda        | Feb 12 – Mar 23, 2018 |
| 25 | 2  | Lobo        | Gitanjali  | Uganda          | Feb 12 – Mar 23, 2018 |
| 26 | 3  | Villasin    | Michael     | Uganda          | Feb 12 – Mar 23, 2018 |
| 27 | 4  | Okwuonu     | Ernest      | Uganda          | Mar 26 – May 4, 2018 |
| 28 | 5  | Arn         | Katherine Elizabeth | Vietnam    | Mar 26 – May 4, 2018 |
| 29 | 6  | Finney      | Stephen Michael | Vietnam    | Mar 26 – May 4, 2018 |
| 30 | 7  | Namkong     | Daniel      | Vietnam          | Mar 26 – May 4, 2018 |
| 31 | 8  | Carter      | Marisa Anne | Uganda          | May 7 – Jun 15, 2018 |
| 32 | 9  | Salcin       | Sameena     | Dominican Rep.   | Sep 10 – Oct 19, 2018 |
| 33 | 10 | Zia         | Zohaila     | Vietnam          | Sep 10 – Oct 19, 2018 |
| 34 | 11 | Cha         | Gina        | Dominican Rep.   | Sep 10 – Oct 19, 2018 |
| 35 | 12 | Gueorguiev  | Elena       | Russia           | Oct 22 – Nov 16, 2018 |

Table 2. Students from the Ross University School of Medicine who have undergone global health electives through WCHN.

<table>
<thead>
<tr>
<th>N</th>
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<td>Phaltas</td>
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<td>Mar 26 – May 7, 2016</td>
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<td>2</td>
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<td>Pang</td>
<td>Kim Chung</td>
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<td>Mar 26 – May 7, 2016</td>
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<td>3</td>
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<td>Michael Ray</td>
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<td>Armit</td>
<td>Russia</td>
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<td>Petersen</td>
<td>Daniel</td>
<td>Russia</td>
<td>Oct 29 – Dec 10, 2016</td>
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<tr>
<td>7</td>
<td>7</td>
<td>Mejia-Garcia</td>
<td>Luis</td>
<td>Russia</td>
<td>Oct 29 – Dec 10, 2016</td>
</tr>
</tbody>
</table>

| 2017 Year |     |             |            |            |                   |
| 8  | 1  | Duane       | Hannah     | Vietnam    | Jan 9 – Feb 17, 2017 |
| 9  | 2  | Bhavsar     | Harsh      | Vietnam    | Jun 5 – Jul 14, 2017 |
| 12 | 5  | Doctor      | Shaleen    | Uganda     | Aug 7 – Sep 15, 2017 |
| 13 | 6  | Groner      | Nicole Kathline | Uganda     | Aug 7 – Sep 15, 2017 |
| 14 | 7  | Banno       | Joseph Mark | Vietnam    | Aug 7 – Sep 15, 2017 |
| 15 | 8  | Kieselk     | Anita      | Uganda     | Sep 11 – Oct 20, 2017 |
| 18 | 11 | Hall        | Julia Michelle | Zimbabwe | Sep 11 – Oct 20, 2017 |
| 19 | 12 | Hinojosa    | Joseph Adam | Zimbabwe    | Nov 6 – Nov 17, 2017 |

| 2018 Year |     |             |            |            |                   |
| 20 | 1  | Sassaman    | Stacey Dianne | Uganda | Jan 1 – Feb 9, 2018 |
| 21 | 2  | Edet        | Angela Okon  | Vietnam    | Jan 3 – Feb 9, 2018 |
| 22 | 3  | Akobogu     | Nwamlabal Gloria | Uganda | Feb 12 – Mar 23, 2018 |
| 23 | 4  | Okon-Umoh   | Anieleciasi | Uganda    | Feb 12 – Mar 23, 2018 |
| 24 | 5  | Asamoah     | Olivia      | Uganda     | Feb 12 – Mar 23, 2018 |
| 25 | 6  | Gooden      | Tonia Ann   | Vietnam    | Mar 26 – May 4, 2018 |
| 26 | 7  | Mcken       | Lindsey Elizabeth | Russia | Mar 26 – May 4, 2018 |
| 27 | 8  | Hatharaliya | Buddhhi     | Uganda     | Mar 26 – May 4, 2018 |
| 28 | 9  | Edwards     | Britney LeAnne | Russia | Mar 26 – May 4, 2018 |
| 29 | 10 | Gao         | Xinuo       | Russia     | May 7 – Jun 15, 2018 |
| 30 | 11 | Mustafa     | Alsa S.     | Russia     | May 7 – Jun 15, 2018 |
| 31 | 12 | Johnson     | Keely Nicole | Russia     | May 7 – Jun 15, 2018 |
| 32 | 13 | Cerissi     | Adam        | Dominican Rep. | Jun 18 – Jul 27, 2018 |
| 33 | 14 | Abelis      | Elizabeth Anne | Uganda | Jun 18 – Jul 27, 2018 |
| 34 | 15 | Quinones-Lara | Krist Jeremy | Uganda | Jun 18 – Jul 27, 2018 |
| 35 | 16 | Qazi        | Mahvish Nazir | Uganda | Jun 18 – Jul 27, 2018 |
| 36 | 17 | Sarkar      | Srijita     | Uganda     | Jun 18 – Jul 27, 2018 |
| 37 | 18 | Talwar      | Shikha      | Uganda     | Jun 18 – Jul 27, 2018 |
| 38 | 19 | Louissaint  | Laurenee    | Sept 10 – Oct 19, 2018 |
| 39 | 20 | Fontes      | Claudia Monteiro | Vietnam | Sept 10 – Oct 19, 2018 |