

Cardiac Care Center Rotation Reflection  
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**General Impressions and Introduction**

Cardiac Care Center (CCC) is a 13-year-old facility in Khambhat, Gujarat serving patients from underprivileged backgrounds in Khambhat and surrounding villages. Services are offered to these patients at significantly discounted prices as well. CCC consists of a ten bed ICU/ICCU (which is in the process of expanding), a step down unit, a dialysis unit, an imaging center, a mammography unit, an angiography/angioplasty unit, weekly out patient clinics (cardiology/general, diabetes, pulmonology, nephrology), a lab, and a pharmacy. There is also a new kidney center that is under construction at this time. I was very impressed with the facility as a whole and the standard of care at CCC.

Cardiac Care Center is truly a remarkable facility and I am grateful to have had the opportunity to spend some time there. The physicians and staff members were also a pleasure to work with; everyone was very welcoming and helpful. I came to CCC just after the completion of my first year of medical school, so I had some of my basic medical science coursework completed and a limited amount of clinical experience. Having not yet had courses such as pathology and pharmacology, I was also limited in my ability to understand treatment plans for patients. However, it was still good to be exposed to this. I learned the most regarding history taking and physical exam skills, and I was able to practice of both of these vital skills extensively. Having learned history taking and the basic physical exam in my first year of medical school, I had the great opportunity to be able to fine tune these skills at CCC in an entirely different culture compared to the US. I was also able to fine-tune my Gujarati language skills specific to medicine. I believe this will help me communicate with recent Gujarati immigrant patients I will encounter in the US and of course with patients I will encounter on future medical trips to India.

**Experience**

I spent my first few days at CCC rotating through the ICU (one day, two nights). Morning and evening rounds were great to see all of the patients within a short time frame, so I learned the most during these times. There was a lot of down time during the night shifts, so I took this time to read patient charts. I learned from reading and interpreting chief complaints, histories, lab results, differential diagnoses, and treatments. EKGs were stressed (as nearly every patient had an EKG), so I was also able to pick up on the basics of how to interpret EKGs. It was also interesting to see the dynamic relationships between patients, physicians, nurses, technicians, and family members. Patients and family members appeared to place a lot of trust in the healthcare team. There was also an excellent camaraderie between the members of the healthcare team.

I spent the next two days in the general out patient clinic. About 30 patients were seen on each day, and the clinic was led by one physician and 2-3 nurses. Two key observations I had in the clinic were very focused physical exams and efficient history taking. This was a unique experience for me. It was interesting to see how so much was happening in one

room (i.e. patient exams, paperwork, test interpretation, etc.). Histories and physical exams by the physician were quite brief yet thorough (problem specific), as many of the patients were returning for follow ups for chronic conditions such as diabetes, hypertension, etc. I was also able to perform some basic heart and lung exams. The physician told me that the key reasons for illness in India are poverty and lack of education. This was quite evident, as seen with a patient who had presented with DKA on numerous occasions. This was until doctors discovered that the patient could not keep his diabetes under control due to the simple reason that he could not keep his insulin refrigerated. Since keeping his insulin in a refrigerator at another place near his home, his diabetes has been under control. The example illustrates the importance of socioeconomic history, which is vital to the practice of medicine everywhere.

I spent the next couple days in radiology. To be honest, this was the least interesting for me. However, I did learn a lot about interpreting/performing ultrasounds and chest radiographs. Renal calculi were very common findings on exam. I would advise future students to review anatomy before rotating in the radiology department and to also have some reference books available during the rotation.

I also spent a couple days in the hemodialysis department. It was good to learn more about the process and how it is done at CCC. This was also a great opportunity for me to speak with the patients and inquire about their medical histories.

During my time at CCC, I also spent about an hour in the angioplasty/angiography unit, which is open two days a week. This clinic was led by visiting cardiologists from larger cities in Gujarat. I was also able to spend a couple hours each in the pulmonology and nephrology out patient clinics, which are usually once a week each. These two out patient clinics were led also by visiting physicians. It was interesting to see how the physicians interacted with the patients and families and how they conducted histories and physical exams. I also spent a couple hours in the lab to see the various types of equipment and how samples were tested.

### **Living Arrangements and Notes for Future Students**

The living arrangements at CCC were very comfortable and far exceeded my expectations. Meals were provided to me daily in the canteen (cafeteria), and laundry and cleaning services were also available. I stayed alone in one of the apartments located on the second floor of the hospital. It consisted of a living area, a bedroom, two bathrooms, a kitchen, and a dining area. I did not use the kitchen, however, as I ate in the canteen about twice a day. Meals there consisted of simple Gujarati food. I would recommend to future students to bring snacks to eat at other times of day, such as energy bars or other dry snacks. The bedroom and living area had air conditioning, which was really great as I was there toward the end of the summer season. Since most of the hospital in general also had AC and it did get cooler in the evenings, the heat of summer was not a problem. I'd recommend to future students to be prepared to see harmless lizards and possibly insects in the living space if that is something they are not used to.

As I was the only student during my time at CCC, I had the benefit of being able to interact one-on-one with the physicians, staff, and patients. However, it is important for future students to know that CCC is certainly not a teaching hospital as we would define in the US. So, it is important to be proactive while students are there to get the most out of the experience. This means asking plenty of questions, and asking to do hands-on things when comfortable and appropriate. Everyone was very open and receptive upon my asking questions, but most did not teach or explain certain things outright. On this note, it is also very important to have relatively good command over the Gujarati language. It is not essential to be able to read Gujarati, but having that ability will allow students to read some parts of patient charts that are only in Gujarati (such as patient consent forms). I would also advise taking medical reference books to read during down time. Rotating at CCC is a very unique experience, and I would certainly recommend it for students who are interested. I'd like to thank everyone who made this opportunity possible and everyone at CCC who treated me like family during my stay.