

## **Penn Medical Student Participants in Hospitalito Atitlán: 2005**

### Entries:

Avantika Chander, MS4, 2005

Philip Lederer, MS1, 2005

Justin Schram, MS1, 2005

### **Avantika Chander, MS4, October 1 – November 20, 2005**

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#### Description of the program:

I performed clinical work in an emergency setting as well as in a clinical setting at the Hospitalito Santiago Atitlan in Santiago Atitlan, Guatemala. The first week of my trip, the town of Santiago was struck by devastating mudslides which essentially closed the original hospital. I participated in efforts to rebuild a temporary hospital as well as helping out with other basic community disaster relief, such as staffing the town's emergent care free clinic.

#### Personal accomplishments:

My accomplishments included learning Spanish, practicing clinical medicine, including emergency care and ob/gyn (vaginal deliveries as well as c-sections).

#### Critique of the experience:

The experience was unparalleled. I had an amazing time, enjoyed the doctors I worked with as well as the amazing patient population. I have no real critiques of the experience.

#### Tips for future program participants:

Learn Spanish before you go or at least have a basic background because you will need to be able to communicate early on.

### **Philip Lederer, MS1, June 28 – August 12, 2005**

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#### Description of the program:

Worked in Santiago Atitlan at Guatemala's Hospitalito Atitlan ([www.puebloapueblo.org](http://www.puebloapueblo.org)). Conducted a community health survey with Justin Schram and several other American undergraduate students. Worked to further our established Guatemala Health Initiative (GHI) through collaborations with the Nursing School and MS1 class who are planning a trip to Santiago next spring break. Currently two MS4 students are working in Santiago Atitlan.

#### Personal accomplishments:

I improved my Spanish significantly and presented our preliminary results of the survey in English and Spanish to hospitalito leadership. The experience reinforced my decision to pursue international health in Latin America. We currently are conducting fundraising, including a large coffee sale and benefit party for the hospitalito, since the recent mudslides killed 1000 people in Santiago and destroyed the old hospitalito building. The mudslides occurred in the beginning of October. We also are sponsoring a lecture by Guatemalan Doctor Carmen Valenzuela who was repressed by the Guatemalan government.

#### Critique of the experience:

I should have spent more time doing clinical work, but I spent more time doing health surveys. Overall there was a good balance.

Tips for future program participants:

Go to Santiago -- it is an incredible place. The people are friendly and resilient despite immense odds. Contact me or Dr. Kent Bream with any questions.

**Justin Schram, MS1, June 26 – August 17, 2005**

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Description of the program and personal experience

I enjoyed a fascinating summer of shadowing at the Hospitalito and conducting a community health survey in Santiago Atitlán. I first met the directors of the Hospitalito with several other classmates in March on GHI's global health spring break trip, at which time the need for a community health survey in Santiago was identified. During our first two weeks in Santiago, my classmate Phil Lederer and I volunteered during the morning clinic hours in the Hospitalito, presenting patient histories to the doctors and shadowing their handling of a range of illnesses. These weeks were essential as an orientation to the functioning of the Hospitalito, and, at the same time, allowed us to receive input for the survey from all of the staff members. In the afternoons we conducted meetings with the Hospitalito directors, various community leaders, the government health post physician, and NGO public health experts to solicit their recommendations for the design of the survey instrument. This participatory approach proved essential for adapting (really overhauling) the WHO's "World Health Survey" to attend to local considerations. Community leaders and "Comité" members began to take personal interest in providing the support we'd need to conduct the project (such as finding Spanish-Tz'tujil translators, obtaining census information from the government, providing official letters of support, dedicating the efforts of other volunteers and Comité members to our project, and generally offering guidance to function effectively in local affairs).

In the third week we began to conduct household surveys door-to-door. The respondents were usually honored to take part, recalling experiences of illness and health care access and contributing ideas to improve the Hospitalito. Some respondents went into great detail about their experiences of infirmity in a town under siege throughout the armed conflict. The survey seemed to act as an opportunity for many to tell their story in a safe, occasionally cathartic, environment that will hopefully enhance the "gringo" doctors' ability to understand the context of suffering and disease locally.

We have a ton of data that we've begun analyzing to provide a report to the Hospitalito. We hope to highlight prominent areas of need which merit more focused community health research and the development of targeted health promotion projects. The "Comite" of the Hospitalito is very supportive of the continued participation of Penn Med students in their community research and promotion projects.

Tips for future program participants:

The student leaders and faculty advisors of GHI are continually in contact with the Hospitalito, coordinating Penn's presence to support a constructive collaboration that supports the Hospitalito, benefits the community of Santiago, and offers valuable learning experiences for Penn Med and Nursing students. If you want to get involved, it is helpful to develop ideas for the area of work in which you'd like to contribute; however, it is important to be flexible because the community needs (as assessed locally) should help mold or even redirect your research goals or project focus. In general GHI takes a participatory approach to community health projects that engages local experts and stakeholders who will add experience and credibility to the project and help assure that the knowledge it produces will benefit the community.

If you'd like to get involved (during school year 2005-2006), feel free to bounce ideas off me ([jschram@mail.med.upenn.edu](mailto:jschram@mail.med.upenn.edu)), Phil Lederer ([plederer@mail.med.upenn.edu](mailto:plederer@mail.med.upenn.edu)), and Shannon Barkley ([sbarkley@mail.med.upenn.edu](mailto:sbarkley@mail.med.upenn.edu)) detailing the kind of work you'd like to do so that we can discuss how it might fit into the overall project. We will communicate your ideas to our advisors, who will help nurture your idea and present it to the Hospitalito. I strongly recommend you look for outside sources of funding to supplement any money you may receive from Penn's Global Health Office. A David Rogers Fellowship from the New York Academy of Medicine ([www.nyam.org/grants/rogers.shtml](http://www.nyam.org/grants/rogers.shtml)) enabled me to hire translators (as most of the interviews were in Tz'tujil) and pay for various other project-related expenses. By developing your project ideas in advance with feedback from our advisors and the Hospitalito doctors, and then laying groundwork at the Hospitalito during the annual global health spring break trip, you can piece together a compelling application and increase your chances of securing an outside source of funding. (I should add that while many of these recommendations apply to community health research or service-based contributions to the Hospitalito, there is also the opportunity for MS3s or MS4s to focus on clinical skills in a low resource setting.)

#### Difficult aspects of the experience:

Before hooking into the GHI-Hospitalito project, please consider some of the hardships you might face (in addition to bowel irregularities). In the recent past Santiago Atitlán suffered enormously during the Civil War – about 5% of the population died or “disappeared” between the late 70s and 1990. When exploring any number of chronic health conditions, you will encounter unsettling stories of trauma that frequently relate to the onset of disease. Listening to these stories is essential to get a full picture of the landscape of illness in Santiago. It also makes working on community health in Santiago an emotionally trying experience.

The expulsion of the military in 1990 (after it committed a massacre of peaceful civilian protestors) ushered in an era of peace in Santiago. Precautions should be taken to minimize the risk associated with work of this sort. After receiving proper local orientation, it is safe to live in Santiago nowadays. Like Phil and I, two female Penn nursing students (Marilyn Arenas and Nancy Etzel who finished the survey where we left off) experienced no notable problems.

Besides safety, it is important to know in advance that the convergence of disparate parties that enabled the Hospitalito to reopen is at the same time a great strength and weakness. An American NGO, a local grassroots organization, American and Tz'tujil doctors and nurses, and resident expat “gringos” all play a significant role in the functioning of the Hospitalito. There are some differing opinions as to how the Hospitalito should be run (for example, in the implementation of a sliding pay scale – doctors want to assure affordable care for all while directors want to guarantee the Hospitalito never closes for a lack of funds) and some varied visions for the future of the Hospitalito. These discrepancies can be frustrating for everyone involved, but thankfully the structure of the Comité moderates the differing viewpoints. In the end, I think drawing from the expertise of the various parties, learning about their respective visions, and integrating all of their perspectives into my own outlook served as a valuable learning opportunity that should help prepare me for similar situations in the future.

Be assured that GHI will help you minimize many of the difficulties that you may face. GHI will help you arrange housing and hook you into local networks to help assure a safe, satisfying, and productive experience that synchs with ongoing health promotion efforts in the community.