RUTGERS HEALTH
Robert Wood Johnson Medical School

Summer Experience in Zaragoza, Spain

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Objectives for Summer

- Learn about the Spanish healthcare system and medical education structure
- Compare and contrast the Spanish vs. American healthcare system
- Practice physical exam skills
- Language immersion
- Cultural immersion

Introduction

For 4 weeks, we immersed ourselves into Spanish culture and learned extensively about the Spanish healthcare system. We interacted with physicians in many specialties, spoke with countless patients, improved our clinical reasoning, and learned more about the physical exam. We were also able to compare the public versus private healthcare systems and see how the physician day varies in Spain versus America.



Students with Dr. Magallon in front of Cathedral-Basilica

Program Structure:

Week 1: Family Medicine
Week 2: Rural Medicine, Family Medicine
Week 3: Emergency Medicine, General Surgery
Week 4: Interventional Cardiology

Daily Schedule:

8 AM- 2PM Clinic (Spanish Summer Hours)
2 PM- 3 PM Lunch in Town
3 PM- 6 PM Siesta
6 PM- 9 PM Explore City
9 PM-10 PM Dinner

Interventional Cardiology

We shadowed Dra. Jose Antonio Linares and his colleagues during their surgery and clinic days.

- Our first goal was to learn how to read an EKG. They followed a similar systematic approach that we had learned in the classroom. We first determined the rate and rhythm, then to look at leads based on which side of the heart they were recording.
- We also had the opportunity to watch several angiograms, stent placements, and aortic valve replacements. Dr. Linares traced every artery and gave us multiple opportunities to test our knowledge. Interestingly, the patients were awake during the procedures and chatted with the team.
- Dr. Linares highlighted how Spanish guidelines for valve replacement and stents are very conservative, which is different from US standards. We hope to study the differences in these guidelines and their outcomes.
- With any down time, Dr. Linares taught us how to identify the heart chambers on echocardiograms and how to read a heart CT scan.
- We also shadowed him in clinic, where we were able to listen to many mitral stenosis murmurs. We also watched him have a very difficult conversation with a patient about how there were no options for her.

Rural Medicine Clinic

We shadowed Dra. Sara Delegada Quinto who drove us to three separate cities in the area. She covered the entire region due to limited access to medical care. The three cities we visited were:

- Calatayud: We took the train from Zaragoza to Calatayud which was about 88 km away. On arrival, Dra. Quinto picked us up and drove us to Ateca. She talked about the region we were in and how the general population was mainly involved in agriculture.
- Ateca: Ateca was about 14 km away from Calatayud. In Ateca, we spent the morning seeing patients, many of which came in with chronic issues, but a few new patients. For example, there was a patient who was suffering chronic, severe nosebleeds that had to have a nasal cauterization.
- Torrijo de la Cañada: This town was another 18 km from Ateca and required taking very narrow, dirt roads, many of which do not even show up on google maps– the population is about 80. The town itself has such narrow roads built before cars existed, so when Dra. Quinto has patients there, she parks at the bottom of the hill and walks up. We helped host a community CPR class for a group of locals. In class, a townsperson had a heart attack in his home and was driven to the nearest clinic in Calatayud. Eventually this patient had to be transferred to Zaragoza– while on our interventional cardiology rotation, this patients name was on the board to have a stent placement.

Family Medicine Clinic

- Every morning for 1 week, we walked from our apartment in Old Town 20 minutes to the Centro de Salud Arrabal– our daily walk over the Puente de Piedra bridge had a view of the Basilica de Nuestra Senora del Pilar. At the clinic, we shadowed Dra. Marta, a family medicine resident. She explained that each visit she is allotted 7 minutes to complete the patient interview and physical exam. Her patient population included everything from cancer patients to someone with a foreign object in their eye– she dealt with chronic illness as well as last minute emergencies.
- Family medicine in Spain encompasses a different scope of practice compared to the U.S.. Physicians perform dermatological procedures such as biopsies, I&D of abscesses, and melanoma removal. Spanish family medicine doctors also run the ED. The family medicine physicians performed daily house calls, many of which we attended– this was reserved for elderly patients or those with limited mobility.
- During visits, we sat and listened to the doctor-patient interaction and often participated in the physical exam portion. After each patient, the physician explained the disease the patient had and how she approached the treatment plan, and her day ended with telehealth visits over the phone.

Extracurricular Activities

- We travelled to a new city in Spain every weekend: Sitges, Madrid, Pamplona, and Barcelona

- Highlights:
Running of the Bulls, Picasso Museum, Royal Palace of Madrid, Basilica de la Sagrada Familia, Cathedral of Barcelona, Aljaferia Palace of Zaragoza, Cathedral-Bascilia of Zaragoza

- Food recommendations:
Zalamero, Cerveseria Catalana, Brunch.ar, El tubo, Districo Mexico

Contact Information for Program

US contact: Office of Global Health; globalhealth@rwjms.rutgers.edu

Spain contact: Dra. Rosa Magallon; med000764@gmail.com

Conclusion

Physicians have significantly more work life balance. In both systems, doctors have short appointment times. Both patient populations have similar chronic disorders, such as hypertension, diabetes, and high cholesterol. Though, it does seem the Spanish population is happier.



Lozana Bleso Hospital, where we shadowed surgery, cardiology & emergency medicine

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