

Studying and working abroad is such a unique experience because it involves both the independence of living in a foreign country and learning in a different language. For me personally, studying abroad meant stepping out of my comfort zone and daring to experience life differently with the possibility of growing, changing, and redefining myself as an individual.

Three months ago, I embarked on the experience of a lifetime over four thousand miles away to a different continent; to a stunning country with a unique culture and a diverse people. I traveled to the beautiful country of Ecuador where I had the privilege to participate in a medical internship with Child Family Health International (CFHI) working with people in both urban and rural communities. During my time abroad I not only learned a great deal of medical Spanish, but also about the Ecuadorian culture and their health care system. My experience as a whole has left me with a sense of appreciation for both other cultures and my own.

When the program had just begun, I was so excited and nervous to work one-on-one with doctors in different hospitals and clinics. My first clinical rotation was in a public hospital called Eugenio Espejo. Walking up to the doors of the emergency area at eight in the morning, I saw what I believe was supposed to be a line forming at the inner entrance of the triage area. There were so many thoughts and concerns passing through my mind at that moment. Did the doctors know we were coming? What if they just ignored us? What if we could not understand anything because it was in Spanish? What if we caught something from a patient and got sick? With all these concerns, I felt really lucky to have one of my fellow interns with me on this first rotation. Even though we were supposed to work with a certain doctor, he was more like a supervisor and put us to

work with the doctor and medical school student in the triage area.

It was quite a first day. There was not a single second where the hospital bed in triage was vacant, nor the chair in front of the doctor's desk. In addition there were always people waiting right outside the frosted glass doors begging the guard to let them in. It was crazy. It was sad. I was definitely surprised at my Spanish speaking and comprehension abilities. I had taken part in a cultural exchange at one of Ecuador's universities prior to this program which had helped to improve my Spanish a great deal. Though I was able to understand more than my counterpart, I had no clue what was being said when it came to anatomy of the body and disease states. On top of that, in all the chaos, there were not enough hands and more than once I was asked to give an injection or to take a patient's blood. I really wanted to be able to help them and felt a little embarrassed that I really was not qualified to do half of the things they were asking of me. Both the doctor and the medical student were so patient with my friend and I. Though it was extremely busy, they took the time to explain what they were doing and also taught us how (at least tried) to take blood pressure with only a cuff and a stethoscope. My fellow intern and I were more than just a little paranoid throughout the day since using gloves and masks was not a common practice. One of my most trusted friends became my hand sanitizer. This crazy first day became the first of many and really helped to accelerate my medical Spanish. Though it was my first rotation, it was definitely my favorite one while I was in Quito. I actually ended up repeating this rotation and by the last day was helping the triage doctor to learn some English. He would have me interview the patients in Spanish and then tell him exactly what I asked and how the patients responded in English. This was such a great opportunity to practice both clinical skills and what I had learned in Spanish since the previous weeks. The second time around, I felt very comfortable speaking with patients, requesting lab work, and also knowing where to go to find certain equipment. This

rotation definitely helped to prepare me for the rotations that would follow.

After a pretty chaotic first week in Quito, things became familiar and were not so daunting. Everyday my schedule was pretty much the same. I would attend my clinical rotation, which was to be the same for the entire week, break for lunch, and then attend four hours of Spanish classes. At first this was a bit exhausting. I was not quite accustomed to normal working day hours, but eventually adjusted.

For the rural part of the program, I went to the coastal town of Chone and my daily routine there was a bit different. Everyone in this program lived together in Chone with an amazing host mother. Every morning we would eat breakfast together and meet the same doctor in pediatrics. From there we would visit all of her patients for that day and then either attend a surgery taking place at the time or continue with the same doctor to her consult office. Even if we attended a surgery we almost always ended up in the pediatric consult office. The doctor taught us how to give a basic exam and each intern took turns examining a patient until noon. At noon we would go home for lunch and either return to the hospital's emergency room or stay at home if there was nothing going on at the hospital.

Interning in Chone was my favorite part of the entire program. The hospital in Chone was not as chaotic as those in Quito and the people were just so friendly and not in a rush all of the time. With no previous background in medicine, I often felt afraid of missing something important, and having a patient leave without the proper care provided. Every time we examined a patient we would explain in Spanish what we were doing and what we observed to the doctor and our fellow interns. This was truly an invaluable learning experience for me. At one point I was listening to one patient's heart and thought I heard an irregularity. At times it can be very difficult to hear through a stethoscope clearly and as a result the doctor had to double check. The patient

did in fact have an irregular heart beat which was then noted. Sometimes I had felt so unhelpful, but at that moment I could not believe that, I, a mere undergraduate in biology, could hear something that I had never been trained to hear before. Another thing that made the Chone experience unmatched was the opportunities to not only closely observe a surgery, but being able to “scrub-in” to a surgery.

On about three occasions I was permitted to “scrub-in” to an operation. These so-called “scrub-ins” involved an extreme washing of my hands and arms while making sure not to touch a single thing before putting on the operating room clothes that were sterile, and then assisting during the surgery. On the first occasion of being allowed to assist in a surgery I unconsciously reached up to adjust my mask and got my head bitten off by everyone that saw. I was shown the door and had to rewash. Needless to say, I instantly felt the red streaming into my cheeks. Never having observed a surgery, I had no idea what to expect. The operation that took place was to correct a birth defect that resulted in the patient having deep fractures in both of his tibia bones. I was shocked at how much the operation reminded me of carpentry. There was a lot of hammering and adjusting of the metal rod after it was placed. Throughout the surgery I was given the job of drying the open wound to allow the surgeon to see and also using clamps to hold the incision area wide open. The most incredible part was being taught how to stitch up the wound after the operation was finished. After the surgeon demonstrated the first three stitches, he let me try the rest. It was strange feeling at first to puncture the skin’s surface with the suture needle, but after a few stitches, I felt very comfortable doing something that I had never done before in my life. There is definitely a line that has to be drawn and a place where one has to say no when they feel something is unethical or goes against his or her morals. There were many times where I refused to take blood or give an injection, because once it is done, it cannot be undone. However, with the

stitches, I felt comfortable and confident with my hand coordination skills and knew that after one stitch, if it was not okay for me, the doctor would be able to undo the one stitch I had made and finish the rest. The other surgeries that I assisted in included a muscle reattachment procedure of one patient's hand and an operation to remove hemorrhoids from a patient suffering from Crohn's disease. Both of these surgeries were equally as interesting as the first and overall incredible opportunities to learn and gain firsthand experience.

At the beginning of the internship program I really was lacking the medical Spanish necessary. However, working in the hospitals and taking Spanish classes daily really helped to improve my vocabulary. By the end of the program I had no problem understanding the basics and anatomical vocabulary. Looking back, I cannot believe how quickly everyone picked up the medical Spanish terminology. When put in a situation where one is forced to learn, one learns quickly. One of the things that I did continue to struggle with throughout the program was my lack of medical knowledge on different diseases and their developmental processes. For example, on one rotation I worked with a doctor who specializes in hematology and oncology. Both of these specializations being very specific, many things discussed often went way above my realm of understanding. Asking questions was not a problem, but sometimes there was not enough time for them to be answered well. All of this became very routine and was something I learned to take in stride.

Even though I arrived in Ecuador four months prior to beginning this program, I still had a great deal of adjusting to do. I had definitely not seen the public side of health care in Ecuador and over time reached the sad realization that only the affluent could receive good health care and operations they needed when they needed them. It was sad to see the lack of medical supplies and what little could be offered in the public hospitals. A lot of times if tests needed to be run or

medication administered, the patient's friend or relative would have to take a request form to a pharmacy down the road just to buy a urine flask or syringe. Many patients were too poor to afford anything. I went home many days appreciating how lucky I was to have health care insurance. Working in different hospitals in two very different communities really opened my eyes to Ecuador as a whole. I saw people from all different walks of life: young, old, from the jungle, the coast, and the sierra. I realized how few people held the wealth of the country and the value of having an education. As time went by, I began to notice more and more the racism against the indigenous people and afro-Ecuadorians. The first half of my time in Ecuador I was very blessed to study in one of Ecuador's most prestigious universities where I saw the affluence of Ecuador. However, the second half of my trip left the greatest and most long lasting impression of what the majority of Ecuadorians experience daily.

One of the best parts of my experience was the relationships I made. Working with the same doctors everyday for a week long period really allowed me to get to know a lot of them. I really admire how passionate they all are about the work they do. At the end of a long week it often felt like I had made a few new friends. In addition to the doctors from clinical rotations, I really felt that Dr. Alvear, the medical director, was extremely personable and understanding. She was someone who really felt like a friend to the students; a person we could all count on. Meeting with her once a week to discuss the pros and cons of that week's rotation really benefitted everyone. Though I got to know many of doctors, the strongest relationships were formed outside the clinical rotations with my fellow interns from all over the states and even one from London. The majority of students in the program were in the final year of medical school and taught me a lot about life both in and outside of medical school. From all of my friendships I learned so much about what makes life enjoyable.

Through thick and thin, good and terrible, I would not only do it all again, but I will without doubt return to Ecuador in the future. From personal experience, the next time around I would definitely pack lighter. Giving advice to future interns I would recommend making some sort of budget or plan for expenditures because by the end of the trip the grand majority was complaining daily about lacking the funds necessary to go on trips or even eat out with the rest of the group. Overall, one really takes away the experience that they themselves go after. For someone wanting to really learn Spanish, it would be important to speak Spanish as much as possible even though the temptation may be there to speak English constantly with friends. To really receive the cultural experience, I would recommend requesting to either be the sole student in a home stay family or at most only live with one other student. Though it may be tempting and seem advantageous to live with many students, I can say from personal experience that many of my fellow housemates (myself included) felt like they were missing out on the true cultural family experience. Finally, I would say that it is important to respect the country's culture and be open-minded. It is so easy to see the differences or what many see as "flaws" in another culture based on the sheer fact that it is unlike what he or she is familiar with. Sometimes one must accept that one culture does something different than another culture which does not make one way better than the other. The result of being open-minded is the beauty of appreciating different ways of living and how that changes one's perspective on life altogether.