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Rotation Report

Externship at **BROOKLYN HOSPITAL CENTER**

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Rotation report

Externship (3 months clinical Rotation at Brooklyn Hospital Center BHC, USA)
By Mannley CASTEL, MD, 3th year resident, internal Medicine (HUI/CAP HAITIEN) HAITI
Externship: December 2018- march 2019
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INTRODUCTION

The AMHE post graduate program for residents coming from HUEH (Hôpital Universitaire d'état d'Haiti) and HUI (Hôpital Universitaire Justinien) started in 2005 at Coffeyville regional Medical center, Kansas. It was exclusively in orthopedics and under the enthusiastic and devoted direction of Dr Maxime Coles. Many residents have graduated and continue to teach at many hospitals in Haiti.

Later, in September 2007, this program extended to New York as a joint commitment by SIMACT (Société immobilière Agriculture, commerce ET tourisme) and AMHE (Association Médicale Haitienne à l'étranger). The program is also supported actively by the Brooklyn Hospital Center. By groups of 2's the residents come for 2 or 3 months of observational rotation in different services as anesthesiology, internal medicine, family medicine, obstetrics-gynecology, Pediatrics, General surgery at the Brooklyn Hospital Center, interfaith Medical center or radiology at Colombia Presbyterian Medical Center.

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, that offers several medical services such as surgical care, emergency medicine, Pediatrics, psychiatry, radiology, OB/GYN, Cancer care, Dentistry, oral surgery, internal medicine (nephrology, cardiology, hematology, rheumatology, gastroenterology, pulmonary medicine, infectious disease)

OUTLINE

- 1- Acknowledgement
- 2- Objectives
- 3- Description of the rotation
- 4- Conclusions
- 5- Comments and suggests
- 6- Annexes

Acknowledgements

At the end of this 3 months rotation in the USA, it seems appropriate to fulfill a noble duty, that of thanking all those who contributed by their material and moral assistance to the success of our rotation.

Our gratitude is particularly directed first to GOD for being our protector, strength and guide in the accomplishment of this externship.

Thank you to SIMACT, particularly Dr Lesly Kernisnt (chairman of SIMACT) and AMHE with his all member in their battle to help young Haitian doctors and to put some closer to their dream. Bravo gentlemen and lady, if there were several like you, I think our country would be further away.

Also, our gratitude to Dr PAUL NACIER (GASTROENTEROLOGY), who despite his countless occupations, has accepted to lead us while this 3 months. We appreciated his humility, his humanism and the breadth of his scientific knowledge;

Thank you to Dr Patrick Leblanc (NICU Director at Brooklyn Hospital Center) for his disponibility, his friendly relations and support through this all time. May God bless you Dr Leblanc and that he gives you the courage to continue to fight and to help young Haitians for the advancement of our medicine.

Our gratitude also to Dr Louisdon Pierre (Director pediatric intensive care at Brooklyn Hospital Center) for his enthusiastic encouragement, his precious time and valuable guidance, his support in all and precious instructions during our externship programs.

I don't have the right words to express my thanks to this solid staff (Dr Paul, Dr Leblanc and Dr Pierre) that has always been there for us especially for our academic and financial guidance.

We are also grateful to Dr Michel Jose Charles (Vice president of AMHE NY Chapter) for his incommensurable support throughout this rotation, and the staff of GBG and MJC the big family. Dr Charles is a man with a big heart. He was not only our monitor, but also an advisor. Thank you for all.

May deign to receive our feelings of gratitude and deep respect.

The expression of our gratitude is addressed to: the medical staff of HUI: Dr DUBE GETHO, Dr GRACIA COQ, Dr YRVELT ZEPHYR, Dr Pierre (chief of the internal Medicine at HUI).

Thanks to Dr Lenic Joseph (Internal Medicine attending at HUI), Dr Charles Wislin (internal medicine attending at HUI), and Dr St Philippe Schina, Dr Pilie Richard, Dr Augustin for his medical support

Special thanks to all my colleague residents of the internal medicine especially all the PGY3, Dr Monace Dolcine for his support, Dr Justafor Pierre, Dr Denis Jonny, Dr Patricia. Also my PGY2 residents, Dr Blaise, Dr Jean Gilles, Dr Marcena.

Thanks to Miss Guerrier for her precious advice.

Thanks all: students, fellows, attending, nursing, and Brooklyn hospital staff for their support during these 3 months of training.

Special thanks to my roommate, Dr Papite Alteus, good friend from HUEH for his collaboration.

I can't finish this show without having a special thought to my family. My father, Manel Castel, tireless man, much of love, I'm grateful for everything you do. My beautiful mother, Yolande Laracointe Castel, thank you for all the prayers. My brothers and sisters Flores, Coretta, Mandel, Mannfred, happy to have you in my life.

To many people who have contributed in one way or another to the accomplishment of this rotation and whose names have been omitted, would like to apologize for it. We reassure them with our silent gratitude. They are for us those who give in such a way "the left hand does not know what the right hand his doing"

OBJECTIVES

The goals that I had fixed myself throughout this rotation were:

- To improve my medical skills and enhance my knowledge by participating actively in all academic activities.
- Learn more about the latest tools in the medical care arsenal and the high technology medical innovation.

DESCRIPTION OF THE ROTATION

Externship in medicine is very important for someone who wants to become a great and good doctor. The medicine without the internship or externship is like traveling on a boat without sailing.

As a resident in 3th grade in internal medicine at HOPITAL JUSTINIEN, CAP HAITIEN, HAITI, I was selected to participate in this 3 months rotation at BHC.

This was possible with the agreement of AMHE, a group of Haitian doctors mostly resident in the E.U. having considered it important to help young doctors in HAITI.

My rotation was subdivided as such:

- ✓ CARDIOLOGY
- ✓ CATH LAB
- ✓ EMERGENCY
- ✓ NEPHROLOGY
- ✓ GASTRO ENTEROLOGY
- ✓ RESPIRATORY CARE
- ✓ INTERVENTIONAL RADIOLOGY

CARDIOLOGY

Monday to Friday: 9h to 2h

It was my first rotation in TBCH

The General Cardiology service, as I can notice it, is a busy inpatient service with several separate teams, one team is admitting cardiac patients, and the second team is responsible for inpatient cardiology consults. Another for the interventional cardiology.

Each internal medicine resident will be assigned to the cardiology service for 1 or 2. Rounds typically begin at 9 am in the conference room. Rounds are attending dependent and may include walking rounds or formal sit down rounds followed by bedside rounds.

It is generally expected that all patients will be seen prior to formal attending rounds. Rounding times vary with each attending and their schedule. The fellow helps determine the time of rounds and notify the residents each week. Once assigned a patient, the resident is responsible for the initial evaluation of the patient (including written and dictated history and physical or consultation report) and the formulation of a plan of care with the guidance and direction of the fellow and staff physician when necessary. The resident is to inform their fellow or attending in a timely fashion if their patient is critically ill or needs an invasive procedure. Every day, the admitting resident is responsible for communicating vital information and patient care plans to the on-call resident or fellow.

The daily plan maybe modified by the attending, as required.

As my first rotation, I was very excited to be with the team.

There was a lot of great fellow, who have helped me to understand certain things. We sometimes discuss about EKG and others disease like:

- ACS (STEMI- NSTEMI- ANGINA)
- Cardiac failure (management)
- DTV
- AFib (management)
- Thoracic pain

Also:

- When to do ETT (echo transthoracic)
- When to do a Stress test, and how to do it

I had the chance to attend :

1. 2 echo transthoracic
2. 6 stress among whom, 3 medicinal stress test

CATH LAB

For me it was one of the most exciting moments in cardiology. Seeing as I had the opportunity to see what I studied for a long time in books without ever knowing what it was exactly.

The fellow encouraged me to:

Review cardiac anatomy including vascularization, because to understand the catheterization process, you must know the anatomy and cardiac vascularization.

So, I was very satisfied to:

- attend 3 cardiac catheterization, for patients who had myocardial infarction
- 1 Percutaneous coronary intervention for one of the patient

During my time in the service, I was called to

1. Assist in admitting patients to the hospital (from the ER, direct admit, transfer with an attending or resident/intern), consulting on hospitalized patients and/or consulting on outpatients.
2. Demonstrate an understanding of specific medical procedures performed by cardiologists with particular attention to indications and contraindications
3. participated in daily rounds and record progress notes and review orders on patients
4. Accompany attending, residents and interns on rounds.

ER

Monday to Friday: 8hAM-4hPM

The Emergency Department (ED) rotation affords me the opportunity to experience how the ED works and how a patient is cared for in the ED once an ambulance turns over the care of their patient to the ED staff.

The ED clinical rotation will also afford me, under the direct supervision of an authorized preceptor, the ability to use the skills and knowledge I had. At the completion of each scheduled clinical rotation, during this time, sometimes I accompany either an intern or an attending, in the evaluation of certain patient, and discuss diagnoses.

Some case which I saw:

- COPD
- Flu syndrome
- Pneumonia
- ACS
- TB
- Cardiac failure

To quote only those items.

We also received a patient with cardio respiratory arrest, who unfortunately died, despite aggressive reanimation.

Although I did not participate in all the details, however I was able to see the great difference between this emergency room and the hospital I come from, how to do a good resuscitation, an entire team was motivated.

I also witnessed for the first time the implementation of a central catheter following the new recommendations, i.e. With the help of a sonography device

I also spent a few hours to interpret some EKG, and help students interpret better.

The week I spent in the ER help me to:

1. Refine skills in history and physical examination with particular attention to comprehensive evaluation of the patient
2. Formulate a focused differential diagnostic list on each case
3. Identify knowledge deficits and search the medical literature for the most current aspects of diagnostic and treatment strategies to apply the principles of evidence-based medicine to the care of the individual medical patient.

NEPHROLOGY

Monday to Friday: 8h AM-4h PM

I spent 3 weeks in this department. I had the possibility to work with 2 great attendings, and several residents of internal medicine.

Purpose of the Rotation

The Nephrology Rotation is designed to provide resident with evidence and guidelines based competency in the diagnosis and management of inpatient and outpatient nephrology related conditions and primary prevention of renal disease. This rotation refine and expand on skills developed in the Internal Medicine clerkship to provide advanced preparation for the practice of the diverse specialties involved in the care of adult patients with renal disease.

I was able to:

1. Apply basic knowledge of the anatomy and physiology of the kidney and its vasculature and other organ systems to the care of the medical patient. Expand understanding of the role of anatomy and physiology in determining the signs and symptoms of renal diseases, diagnostic testing, and disease management.
2. Apply basic knowledge of the molecular, biochemical, and cellular mechanisms for maintaining renal homeostasis in the care of the medical patient.
3. Refine skills in history and physical examination with particular attention to comprehensive evaluation of the kidney in both well patients and those with acute and chronic kidney disorders.
4. Formulate a focused differential diagnostic list on each case

5. Identify knowledge deficits and search the medical literature for the most current aspects of diagnostic and treatment strategies to apply the principles of evidence-based medicine to the care of the individual medical patient.
6. Determine indications for obtaining a consultation from a nephrology specialist.
7. Be exposed to and formulate strategies in the care of patients on hemodialysis, peritoneal dialysis
8. Skillfully present patient history, physical and diagnostic information in a systematic, coherent and concise manner, which addresses the chief complaint/problem, identifies pertinent positive and negative findings and supports a logical assessment activity.

During this time, I also:

1. Assist in admitting patients to the hospital (from the ER, direct admit, transfer with an attending or resident/intern), consulting on hospitalized patients and/or consulting on outpatients.
2. see the difference in Write accurate, organized and legible progress notes, with my practice in Haiti
3. Recommend to the resident or attending physician a treatment plan for assigned patients.
4. Demonstrate an understanding of specific medical procedures performed by Nephrologists with particular attention to indications and contraindications
5. participated in daily rounds and record progress notes and review orders on patients
6. Accompany attending, residents and interns on rounds.
7. Sometimes communicate with attending, residents and interns about patients when on rounds and with regard to perceived problems with patients and any change of status of patients.
8. I also give 2 conferences on nephrotic syndrome and hyponatremia.

In fact, it was a great time with the team, even if I had a problem with a MD that I mentioned to Dr Leblanc. Nevertheless it was good.

GASTRO-ENTEROLOGY

This is one of services I would have advised all residents who will follow me. A good team with a big heart coach: DR JOSE CHARLES

This rotation was carried out in 3 different places, every Tuesday, Thursday and Saturday

- **Great Brooklyn Gastroenterology(GBG),**
- **MJC**
- **Omnicare for procedures**

The educational purpose of this rotation is to learn the knowledge and skills within the medical specialty of gastroenterology necessary for the management of general internal medicine ambulatory patients. I acquired skills sufficient to diagnose, follow, and treat patients with common GI disorders and recognize those patients that should be referred to gastroenterologists. Paralleling the acquisition of new medical knowledge and patient care skills the ambulatory

gastroenterology rotation will continue to develop my competencies in practice-based learning, interpersonal/communication skills, professionalism. Even though in Haiti there are plenty of things I will not be able to do.

I had the chance to participate in patient preparation for procedures, and review with DR Charles about the diagnosis and the management.

I also learn with the team:

- 1- The usefulness and how to perform a breath test in the follow up of patients with H-pylori infection.
- 2- Different pathologies have been seen and discussed with Dr Charles such as: Acute and chronic Gastritis Peptic ulcer, Crohn disease, Ulcerative colitis, Hepatitis B and C, irritable bowel disease, Pseudo membranous colitis.

I had the opportunity to present 3 subjects:

- 1- Management of hepatitis B
- 2- Vitamin B12 absorption
- 3- SIBO

Also participated in several sessions of procedures (EGD, COLONOSCOPY), every Saturday at OMNICARE, where some cases have been diagnosed esophagitis, gastric reflux, esophageal reflux, diverticulitis, melanosis coli, polyps.

To note that all the procedures are carried out under propofol, without pain and videoscopy.

And I also have the opportunity to make ultrasound training with the ultrasound technicians of GBG and MJC

*** I must also say, on the social side, I participated in festive activities and gastronomic outings.

RESPIRATORY CARE DEPARTMENT

I spent one week with my roommate Papite Alteus in this department, learning how to do endotracheal intubation procedure and also the usefulness of this procedure as well as CPAP and BiPAP in the management of critical ill patients.

I had also the opportunity to learn how to interpret, with the respiratory therapist (Mr. Lude Jules), the results of arterial blood gas and the important practical aspect of this test in the follow up of patients with endotracheal tube.

INTERVENTIONAL RADIOLOGY:

Monday to Friday: 9hAM -4hPM

I had the opportunity to assist an embolectomy by interventional radiology in a patient with acute pulmonary embolism.

OTHER ADVANCEMENTS KNOWLEDGE

1- Central line's practices

Venous central catheter placement simulation (Internal Jugular vein, and subclavian and femoral) under supervision of Dr Louisdon Pierre, and certified

2- Conferences presented

As academic activities staffs, Every 2 weeks, I had to present a subject of my choice, under the counter of Dr Paul Nacier, Dr Patrick Leblanc and Dr Louisdon Pierre.

The list of my presentations was as follows:

- 12-19-18: SMALL INTESTINAL BACTERIAL OVERGROWTH
- 01-16-19: MANAGEMENT OF HEPATITIS C
- 01-30-19: BACTERIAL MENINGITIS
- 02-13-19: ETIOLOGY AND EVALUATION OF HEMATURIA IN ADULTS
- 02-27-19: NONALCOHOLIC FATTY LIVER DISEASE (NAFLD)

I also assist to other academic conferences presented by my roommate:

- Hyponatremia
- Disseminated intravascular coagulation
- Ulcerative Colitis

3- Symposium

On Saturday, march 2nd 2019, I was invited to a symposium at the interfaith hospital, organized by AMHE, on GUIDELINES IN CARDIOVASCULAR DISEASES: Are they really helpful? The symposium was organized and directed by DR ALIX DUFRENE (CHIEF OF CARDIOLOGY AT INTERFAITH MEDICAL CENTER)

Several subjects were discussed as:

- Duration of anticoagulation in VTE disease
- Standards of care in diabetes mellitus: is there an optimal value for Hba1c in patients with cardiovascular diseases?
- Atrial Fibrillation: ablate or not ablate; what about closure of the left atrial appendage?
- Arterial hypertension: is 130/80 the new therapeutic goal
- Non-STEMI: optimal duration of dual antipatelet therapy, what about the value of the newest stents?

CONCLUSIONS

I want to close this report with this quote: “climbs the mountain, not so the world can see you, but so you can see the world”.

I did it, and these 3 months in the USA show me how far we are, and we have to make a lot of effort to raise our medical system.

I don't have to compare the Haitian medical system with the American medical system; however, without wanting to interfere in politics, if our leaders had thought like AMHE, I swear by Appolon, our hospitals would at least be like the dispensaries of the United States. It's time, it's hard time.

Overall, this externship was a wonderful learning experience. It helps us to enhance and develop our skills, our abilities, and knowledge that will forever shape and influence our professional life. It allows us to have another clinical approach to the assessment, management and follow up of patients and we have a lot of to share.

During these three months of training, we meet new people and familiarize pretty much with American culture.

The set of professional skills acquired will be shared with our resident colleagues who did not have this opportunity to come here.

Comments and suggestions

The initiative is very recommendable insofar as follow-ups are made with the residents who have made the rotation. It should be supported by all health professionals living abroad or in Haiti to make an improvement in our medical system.

We would recommend that there be a list of things that residents of each specialty have to know and do during their stay. And if AMHE could also consider sub-specialties... that would be interesting.

Annexes

- AMHE : Association des Médecins Haïtiens à l'étranger
- SIMACT : Société immobilière d'agriculture, de commerce et de tourisme
- HUEH : Hôpital de l'université d'état d'Haïti
- HUI: Hôpital universitaire Justinien
- THBC: The Brooklyn Hospital Center
- GBG: Great Brooklyn Gastroenterology
- STEMI: ST elevation myocardial infarction
- ER: emergency room



With the OMNICARE Staff

CERTIFICATE

The Brooklyn Hospital Center

In association with

AMHIE & SIMACT

Certificate of Completion

This is to certify that

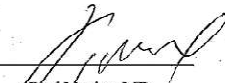
Mannley Castel, MD

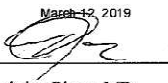
Has successfully completed


The following rotations in Internal Medicine, Hematology-Oncology, Cardiology, Nephrology, Intensive Care, Radiology, Gastroenterology, Respiratory Care, Vascular Laboratory.

From December 12, 2018 to March 12, 2019

March 12, 2019


Paul Nacier, MD
Chief, AMHIE Medical Mission


Louisdon Pierre, MD
Chief Pediatric Critical Care


Patrick Leblanc, MD
Chief, Neonatology
Rotation Coordinator

CERTIFICATE

The Brooklyn Hospital Center
Division of Pediatric Critical Care
Certificate of Completion


This is to certify that

Mannley Castel, MD

Has successfully completed
Live simulated placement of Central Venous Catheter according to current CDC guidelines

March 4, 2018




Louisdon Pierre, MD, FAAP, FCCM
Chief, Pediatric Critical Care