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Shadowing an internal medicine physician in the USA as a portuguese medical student

Acompanhamento de um médico de medicina interna nos EUA enquanto estudante portuguesa de medicina

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Abstract

During my 4-week elective as second-year medical student from Católica Medical School in Lisbon, Portugal I was able to participate and assist in clinical activities in an internal medicine clinic in Newark, New Jersey. I was immersed into the world of healthcare in the United States and had my first clinical experience as a medical student, feeling for the first time the joy of helping patients. In this article, I will describe my learning journey and discuss what I found to be different and intriguing about the American Healthcare system.

Palavras-chave
Estudante de medicina; Estados Unidos; Medicina interna; Sistema de saúde.

Resumo

No âmbito do meu estágio eletivo de 4 semanas como estudante de medicina do segundo ano da Católica Medical School em Lisboa, Portugal, tive a oportunidade de participar e prestar apoio em atividades clínicas numa clínica de medicina interna em Newark, New Jersey. Mergulhei no mundo dos cuidados de saúde nos Estados Unidos e tive a minha primeira experiência clínica enquanto estudante de medicina, sentindo pela primeira vez a alegria de poder ajudar doentes. Neste artigo, irei descrever brevemente o meu percurso de aprendizagem e irei refletir acerca das diferenças que encontrei e dos aspetos mais intrigantes do sistema de saúde americano.

The Proposal

Evermore frequently healthcare institutions around the globe are having trouble to stay above water. The Covid-19 pandemic exposed already weakened foundations that started to chip off as the demand remained increased and the health professionals remained exhausted.

In a four-week experience, as a second-year medical student from Lisbon, Portugal I was given the opportunity to take part in clinical activities in one of the most daring and criticized healthcare systems, the American Healthcare system.

My main goal was to relish my first clinical experience as an attentive and eager student with the willingness to help in whatever way needed. Nevertheless, it would certainly be a waste of this unique opportunity to not analyse and scrutinize the structural aspect of this healthcare system that is so often discussed.

Having said this, this experience was for me a first encounter with patients and disease presentations, as well as a contact with a different healthcare system than what I was used to in my home country of Portugal.

My clinical experience

During this project I was placed in an internal medicine clinic in Newark, New Jersey, the UIC Medical Centre[1]. In this clinic, patients come to visit their doctor, for any kind of issue concerning their health, from peptic ulcers to respiratory infections. Besides being a clinic where consultations take place, blood draws, vaccine administrations and other small procedures are also performed.

At this clinic, patients can receive a range of consultations, namely family medicine, occupational medicine, sports medicine, immigration consultations, DOT exams for truck drivers, consultations for armed forces academy application, and more.

In Family medicine, common issues included hypertension, dyslipidemias, GERD, gastric ulcers, and diabetes. Occupational medicine consultations often involved check-ups required by employers, as well as assessments of work-related injuries, which were frequently orthopedic in nature. Immigration consultations focused on vaccination requirements, while DOT exams assessed truck drivers' health and ability to safely operate a vehicle. Finally, consultations for the health assessment of armed forces academy candidates required a thorough medical history and physical examination.

Overall, this clinic provides a range of consultations to meet the diverse needs of its patients, which allowed me to witness a great range of patients from routine check-ups to specialized assessments.

Clinical challenges

As per the demographics of the Newark, most of the clinic's patients were immigrants, predominantly from Latin American backgrounds and spoke Portuguese or Spanish. Language barriers posed significant communication challenges during consultations. As a fluent speaker of both languages, I assisted by translating the doctor's questions, allowing patients to respond in their native language. Since the attending physician understood Portuguese and Spanish, I only needed to translate the doctor's instructions. Although some medical technicians could also speak these languages, they were often busy with other tasks. I dedicated myself to this translation process during my time at the clinic to interact with patients and improve their understanding of their health conditions and medications.

In addition to the language barrier, most patients exhibited poor health literacy and struggled to grasp medical concepts like hypertension or Insulin resistance. As a result, I faced the responsibility of not only translating the doctor's instructions but also explaining the implications of these conditions, dietary precautions, treatment plans, and the potential consequences of uncontrolled diseases. I often clarified these matters while the attending physician documented clinical data. Patients frequently approached me seeking further explanations and details about their medications. Sometimes, when dealing with elderly patients, the attending physician asked me to talk with their family members to ensure proper understanding of the prescribed treatment. It is crucial for patients to comprehend their health conditions fully, but due to time constraints and stress, physicians may not always be available.

In fact, establishing communication with patients was truly my favorite part of this experience, as it made me realize how much I really enjoy talking with patients, making them feel safe and empowered to be able to take care of their own health.

In what concerns a more hands on approach on medicine, the opportunity came for me to administer a vaccine shot, which I accepted enthusiastically. An immigrant patient needed to take her vaccine shots. This way I administered 3 vaccines, 2 in one arm and 1 in the other. The vaccines I administered were for hepatitis B, Tetanus and the flu shot. In addition to administering the afore mentioned vaccines intramuscularly, later that week I was given the opportunity to draw blood. This was a bigger challenge and carried with it a bigger responsibility. The patient I drew blood from was a 67-year-old male with non-controlled hypertension that I was following and translating for in the consultation room.

Following this, on two other occasions I was fortunate enough to draw blood and with this improve my technique each time. In one occasion, I drew 5 lab tubes of blood but I managed to do it calmly and the feedback I received from the medical assistants that were assisting me was positive.

Reflection on the American Healthcare system

During my stay in the United States, I was attentive and analytical of everything around me as I aimed to learn more about the American Healthcare system as a whole.

Having this in mind, there are two topics I would like to describe that stood out during my experience in Newark: The Role of Insurance in the Daily Practice and Drug Use Awareness.

The Role of Insurance in the Daily Practice

During my clinical experience, I was perplexed by how often in a consultation insurance would be mentioned and identified as factor limiting the doctor's clinical decisions.

Having in mind the needs of the population, government insurance plays a significant and important role. The main government insurance plans are Medicaid and Medicare. Medicaid is applicable for citizens and families with financial difficulties that are considered to be below poverty line, while Medicare covers individuals over 65 years of age. However, it is important to mention that, in fact, the applicability of these insurance plans in clinical practice is hampered by the fact that many private practices do not accept government insurance. A survey conducted in 2015 by the Keiser Family Foundation[2], stated that 93% of non-pediatric primary care physicians accepted Medicare while a similar 94% accepted private insurance. On the other hand, the acceptance rate of Medicaid was a low 67%. This data points towards a severe problem that compromises the health of millions of Americans whose financial struggles are a barrier to receiving healthcare in their own country.

One of the reasons behind the non-acceptance of government insurance by private practices is the lower payment rates for physicians. Some sources advocate that in fact the lower payment rates provided by Medicare may harm physicians as they have difficulties in keeping their businesses afloat[3]. On the other hand, others say that while this may be true, it mainly applies mainly to primary care physicians rather than specialized physicians. Thereafter, for specialists this might be more of a personal choice than a matter of financial need[4]. Although the creation of affordable government insurance plans is well intended and needed, in practice, regardless of the reason behind it, millions of patients cannot have access to healthcare because the government insurance plans they have are not accepted. Therefore, patients seem to be collateral damage in a system that has difficulty is providing equity of care for all.

Drug Use Awareness

Regarding the American healthcare system, drug use awareness stands out as a crucial issue. Opioid addiction, responsible for about 35,000 deaths in 2019, is a major concern[5]. During my daily commute on the bus to Newark, I noticed informative advertisements about opioid and marijuana abuse prevention, sponsored by the Partnership for a Drug-Free New Jersey[6]. The extensive public discussion and display of the risks and dangers of drug use on public transportation surprised me. It was unexpected but extremely important to witness such widespread awareness efforts throughout the state of New Jersey.

Conclusion

It is difficult to wrap up in a few sentences the magnitude of this experience and how greatly it has impacted my life and my growth as a student and as a young adult trying to figure out how to navigate the challenges that come upon us.

Being in the USA and being immersed into this culture and health care system helped me learn so much about such a different way of providing care.

If I were to point something I have felt is extremely different from what I see in Portugal, is how massively insurance influences every decision made inside the consultation room. Insurance is this grey cloud floating around the room that influences doctors' decisions about medication, imaging, surgery, physical therapy, or even which specialty physician they will refer a patient to. Doctors often want to prescribe certain medications that are not covered by the patient's insurance. Doctors often want to perform an X-ray or MRI because they need to evaluate the extent of disease. Many times, they can't because they are strangled by insurance authorization and by protocols they have to follow. As an example, only after 4-6 weeks of treatment and having performed an X-ray, can a patient with a herniated disk have insurance coverage to perform an MRI. Bearing in mind that this patient that I saw, had such terrible back pain he could not sleep for more than an hour a night, it is hard to accept that he will have to wait at least 2 months to have a complete evaluation of his condition.

As a physician's shadow, through patients' voices and stories, I was able to associate a person to the disease, see that what we learn in medical school is in fact true and impacts people's lives tremendously. I was able to understand that helping people every day, no matter how repetitive it may be, is truly a joy and made me feel even more excited for what is to come in my life.

As a student, this experience made me understand that I am on the right path. It reassured me that curiosity is the way to go. If you find it interesting go for it. See it. Research it. Because one day it will be useful. Because there is no wasted learning or wasted studying. I was able to finally apply knowledge learned until know. When I was shown grey marks on the neck of a patient with diabetes, I was able to tell him that what I was seeing was

Acanthosis Nigricans. Even though I hadn't studied it in months, that knowledge was well kept inside a drawer in my brain that was opened when I needed it.

Knowledge really is power and this experience made me even more enthusiastic about learning beyond what is mandatory. Beyond what is going to be asked on the exam. Because being a doctor is not about being able to answer all the questions on an exam. Being a doctor is being able to help real people with real suffering who grant us the pleasure of helping them. This all seems so obvious and clear. However, in our day to day, so focused into our routines it is hard to take a step back and see the bigger picture. This month, I took a big step back across the ocean and was able to see how little we are in this big world full of different people and different ideas. I took a big step back, that made me appreciate this eye-opening opportunity and allowed me to see how wonderful it is to practice medicine.

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