

Mount Sinai Medical Center Training Report

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Last year I was offered to visit Mount Sinai Medical Center in New York and to spend one month with their ID doctors, in order to gain some new knowledge in fields of my interest. I visited this hospital in June 2009, and stayed there for one month. For the time of visit, I was included in every aspect of work, as much as it was allowed by US laws.

I started my infectious diseases residency in Sarajevo Clinical Center two years ago. Immunocompromised patients became my major interest, and I wanted to spread my knowledge in that area. Unfortunately, we don't have much experience with that population here in Sarajevo, and any sufficient education requires visiting other, larger hospitals. On the other side, the number of patients requiring special ID surveillance and treatment is growing. We have an increasing number of HIV+ patients, as well as those with varying transplants. That requires well-trained staff and good technical support, which we cannot provide. That's why I wrote an email to the ID department of Mount Sinai Hospital. I received a positive answer with a letter of invitation. I wanted to learn how to deal with all kinds of immunocompromised patients - what are the greatest risks and greatest opportunities with this population? And what can I copy and apply here in Sarajevo?

The Mount Sinai Infectious Disease Division has three departments. The first one is general ID with a counselling role. Doctors who work in this department circulate through the hospital and advise about antimicrobial therapy, suggest further diagnostic and therapeutic procedures if necessary, and keep surveillance of intrahospital infections. Working with them was very beneficial, since I learned how to deal with different kinds of potentially contagious conditions in a relatively contagious-free environment, such as in the gastroenterology or endocrinology departments. I was shown what sort of precautions were supposed to be taken when dealing with ID patients in a general ICU, and how to protect others from being infected.

The second department, Post-transplant, takes care of post-transplant patients. Mount Sinai has a very developed transplantation program, with lots of patients receiving different transplants on a daily basis. ID specialists take care of patients with immunosuppressive therapy complications. We don't have many patients of this kind in Sarajevo, and all I observed there was very beneficial. We have an increasing number of immunocompromised patients in my country, with special diagnostic and therapeutic needs, and observing procedures in this Department was very useful.

The third department of HIV/AIDS was my preferred department since I have a great interest in AIDS-related conditions. This department has two different units: an in-patient facility, and an out-patient clinic. The in-patient facility hosts patients with AIDS and/or AIDS-related complications. I was a member of a team of residents working at this unit. We had daily meetings with our supervisor and discussed our patients and their conditions. This is where I saw what we can expect in Bosnia in a few years, since HIV/AIDS is a growing problem here. I learned a lot about care and support that's being given to those patients on a daily basis. I also learned a lot of different kinds of protocols, approaches, and therapeutic procedures with this population. I was pleased to be fully included in discussions, my opinion in discussions was accepted and respected even though I was an observer, which was a very pleasant surprise.

The out-patient clinic (Jack Martin Clinic) was a place for counselling and following HIV+ patients that don't require hospital treatment. This kind of population is the same as what I see in Bosnia, and

spending my time here was extremely important and useful for my work. I was allowed to be present while ID specialists interviewed new patients as well as while they discussed all aspects of treatment. They taught me about new ARV treatment, and showed me some adverse effects that I don't see in Bosnia, since many modern ARV drugs are still not available here. I also learned how to deal with different kinds of paramedical problems and dilemmas that most of these patients usually have. They require not only a physician, but psychiatrist and social worker all in one, and having a sharp sense, not only for their condition but for their life in general, is very important in treatment, because only the patient who has confidence will come and talk again. This is where I learned a lot of priceless lessons, which are very hard to find in medical books.

Granted me with the covering of travel costs, ESCMID helped me to gain some new experience, work in a foreign hospital (one of the best of its kind), and make new contacts. This visit was not only about me, it was beneficial to all my colleagues, since I took different kinds of literature (protocols, scientific works, etc...) that are still not available for free in Bosnia. Supporting this kind of exchange is extremely important for young doctors and investigators, especially for those from eastern Europe, since we still feel a bit isolated from modern world. That's why I want to express my deep gratitude to the board of ESCMID for choosing me for this grant, which enabled me to gain experience in one of the best hospitals in the US.