

## ZAMBIA & ECUADOR

Prior to enrolling at Davidson, I had limited experience in a clinical setting. I had only shadowed a few doctors in Dallas, but I was still motivated to travel and discover the various nuances of medicine in other countries. Juggling varsity tennis and the pre-med curriculum didn't serve as barriers, per se, but rather forced me to jump through more hoops and [meticulously] plan before my time abroad. I was able to [find] an experience that gave me biology class credits and hands-on clinical involvement in Zambia – during the summer when I had more time. My involvement in Timmy Global Health on campus also allowed me to travel to Ecuador on a pre-medical program during winter break.

My time in Zambia was by far the most emotional and significant experience during my time at Davidson. None of the books I read about HIV, foreign aid, and African culture could have truly prepared me for the journey. This was analogous to reading multiple guides about swimming and then getting thrown into the pool. Especially unique were the close connections my classmates and I made with some of the hospital staff. In the U.S., certain laws have made it difficult to find a willing doctor to shadow in a hospital; yet, during my time in Zambia, I was encouraged to witness a cesarean section, visit surrounding rural areas, and ask clinical officers medical questions during rounds.\* They were eager to teach us about the cultural history of the area, explain the medicines available to patients, and even had us join in on soccer with them. One officer spent hours explaining how TB testing worked in the lab while another illustrated how HIV affects the body and ways doctors combat it through specific drug regimens. My passion for medicine was truly ignited while I was in this encouraging atmosphere.

One of the most striking and refreshing things about medicine that I have encountered abroad is the gratitude of patients; however, this is a double-edged sword. People I've seen in clinics are extremely patient and willing to wait hours to see a doctor for their various ailments. Some have brought in mangoes as offers of appreciation (Ecuador) while others produced the largest smiles on their faces after I've simply checked their height and weight (Zambia). For a medical professional, this is an extremely rewarding experience, especially if a language barrier exists. The concurrent problem with the immense patience I've witnessed abroad indicates that access to healthcare is sparse. Simply put, demand exceeds supply. Additionally, patients defer all judgment to doctors and typically don't question their medical decisions – they can't consult webMD.com before an appointment. As a student witnessing some major differences, I think it's important to think about expanding the openness of the doctor-patient relationship in other parts of the world. However, knowing the cultural context is key because medicine is not only about applying scientific knowledge but also about your willingness to engage with the person whose health is at stake. You don't need fancy machines or gadgets to diagnose patients (as is a large cornerstone of American healthcare) – you simply need to actively listen and make a genuine human connection.

*\*If students participating on a program that will expose them to health-related activities (e.g., clinical shadowing, an internship at a medical facility, etc.), we recommend that they take the [Global Ambassadors for Patient Safety \(GAPS\) Workshop](#). This is a free online tool regarding ethical standards that is offered by the University of Minnesota.*