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From Wards to Water: Expanding Medical Education

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ABSTRACT American medical education is a rigorous training process with continuously rising standards for its students. A group of American medical students stepped out of the classroom after completing their first year and landed in Santarém, Brazil, a city in the Amazon region of the country. Two students reflect on their experiences, both impressed and inspired by the Brazilian culture and healthcare system, hoping to incorporate it into American medical education.

KEY WORDS Medical Education

As a second-year medical student, I find that I do not have much to add to a clinical situation with my inexperienced medical knowledge and physical skills. My overall observation has been that most medical students in their pre-clinical years feel similarly. We choose, however, to remain optimistic that we can bring enthusiasm, humility, and a fresh, completely unbiased perspective to the situations in which we find ourselves. When everything is new, there are no heuristics or algorithms. I have no “boxes” in which to place patients yet. Unfortunately, we find ourselves awoken from this blissful period of optimism very quickly. The culture of burnout, the seemingly unrewarded hard work, the hours of sitting in a library and memorizing, and the ceaseless barrage of high-stress tests wears us down. The idea that “if you’re not miserable yet, you soon will be,” soon finds its way into our eager minds and weighs down our wide-eyes. This change of heart begins even before we don our short white coats and set first into our first patient room. In the classroom, we are expected to perform to standards that cannot possibly be met by all. We begin to mistrust each other and become competitive with our colleagues. We memorize buzzwords to answer questions quickly rather than taking the time to think deeply about the patient behind the vignette. We miss out on the human side of medicine and become obsessed with performance. Who can blame us for being downtrodden and burnt out before we even greet our first patient of the day?

I say all this to preface the bulk of the essay, written to reflect on the time I spent this summer in Brazil traveling the Amazon River by boat to deliver healthcare to remote villages and observing the infrastructure of the universal healthcare system, both municipal and regional. This reflection represents my antithesis of the first paragraph above. I am writing this to advocate for a medical education-perspective in the form of cultural emersion and exposure to healthcare outside of the classroom.

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Jet-lagged and culture-shocked, a van took us from our homestay in the city of Santarém to a large wooden riverboat docked on the major port. In matters of minutes, the crew was hanging our hammocks on the top floor of the boat, and we set off, the coast fading away as we floated down the Amazon river. The students fell in and out of sleep in the swaying hammocks, the cook fed us dinner, and we still traveled through the night. Twenty-four hours later, deep in the Amazon, we arrived at our first stop in the Quilombos, riverbank communities of descendants of African slaves. The Brazilian medical crew was already there setting up a mobile clinic. With two students translating, we were soon placed in groups, rotating with the OB-GYN nurse, triage nurses and the only Brazilian doctor on the trip, who not only had to sign off for her own patients, but all treatment plans from the nurses. That amount of patients could have been in the hundreds to be seen and cared for in one day. This ended up being 5 days of exhausting work in 100% humidity and over 90 degree heat with little air circulation.

It was stunning to see the composure of these medical professionals. The doctors and nurses could have been overwhelmed, and, although I am sure they were, you would not have known it at first glance. They took their time with each person and spoke to them in the manner with which one speaks to an old friend. There may have been imperfections driven by the lack of resources in their healthcare system, but the care and love that these medical professionals showed made up for it. Medications were already on low stock, but if one ran out, they figured out an alternative to provide patients with the only medication they will receive for that month. The quickest to go were NSAIDs and antibiotics, medications we can receive in a matter of minutes in the United States. We didn't have urine pregnancy tests, and had to wait about an hour for a blood test result. There were no blood tests for major STIs or rapid tests for strep or the flu. Pap smears had to be outsourced, waiting over a month for results. Any acute symptoms and decided treatment were solely based on the history of the patient and physical exam. With these limited resources and lack of instant gratification, building trust becomes the ultimate priority. In the U.S., we have unlimited resources that we can use to save time. With blood tests, rapid urine tests, imaging, we prioritize speed and wealth over compassion and relationships, making medicine just that: medicine. I am by no means claiming I would trade the technology and resources in the United States for anything I had seen in Brazil. What I am asking for is to meet halfway – an incorporation of the purity of medicine in the Amazon with access to resources that provides all patients with optimal care.

After a few days, I stopped being in a rush for answers and for movement and learned to live “in the moment”. I became enthralled with the Brazilian culture of talking to everyone as though they were family. I took my time with each person and activity, ignoring everything else around me. If we fell behind schedule, I did not become anxious. I felt freer and more connected to people than I had in a long time. Brazilians treat their patients with humanity, not as simply a body filling a set time and appointment. Lateness is acceptable if you are speaking with a friend, loved-one, or even a complete stranger. This stark contrast to the American obsession with punctuality above all was liberating.

There are two words in the Portuguese language that I now hold close to my heart. The first is *jeito*, which, although there is no direct translation to English, means the style or way of a person in Brazil. Although I cannot bring the exact *jeito* of their cultural practices here with me, I am definitely calmer since returning from Brazil. I have more patience for people and find myself wanting to know more about everyone I meet. When I hear people cast judgments, I notice myself hesitating to latch onto them and thinking, “I would like to get to know that person more.” I greet people more warmly and express my feelings more openly. I am able to talk myself out of becoming frustrated with someone or a situation, and find the bright side of things more easily. This newfound peacefulness and clarity can calm stress-filled days in office hours or even the operating room as well as facilitate diverse and meaningful patient interactions. I will bring all of this into my future patient care and will be forever thankful to Brazilian culture for allowing me to get out of my own head for the first time in many years.

I am, by no means, making the claim that there are not physicians, practices, or even hospitals in the U.S. that do not demonstrate the same compassion and humane values as I saw in Brazil. Unfortunately, as a medical student, I do not get to focus on such things. As previously stated, I am focused almost solely on academic performance and test scores. I know that being kind and taking my time with patients is what should matter, but, realistically, I know my test scores will filter me into a job that I will hold for years to come.

The second word in Portuguese is *saudade*, which cannot be translated directly either, but is a profoundly emotional word of nostalgia and of missing a person, an experience, a memory, or a place. I have this feeling

about Brazil that persists in my mind and heart. It will not dissipate. There is nothing that I feel Brazil could have done more for a future physician than give them a deeper drive to explore the stories of the people around them. I am grateful to Brazil for allowing me to experience healthcare without pressure or reservation, and it is now my belief that medical students should have the opportunity to experience this side of medicine in the way that I did. Brazil has shown me the way I want to be; my own *jeito*. Now it is my turn to sustain it at home, at my institution, and in my future career.