

Externship Report



The Brooklyn Hospital Center

Redgina Anglade MD

Third year resident of pediatrics at Hôpital Universitaire
la Paix (HUP)

Outline

- ❖ **Introduction**
- ❖ **Acknowledgement**
- ❖ **Description of the rotation**
 - A) NICU: Neonatal Intensive Care Unit
 - B) PICU: Pediatric Intensive Care Unit
 - C) Cardiology Pediatric
 - D) Pediatric Endocrinology
 - E) Pediatric Hematology
 - F) Pediatric Emergency
 - G) Outpatient clinic
 - H) Gastroenterology
- ❖ **Activities**
 - Conferences
 - Practical Course
- ❖ **Comments and Suggestions**
- ❖ **Attachment**

1-INTRODUCTION

To mark their presence as a growing ethnic entity in America, a group of Haitian physicians founded in August 1972 the AMHE (Association des Médecins Haïtiens vivant à l'Étranger).

AMHE in association with SIMACT (Société immobilière Agriculture, commerce ET tourisme) built a post graduate program which allowed Haitian residents to benefit the opportunity to rotate in a hospital in New York. Thereby the program is also supported actively by the Brooklyn Hospital Center which receive the residents by group of 2 for 2 or 3 months of observational rotation in different services as anesthesiology, internal medicine, family medicine, obstetrics-gynecology, Pediatrics, General surgery. The Brooklyn Hospital Center (TBHC) founded in 1845, is a 464 licensed bed full service community teaching hospital located at 121 Dekalb Ave in downtown Brooklyn.

Many have had the possibility of participating in this rotation. I am the 90th to have benefited from this enriching experience.

My name is Redgina Anglade MD, a third year resident in Pediatrics at Hopital Universitaire la Paix (HUP). Located in Port-au-Prince, particularly in Delmas 33, HUP is a state university hospital with the following different departments: maternity, pediatrics, internal medicine, surgery, orthopedics, outpatient clinics. I have been selected to participate in an externship at The Brooklyn Hospital Center for a period of 3 months, from June 10, 2019 to September 10, 2019.

2- ACKNOWLEDGEMENT

First of all I would like to thank God for everything he had made possible in my life and I would like to express also my gratitude to all who contributed for the success of this meaningful experience specially:

- My husband and my family who support me.
- Dr Siné St Surin, chairman of the department of pediatric at HUP,
- Dr Rosalina Simon Assad, medical director at Hopital Universitaire la Paix.
- Dr Sosthene Pierre (Responsible for the third cycle).
- The AMHE and SIMACT for creating this wonderful program
- Dr Kondamudi chief medical officer at the Brooklyn hospital center (TBHC)

Special thanks to :

- Dr. Patrick Leblanc, Dr. Paul Nacier, and Dr. Loidson Pierre for all their support. Without their effort, it would not have been possible.
- The other attending physicians pediatrics at TBHC specially Dr. Melissa Guillaume, Dr Morales, Dr Chatterje, Dr Sedrak, Dr Zilak, Dr Valentine
- Dr José Michel Charles (gastroenterologist / Vice president of AMHE) for his support throughout this rotation.

Finally a special thanks to my roommate, Dr Maite RIVIERE, good friend from HUU for her collaboration

3- Description of the ROTATION

During my externship I had my rotation in:

- Neonatology Intensive Care Unit (NICU)
- Pediatric Intensive Care Unit (PICU)
- Pediatric Cardiology
- Pediatric Endocrinology
- Pediatric Hematology
- Pediatric Emergency
- Out patient clinic
- Gastro Enterology

Summary of activities carried out and subjects seen

A.- NICU

- Daily morning rounds with attending physicians
- Total Parenteral Nutrition (TPN)
- Delivery room services
- CVO
- Neonatal mechanical ventilation
- Management of Sepsis, Prematurity, RDS, Jaundice, BPD

B.- PICU

- Daily morning Rounds with attending physicians
- Mechanical ventilation
- Management of children with Diabetic ketoacidosis, Respiratory Distress

C.- Pediatric Cardiology

- Daily Clinic

- Pediatric EKG lecture
- Echocardiography (PFO, IAC, IVC, LVH, PDA, crab view, fish mouth view, apple and banana view).
- Discussion about: PAC (premature atrial contraction), congenital heart disease associated with maternal diabetes and alagille sd, ASD, VSD. PS (pulmonary stenosis), PPS (peripheral pulmonary stenosis), TR (Tricuspid regurgitation), venous hum

D.- Pediatric Endocrinology

- Daily Clinic
- Management of outpatient with hypothyroidism, diabetes and obesity

E.- Pediatric Hematology

- Daily clinic
- Management of outpatients with sickle cell disease, iron deficiency, lead intoxication, thalassemia, von willebrand disease

F.- Pediatric Emergency

The most common cases I have seen:

- Constipation
- Allergy
- Asthma
- Traumatism

G.- Outpatient Clinic

We saw children who are not necessarily sick, who require a totally different approach, based primarily on the prevention and supervision of the good development of the child.

H.- Gastroenterology

This rotation gave me the opportunity to assist at colonoscopy and gastroscopy.

Diagnosed or discussed cases: polyps, diverticulitis, diverticulosis, achalasia, GIST tumor, Carcinoid tumor

4- ACTIVITIES

Conferences

- Conferences that I presented
 - Respiratory distress syndrome

- Basic pediatric ECG's interpretation
 - Diagnostic approach in children with short stature
 - Neonatal resuscitation steps
 - Thalassemia
- Conferences presented by the other resident, participating at the rotation.
- Tuberculin test: its interpretation
 - Diagnostic approach of multiple sclerosis in adult
 - Di George syndrome in children
 - The pattern of toxicity and management of acetaminophen overdose
 - Therapeutic hypothermia after cardiac arrest in adult
- Conferences assisted
- BPD
 - Pancreatitis
 - Bruises
 - Vesiculo-pustular disorders
 - Neonatal hypoglycemia
 - Vaccine lecture
 - The limping child
 - Carotid artery dissection
 - Subgaleal hematoma
 - Approach to a neck mass
 - Radiology rounds
 - Surveillance and screening for autism spectrum disorders
 - Neonatal mechanical ventilation
 - Endocrine abnormalities in the neonatal genital exam
 - Inguinal hernia
 - Assessment of the critical ill child
 - Sepsis vs severe sepsis vs septic shock
 - Updates in ITP
 - Supraventricular tachycardia (SVT)

Practical courses

- Central Line
- Endotracheal Intubation
- NRP (Neonatal Resuscitation Program)
- Mechanical ventilation

5- COMMENTS AND SUGGESTIONS

This rotation was a wonderful and enriching experience. These 3 months spent at TBHC allowed me to see another reality different from that we live every day in Haiti and also to identify our weaknesses in order to better correct them.

During this externship new notions were learned, skill in certain procedures was acquired. In summary, this stage was so extraordinary that I would suggest to extend the framework so that more Haitian residents could benefit from this experience in order to broaden their knowledge.

The minimal language barrier did not take anything away from my learning goals. The attendings, through their professionalism were very supportive and understanding of that.

The rotation was well planned throughout, I had everything I needed to efficiently complete the rotation from lodging, access to the internet, cell phone and vouchers toward food.

The only thing I would suggest is to make the course more practical and less observational. This is the reason why I found my rotation in cardiology was the best rotation during these 3 months. Certainly I have a great affinity for cardiology but also there were a lot of exchanges. We questioned and examined the patients, discussed the probable diagnoses with the attending, interpreted the ECGs and visualized the ultrasound with the explanations of the attending.