Externship Report

The Brooklyn Hospital Center

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Outline
- Introduction
- Acknowledgment
- Description of the rotation
  - Family Medicine
  - NICU
  - PICU
  - MICU
  - Gastroenterology
- Summary
1- INTRODUCTION

In order to mark their presence as a growing ethnic entity in America, to further professional alliances, and to promote the health and interest of the Haitian immigrant community, a group of Haitian physicians founded in August 1972 the AMHE (Association des Médecins Haïtiens vivant à l’Etranger).

In this perspective, the AMHE partners with SIMACT built a post graduate program to further medical education in Haïti. This program allowed Haitian residents to benefit the opportunity to rotate at many hospitals in New York.

Many have had the possibility of participating in this rotation. I am the 72th to have benefited from this enriching experience.

My name is Djenane DEVILMA, a third year resident in Family Medicine at HUJ (Hopital Universitaire Justinien). I have been selected to participate in an externship at The Brooklyn Hospital Center for a period of 3 months, from July 5, 2018 to Oct 2, 2018.

2- ACKNOWLEDGEMENT

I would like to express my gratitude to all who contributed for the success of this rewarding and meaningful experience specially:

- First, I want to thank God.
- Thank you to my family who support me.
- Thank you to Wilner GENNA M.D., chairman of the department of family medicine at HUJ, Yvel ZEPHYR M.D., director of teaching at Hopital Uniersitaire Justien.
- Thank you to the AMHE for creating this wonderful program and thank you for making the training of Haitian residents a priority.
- Special thanks to you who have made every effort to complete this externship, Patrick LEBLANC M.D., Paul NACIER M.D., and Louisdon PIERRE M.D. for spending your precious time to teach us, coordinating everything to make this experience successful. The interest, the attention and the patience you have witnessed, have not been lost.

- Thank you to SIMACT president Lesly KERNISANT M.D. for this contribution toward this project.

- Thank you to Shalom S. BUCHBINDER M.D., Senior Vice President and Chief Medical Officer at The Brooklyn Hospital Center for allowing me to visit.

- Thank you to the Chairman of Family Medicine Sherly ABRAHAM M.D.

- Special thanks to all the attending I directly learned a lot: Dr Uribe, Dr Reddy, Dr Morales, Dr Adeyinka, Dr Bailey.

- Thank you to José Michel Charles M.D. who open his clinics and also dedicated his time to work with me. His team for his warm welcome, specially Dr Hélia.s.

- Thank you to the fellows and residents for being helpful. Special thanks to Dr Cardoza and Dr Yar from the family medicine department.

- Thank you to Patricia Alismé care management at the department of family medicine.

3- DESCRIPTION OF THE ROTATION

During these 3 months, I spend:
- From July 5 to July 6 2018: NICU
- From July 9 to August 3 2018: Out patients Family Medicine
- From August 6 to August 24 2018: NICU
- From August 27 to September 7 2018: PICU
- From September 10 to October 2 2018: MICU
- From September 6 to September 29: Gastroenterology
**A- Family Medicine**

- Daily Clinic from 9 AM to 5PM
- Evaluation of the patients
- Management of HTN, Diabetes, Hyperlipidemia, CHD, Obesity, Chronic pain, Depression, Osteoporosis, GERD.
- Screening (Vaccination, STD, Pap smear, Fondoscopy, PSA, Mammography, Endoscopy, Colonoscopy, Bone density test, OST score, ASCVD Risk calculator)
- Wednesday conferences at 13h with attending and medical students.

I spent 4 weeks with the consult team in Family Medicine department, it was very academic. During that period I saw the patients and review many medicine cases with the attending, the residents and medical students; discussed about the diagnosis, the possible treatments and the differentials; observed pap smear, eyes exam (fondoscopy).

**B- NICU: Neonatal Intensive Care Unit**

- Daily morning rounds with Dr Leblanc and Dr Morales
- Total Parenteral Nutrition (TPN)
- Delivery room services
- Management of Sepsis, Prematurity, RDS, Jaundice, Retinopathy of prematurity
- Central line

The 4 weeks I spent at the NICU was enriching. I assisted the daily round with the attendings, the residents and medical students; discussed about the diagnosis, the treatments, the differentials and imagery lecture; attended eye examination, omibilical catheterization, Non-invasive ventilation (Bi-pap, C-pap, Nasal C-pap), Intubation.

**C- PICU: Pediatrics Intensive Care Unit**

- Daily morning report and conferences
- Daily morning rounds with Dr. Pierre, Dr. Adeyinka and Dr Bailey

**D- MICU: Medical Intensive Care Unit**

- Daily morning report
- Evaluation and evolution of patients with the residents
- Daily morning round with the attendings
- Daily Conferences at 12:00

**E- Gastroenterology**

- Clinic on Thursday PM (15h - 19h) and Saturday PM (12h - 17h)
- Management of H pylori, Acid reflux, Gastritis, Crohn disease, colitis.
- Endoscopy and colonoscopy every saturday from 7h to 11h AM

I learned a lot from Dr Charles. I performed Breath Test, prepared the patients for endoscopy and colonoscopy (clenpiq) procedures. I discussed patient diagnosis and differential diagnosis, and management with Dr. Charles.

1- Endoscopy: Identification Of normal upper GI tract (oesophagus, stomach, Duodenum)
   - Cases seen (14): Esophagitis, Gastritis, Gastric ulcer, Gastric nodule and lipoma, Gastroparesy, Acid reflux, Erosive gastritis, Duodenitis, Duodenum ulcer, GIST (Gastrointestinal Stromal tumor)

2- Colonoscopy: Identification Of normal lower GI tract (Small intestine and large intestine)
   - Cases seen (38): Polyp, Polypectomy, Diverticulitis, Diverticulosis, Proctitis, Hemorrhoids, Sigmoid erosions, colitis, solitary colitis, proctocolitis.
**F- Conferences**

I took part to the weekly conferences for all the residents and medical students:

*During the month of July, I had the opportunity to assist:*
- Pain Management
- Third Trimester Bleeding
- Screening for Cervical Cancer
- Eyelid infection - Differential diagnosis

*In August, the conferences consisted:*
- Sepsis
- Tracheoesophageal Fistula and Esophageal Atresia
- Chest Pain
- Pediatrics Ethicals
- Bilirubine Rebound
- Oral ulcers - Differential diagnosis

*In September:*
- Pediatric Acute Respiratory Distress Syndrome
- Bronchiolitis
- Drug Nutrient Interaction
- Diarrhea in Children
- Status Epilepticus in Children
- Elevated Intracranial Pressure in Children
- Primary Hyper aldosteronism
- Cushing
- Mechanical Ventilation
- Acute Respiratory Distress Syndrome
**G- Activities**

**Bi-weekly presentations**
During each bi-weekly meeting with Dr Nacier, Dr Leblanc and Dr Pierre, I presented those following topics:
- Health Maintenance in Adult Female, July 25 2018
- Evaluation of Dizziness, August 1 2018
- Respiratory Distress in the Newborn, August 22 2018
- Dyspepsia, September 12 2018
- Hypertension, Diagnosis and Management, September 26 2018

I had the opportunity to attend the presentations of two Haitian residents (Radiology and Anesthesiology) occurring simultaneously with mine:
- Appendicitis and its mimics
- Renal Masses
- Airway management: Laryngeal Mask Airway
- General Anesthesia and Obesity
- Nausea and Vomiting postoperative

**Weekly grand round**
- Child Abuse Investigations - calling in a case - why - how - who - and what?
- Reach out Read
- Informed Consent

**H- Practical course**
- Central line
- Mechanical ventilation
- BLS (Basic Life Support)
- Endotracheal Intubation and Laryngeal Mask Airway
- Sedation
4- SUMMARY

This experience was very successful. I had the opportunity to acquire new knowledge and skills, which will be beneficial for me therefore Haiti. It was an occasion for me not only to evaluate myself but also to discover the health system of the United States and to compare with ours and take the best part of those two. I learned from this experience that the problem of our health system is not only the poverty, but mostly the lack of communication and coordination between the health care team.
MEMORIES