

FINAL REPORT OF OBSERVERSHIP ROTATION AT THE BROOKLYN HOSPITAL CENTER



**Haitian Medical Association Abroad
Association Médicale Haïtienne à l'Étranger**

**Trais CADET, 3rd year Resident in Internal Medicine
at the hospital of the state University of Haiti**

[-julescadet19@gmail.com](mailto:julescadet19@gmail.com)

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Delight yourself also in the Lord, And He shall give you the desires of your heart.

Psalms 37:4

TABLE OF CONTENTS

| | | |
|--------------|---|-----------|
| I. | ACKNOWLEDGEMENTS AND THANKS | |
| II. | CONTEXT OF THE ROTATION | 1 |
| III. | SELECTION, ARRIVAL, RECEPTION AND ACCOMMODATION..... | 1 |
| IV. | DESCRIPTION OF THE ROTATION:..... | 2 |
| 1- | ROTATION AT TBHC:..... | 2 |
| A- | Rotation in Family Medicine..... | 2 |
| B- | Rotation in Emergency Medicine..... | 3 |
| C- | Rotation in Intensive care Unit | 4 |
| D- | Rotation in cardiology | 5 |
| 2- | ROTATION AT GREAT BROOKLYN GASTROENTEROLOGY..... | 5 |
| 3- | ROTATION AT OMNICARE..... | 6 |
| 4- | ROTATION AT NEPHROLOGY CLINIC..... | 6 |
| V. | CONFERENCES..... | 7 |
| VI. | SOCIAL ACTIVITIES..... | 7 |
| VII. | CONCLUSION..... | 8 |
| VIII. | REFERENCE..... | 9 |
| IX. | ANNEXES..... | 9 |
| 1. | Picture after my last conference at TBHC | 9 |
| 2. | Picture of my visit to World Trade Center/PATH..... | 10 |

I. ACKNOWLEDGEMENTS AND THANKS

All the successes and achievements throughout the journey of my life have been possible thanks to God; I believe that carrying out this rotation was in God's plan for me. So all my thanks are first to God in the name of Jesus Christ.

Secondly I would like to thank all Officers and Members of AMHE and also supporters who make The AMHE post graduate program possible. I send my special thanks to:

- ❖ All members of AMHE Central Executive Committee 2023-2025
- ❖ Doctor Paul NACIER, Board certified Gastroenterologist, Educative Director of AMHE for his accompaniment, advises and support during all the process of the rotation
- ❖ AMHE Members of the Brooklyn Hospital Center(TBHC):
 - Doctor Patrick LEBLANC Pediatrician Neonatal-Perinatal Medicine, Director of the Neonatal Intensive Care Unit of TBHC for his accompaniment and support during all the process of the rotation.
 - Doctor Louisdon PIERRE Pediatrician Critical Care, Director of Pediatric Intensive Care Unit of TBHC
- ❖ OMNICARE staff:
 - ❖ Doctor Michel-Jose CHARLES, Board certified Gastroenterologist for all his support and advises during my rotation in Gastroenterology, and all other members of Omnicare staff who work with doctor CHARLES.
- ❖ Doctor Eric JEROME board certified Nephrologist for his support in nephrology rotation.
- ❖ Doctor GERARD ABEL Nephrologist, head of internal medicine department of the hospital of the state university of Haiti (HUEH)
- ❖ Doctor Max Felix CIVIL, Obstetrician, vice dean of the faculty of medicine and pharmacy of the State University of Haiti

- ❖ Doctor Mikerline MILFORT, Internist in Haiti, former Resident at this rotation for her advises before I came for this rotation.
- ❖ Franckovena DUVIVIER, Pediatrician in Haiti, former resident of this rotation program for her advises before I came.
- ❖ To all my colleagues newly internist of the promotion 2020-2024 of Internal Medicine of HUEH, specially Doctor Kelly CELESTIN and Doctor Gandhi GEDNER who were the members of the chiefdom with me.

Special thanks to:

- ❖ My only sister, Elmina Larose who always support for more than twenty years until now. She's never discouraged supporting me. Without her I could not meet the cost of the trip to come to New York City for this rotation
- ❖ My beloved wife, Lyssa PEROU CADET and my mother in law for their love and support and for taking care of our son Ludovic Trais CADET.

II. CONTEXT OF THE ROTATION

The AMHE Foundation Clinical Rotation Program established for Residents in training in Haiti at hopital de l'Université d'Etat d'Haiti (HUEH), hopital Universitaire La Paix (HUP) and hopital Universitaire Justinien (HUI) started in 2005 at the Coffeyville Regional Medical Center, Kansas. It was then exclusively in Orthopedics and under the enthusiastic and devoted direction of Doctor Maxime COLES. In September 2007, the program extended to New York City as a joint initiative of AMHE, the "Societe Immobilière Agriculture, Commerce and Tourism (SIMACT) and The Brooklyn Hospital Center. The Residents rotate for 3 months in different services: Anesthesiology, Internal Medicine, Family Medicine, Obstetrics-Gynecology, Pediatrics, General surgery. The rotation in Radiology takes place at Columbia Presbyterian Medical Center.

TBHC is the Brooklyn's oldest hospital, serving the Brooklyn Community for over 175 years. It's a community teaching hospital located at 121 Dekalb Ave in downtown Brooklyn. Compare to any healthcare facility in Haiti, TBHC is much bigger in term of capacity, offered services with cutting age medical technology. So an observership rotation at this hospital it's a great experience that can increase the ability, the skill and the vision of a Haitian medical resident.

III. SELECTION, ARRIVAL RECEPTION AND ACCOMMODATION

I was first informed that I was chosen for this rotation by the current vice dean of the Faculty of Medicine and Pharmacy, Doctor Max Felix CIVIL. This choice was made in conjunction with the head of department of internal Medicine of HUEH, Doctor Charles Gerard ABEL.

I was in close contact with Doctor Paul NACIER and Doctor Patrick LEBLANC for guidance; I had to get covid 19 vaccine and proof of vaccination from Ministry of Public Health and Population of Haiti and a letter from TBHC that clearly mentioned the observership rotation and I had to fill some papers for the volunteer service of TBHC. When everything was ready, I came in New York city(NYC) December 20th 2023 around 4 PM at JFK airport. It was my first trip to NYC. After my arrival I took a taxi which dropped me off at 1166 eastern parkway where I was greeted by **Doctor Eric JEROME** nephrologist and **my colleague Doctor Franckovena DUVIVIER** who preceded me in this rotation.

IV. DESCRIPTION OF THE ROTATION

Before starting the rotation, I was guided by Doctor Patrick LEBLANC to the employee health service of TBHC to carry out some blood tests and verification of vaccination against covid 19. I was also guided to volunteer service for some formalities to have an identification card for security control. After two weeks, I got cleared to Start. **In addition to TBHC, my rotation was also held at Great Brooklyn Gastro-Enterology (GBG) and Omnicare with Doctor Michel José CHARLES, and at a Nephrology clinic of Brookdale Hospital with Doctor Eric JEROME.**

1 -ROTATION AT TBHC

I Started at TBHC January 9th 2024 and the rotation was subdivided as follow:

A- Rotation in Family Medicine

It was the first department where I started my observership rotation. **I've spent two (2) weeks there.** From Monday to Friday around 8:30 AM, I had participated in round carried out by an attending physician with several residents and students. **The diagnoses were miscellaneous:**

- ❖ Sepsis
- ❖ decompensated diabetes
- ❖ pneumonia
- ❖ hypertensive crisis
- ❖ brain tumor etc.

The discussions were often interactive and informative as they aroused my curiosity and reinforced my prior knowledge. in addition to rounds, I've participated, usually at 12h 30 PM, at a family medicine board review questions activity, and I had the opportunity to follow several conferences on:

- ❖ Physical examination of the spinal column
- ❖ basic interpretation of an EKG
- ❖ differential diagnosis of skin lesions in the newborn.

B- Rotation in Emergency Medicine

I have spent two weeks in Emergency Medicine. I usually started at 8: 30 AM at the emergency department(ED) and left at 2 or 3 PM. The activities were as follow:

- ❖ **The first week was in an area called the gray zone:** where patients first coming whose case requires hospitalization are received and admitted. I've to interviewed and examined some patients and discuss about plan and diagnoses with residents. I also had the opportunity to learn from the discussions and the suggestions of the attending after the presentation of each case by a resident.
- ❖ **The second week was in the blue zone:** the activities in this area were basically the same as in the gray zone but the patients received there were often stable and required either observation or referral to outpatient clinic.

During these two weeks **I have also observed the first steps in the management of patients with stroke and STMI. I saw the dynamism and organization of the emergency team after each stroke or STMI alert.** In addition, every Wednesday I participated from 8: 30 AM to 2 PM, at an academic activity during which there were:

- ❖ **A session of emergency medicine board review questions**
- ❖ **Conferences on miscellaneous topics:**
 - ✓ **Urinary tract infection**
 - ✓ **Sexual transmitted infections**
 - ✓ **Intranasal lidocaine for acute migraine**
 - ✓ **Classification, mechanism of action of antibiotics**

C- Rotation in Intensive care unit (ICU)

I have spent four (4) weeks there in ICU (MICU: Medical Intensive Care Unit and CICU: cardiac intensive care unit): three weeks of follow-up and another last week after my rotation in cardiology. From Monday to Friday at 8 AM, I regularly observed a first case review of all the patients in this department (morning report) who were newly or who had already been admitted. It is a brief, very structured activity lasting around 30 minutes, held by the head of the ICU department, the attending physicians in service, fellows, pharmacists and internal medicine residents assigned to the ICU.

Right after the morning report, I took part in a large round held by a team made up of an attending physician, fellows in ICU, pharmacists, internal medicine residents and medical students. cases were various:

- ✓ **Respiratory distress**
- ✓ **Septic shock**
- ✓ **Meningoencephalitis**
- ✓ **Subdural hematoma**
- ✓ **COPD exacerbation**
- ✓ **Disseminated intravascular coagulation**
- ✓ **Rhabdomyolysis**
- ✓ **Meningitis**
- ✓ **Fulminant colitis**
- ✓ **Severe metabolic acidosis**
- ✓ **Pancreatitis**
- ✓ **Acute hypoxic respiratory failure**
- ✓ **Acute liver injury**
- ✓ **Acalculous Cholecystitis etc.**

D- Rotation in cardiology

It was a three (3) weeks' rotation:

- ❖ The first week I observed rounds held by an attending physician cardiologist, a fellow in cardiology and internal medicine residents assigned to cardiology.

- ❖ The next two weeks, I was on the second floor. **I had the opportunity to observe:**
 - ✓ **More than twelve (13) stress tests (stress test with EKG, stress test with adenosine, stress test with injection of nuclear material).** I've learned a lot from the cardiology fellow who was on duty because he took the time to explain to me the indications of these different tests.
 - ✓ **Five transesophageal echocardiograms**
 - ✓ **Two percutaneous coronary interventions in the catheterization laboratory,**
 - ✓ **More than ten (10) Transthoracic echocardiograms** with the strong supported of the sonographers who took the time to explain and show me a lot of things.

2- ROTATION AT GREAT BROOKLYN GASTROENTEROLOGY

Great Brooklyn Gastroenterology (GI) is Doctor Michel Jose CHARLES's office. **My rotation in this clinic started in February, every Tuesday from 12:30 PM to 5:30 PM.** I had the opportunity to work in concert with Doctor CHARLES's physician assistant. I've participated in the explanations of preparation for endoscopy. **I've Observed: the diagnosis pattern of a case of autoimmune hepatitis and several abdominal sonograms.**

3- ROTATION AT OMNICARE

This rotation was also with Doctor CHARLES. **It was held in the week end, every Saturday and Sunday from 7:30 AM to 1: 30 PM.** I observed the esophagogastroduodenoscopy and colonoscopy carried out by Doctor CHARLES with strong explanations. I had the opportunity to question him about some GI pathologies and lesions seen during the tests. **I've seen several diagnoses such as:**

- ✓ **Erosive gastritis**
- ✓ **Gastroesophageal reflux disease**
- ✓ **Eosinophilic esophagitis**
- ✓ **Gastric ulcers**
- ✓ **Duodenal Ulcers**
- ✓ **Colon polyps**
- ✓ **Colon mass**
- ✓ **Esophageal varices**

This rotation was really important for me because there is a great lack in the formation of gastroenterology in residency in Haiti.

4- ROTATION AT NEPHROLOGY CLINIC

This rotation took place in a nephrology clinic of Brookdale hospital with the Doctor Eric JEROME. I started it on February 1st and it took place every Thursday from 1 PM to 4:30 PM. Several internal medicine residents saw patients with a kidney problem and then presented them to Doctor Eric JEROME for discussion and suggestions. so I was assigned with one of these residents to interview and examine these patients. Discussions on cases were always fruitful for me with supporting laboratory and imaging tests. **These were more often patients with renal failure of varying stages and causes such as diabetes, high blood pressure, lupus nephritis, autosomal dominant polycystic kidney disease.**

V. CONFERENCES

In the program of this rotation almost every two weeks I had a subject of my choice to present. the presentation of these conferences were assisted by Doctor Patrick LBLANC, Doctor Paul NACIER and Doctor Louisdon PIERRE for comments and suggestions. The different topics presented were as follows:

- ❖ **Prise en charge du choc cardiogénique secondaire à l'infarctus du myocarde on 17 /01/ 2024**
- ❖ **Colorectal cancer: screening and diagnosis on 01/31/2024**
- ❖ **Acute upper gastrointestinal bleeding on 2/15/ 2024**
- ❖ **Acute pancreatitis: diagnosis and management 2/28/2024**
- ❖ **Diabetic ketoacidosis on 3/26/2024**

VI. SOCIAL ACTIVITIES

- ❖ Participation with Doctor Michel-Jose CHARLES in the evening of the celebration of the thirty-ninth anniversary of Asclepius Medical Society.
- ❖ Visit to world trade center / PATH

VII. CONCLUSION

From the beginning to the end, this rotation is a medical experience that opened up my eyes, my intellectual curiosity and my field of medical knowledge. It brought a big change in my reflexes and my behavior in the face of certain emergency cases on one hand. And the other hand, this rotation allowed me to see better practices in the management of some patients such as those with STMI, Stroke and Angina. I see my shortcomings; the knowledge I must acquire to be a better internist. And, I understand more how it is important to study, to work hard and the need to do a subspecialty. It is really a step forward helping me to understand and get back on track on the road that I must take to accomplish my dream and make myself available to help my dear homeland Haiti.

Haiti is a low income country with weaknesses in its health care system. The training of haitian doctors is not spared from these problems. There is a need for reinforcement in hospital residency training. This program set up by AMHE is a very important contribution to the training of these residents. and I think that such a program should be supported more and be expanded to allow more residents to benefit from it.

VIII. REFERENCE

- ❖ Medical Association Abroad (Association medicale Haitienne à l'étranger : AMHE) Students Resident Corner , <https://www.amhe.org/students.html>

IX. ANNEXES

1. **Picture of Doctor Paul NACIER (left), Doctor Patrick LEBLANC (right) and I(middle) after my last conference at TBHC**



2. Visit to World Trade Center/PATH

