

General Medicine, Gynecology and Pediatric Clinics

All General Medicine, Gynecology and Pediatric patients are admitted to the clinic through the general entrance. Patients will receive Albendazole before proceeding to triage. Triage staff and volunteers will then refer the patient to the appropriate clinic, as follows:

- Gynecology - women of reproductive age who present with problems related to women's health, including possible pregnancy.
- Pediatrics - patients 17 years of age or younger (boys or girls), unless presenting with a women's health issue.
- General Medicine – all patients who are not referred to either Gynecology or Pediatrics or another specialty that the team has brought.

Once triaged, patients will wait in designated areas and local Volunteers will call the patient in to the appropriate clinic to ensure that they are seen in order. In the General Medicine and Pediatrics Clinics, several providers will be stationed in one room, and tarps will be used to create one space for private examination. In the Gynecology clinic, tarps will be used to partition the room so that each provider has a private space in which to examine patients. Providers will receive information during orientation about what supplies and equipment will be available to them in their clinic. Providers record their consultation notes, diagnoses, diagnostic or other procedures (such as EKG, ultrasound, blood pressure), and prescription (including orders for ambulatory aids) on the patient's triage form (refer to instructions and example form in the Appendices). Providers may also send patients to the laboratory for basic tests.

Once the consultation is completed, the provider tells the local volunteer that the patient is ready and sends the patient to either the pharmacy (if no referral required) or the referrals clinic (the referrals clinic will ensure the patient receives their prescription).

Family Practice Physicians, Internists, Nurse Practitioners, Nurses, Gynecologists and Pediatricians all serve in these clinics. Together, these providers care for approximately 450 patients daily.

Team Doctor

The Team Doctor is responsible for the health of the team. **The Mission Coordinator should assign the physician before the team leaves the United States** and consideration should be made to fit the most qualified person to this role.

Duties Prior to Working in Guatemala

Identify Self to the Team.

The Team Doctor should identify him or herself to the team at the pre-trip meetings or via email.

Request Pertinent Confidential Health Information from Team Members.

- During the first team meeting, the Team Doctor should request that all team members provide all health information that could impact them while in Guatemala.
- The Team Doctor should also request team members to inform him or her of immediate allergy concerns directly following the team meeting.
- In the event that all team members are not present at team meetings, the Team Doctor should request this information via email.
- The Team Doctor should impress upon the team members the importance of informing him or her of conditions that may arise in order that the Team Doctor may respond promptly to any emergency.
- The Team Doctor should inform team members of the possibility of traveling long distances via bus and possibly other modes of transit and instruct them to bring motion sickness medication on the trip, should they suffer from motion induced nausea.

Review Volunteer Emergency Protocols.

The Team Doctor should review the Volunteer Emergency Protocols in the General Leadership Manual for heart attacks and other emergencies that could happen to a team member. The Team Doctor should review the contents of the First Aid/Common Ailments Kit and STAT Kit that will be made available to them in-country.

Duties While Working in Guatemala

Request Pertinent Confidential Health Information from Team Members.

At the first team meeting in Guatemala, the Team Doctor should *again* request any confidential health concern information that was not previously given during the pre-trip meetings.

Identify Emergency Kits.

- The emergency kits consist of a First Aid/Common Ailments Kit, STAT Kit, and a defibrillator.
- The Guatemala staff person will make sure the kits are restocked and ready. It is the responsibility of the Team Doctor to pick up the emergency equipment at the Antigua hotel when the team first arrives in Guatemala and leave the equipment at the Antigua hotel before the team departure out of Guatemala. The Team Doctor should know where the emergency kits are at all times during the trip. The Team Doctor should inform the entire team of his or her room number and inform them that emergency equipment is in that room, particularly in the case of an emergency at night.

- The Team Doctor should become familiar with the equipment and make sure that it is working. Check to see if the kits are stocked with everything you would anticipate needing.

Know the Volunteer Emergency Protocol Process.

The Team Doctor should be aware of the Volunteer Emergency Protocols and should carry a copy of it with him or her throughout the week. Please see the General Leadership Manual.

Assess Evacuation Necessity.

Determine if emergency medical transportation to return to the U.S. is necessary for the volunteer. The Team Doctor should notify the Faith In Practice staff immediately if there is a medical emergency. The in-country staff will have the contact information for Gallagher Charitable (evacuation insurance) and other group policy information.

Pharmacy Program

1. Pharmacy Director Role

The Pharmacy Director is responsible for managing the pharmacy in the clinic.

Review the 2018 Pharmacy Formulary no later than 60 days prior to departure. If additional medications are required for your team, please work with your Mission Coordinator to ensure the information required by customs is submitted on time.

Pharmacy Formulary:

At the end of the season, the Pharmacy Committee reviews comments from Team Member and Leader assessments and evaluates the medications teams were not using and the medications teams were running out of. This is how the Pharmacy Formulary is determined.

Duties Prior to Working in Guatemala

- Review the Pharmacy Formulary with the Mission Coordinator and determine any additional needs.
- Distribute the formulary to the physicians as early as possible for their review so they become familiar with the medications available.
- Review and distribute the Prescribing and Pharmacy Information laminate (see Appendices) to the physicians.

Duties While Working in Guatemala

- Provide training to pharmacy team volunteers and staff and oversee the implementation of the village clinic pharmacy protocol outlined below.
- Compile small bags of vitamins for the Guatemalan volunteers. Give these bags to the local Volunteer Leader for distribution at the end of the day or week.

Please keep track of what medications your team ran out of and/or requested. This information should be entered into your team member assessment (emailed to you at the end of your mission week). Contact the Houston office with questions.

2. Pharmacy Supply Readiness Check

The Pharmacy Director should check the pharmacy supplies daily in the village and confirm readiness for the next day's clinic.

The Pharmacy Director should brief the team providers on the medication shortages that may have occurred throughout the week. Each doctor must have a copy of the medicine formulary so they are able to prescribe from it.

The Pharmacy Director **must** keep the Mission Coordinator apprised of supply changes or "outs" of medications throughout the day.

3. Pharmacy Daily Set-Up

The Faith In Practice leadership will locate the Pharmacy in an area that will have enough space to accommodate the number of people working in the Pharmacy. In addition, the area will have protection from the patients. A walk-up table to claim the medications will be fashioned, with chairs in front for the patients to wait. A tarp may be erected to give shade for the patients and/or pharmacy. **Faith In Practice**

leadership will try to set up the pharmacy as close to an exit as possible, as the Pharmacy will be the last station for most patients.

4. Pharmacy Process and Patient Flow

a. Intake:

- Local Volunteers or Faith In Practice staff meet the patients coming from the exam areas and collect their Triage Forms, making sure they collect all forms in the family. They will clip multiple forms of a family together and place them into a “families” stack. Individual patients are in another stack (Faith In Practice personnel will provide these boxes).
- These volunteers give the family representative or individual patient a number and ask them to sit in the waiting area. The number system is used to assist people in being seated in the designated area and to ensure they will receive their medications in proper order.
- The volunteers will write the patient number in the top left-hand corner of the Triage Form.
- It is important that the patients **not** be allowed to wait near the Pharmacy, but to call the patients to the pharmacy desk to receive their medication and instructions.

b. Prescriptions:

- The Pharmacist and/or his or her assistants fill the prescriptions as noted on the Triage Form, sign it, and then place it on the table with the medications on top of the form in the order it was filled.
- Non-Pharmacist volunteers serve a very important role in filling non-prescription drugs and dispensing them to the patients. Our volunteers are permitted to fill prescriptions with supervision by a nurse, doctor, or registered pharmacist, a system which is very different from that which the pharmacist is familiar with at home. The pharmacist may act as teacher and mentor to Faith In Practice volunteers.
- A team volunteer interpreter can be working in the Pharmacy filling simple scripts while the village volunteer is explaining the medications to the patients (this method empowers and embraces the local volunteers, showing that we value their contributions). This method of labor division also leverages our personnel, so that we have people who can keep the flow moving.
- The Referrals Station will be sending a “runner” to the pharmacy with Triage Forms of the patients waiting in the Referrals Area. **Please give those forms priority in filling the medications so that the Referrals Station can depart at the end of the day with the pharmacy at the same time.**

c. Dispensing:

Non-Prescription Dispenser

A non-prescription dispenser can be a lay person from the team or a Faith In Practice staff member who is trained by the team Pharmacy Director to fill individual patients’ scripts, if the script consists only of the medications checked in the Non-Prescription Area on the Triage Form. If there are other medications requested in the “Write-in” area at the bottom of the triage form, these scripts must be filled by the Pharmacist. The person filling the Non-Prescription Medications should work in the same area as the pharmacy workers but have the responsibility of collecting the triage forms from the intake area that are Non-Prescription as described above.

Please cooperate with the Faith In Practice staff and implement this procedure. The pharmacy volunteers may not realize that the patients have been waiting in the hot sun all day to see a doctor and then will have to wait again for their medicine before they can go back to work or home to tend to their families. This creates a great deal of stress for them in addition to their illness. We can alleviate

some of this stress and anxiety by moving the waiting patients that have non-prescription medicines through more quickly.

Prescription Dispenser

- Prescription drugs or dosage requirements need to be explained by the volunteer pharmacist, doctor, or nurse with the best language skills so that we are sure the patient understands the instructions. If needed, please use the help of the drivers that are helping in the pharmacy to explain the instructions to the patients.
- The volunteer assistants pick up the oldest Triage Form, with medications on top, and call out the number. The volunteer confirms the family's name and matches the number on the Triage Form to the number the patient or family is holding. The volunteer should first take the number from the patient and replace it on the board for reuse. (The volunteer should return the number to the board **before** speaking with the family to prevent loss of numbers.)
- The volunteer then explains the dosage instructions to the patient(s).
- A separate bag for each patient is necessary for families, with each family member's name on their own bag. Alternatively, the volunteer can write on the medication label the name of the patient, so the parent will not confuse the medications. All bags are placed into the one-gallon bag for the parent.
- Under **NO** circumstances are we to give medications to children without parents present.
- After explaining the medications dosages, the volunteer places the form in a box provided for this purpose.

Crowd Control

- Crowd control must be maintained.
- The VMCD will instruct the Volunteer Leader for a space for approximately 25 people to sit (benches, chairs, etc.).
- It is key that waiting patients have seats, so they are not standing in front of the doors of the Pharmacy. The patients can be controlled and managed when seated. If the pharmacy team sees that there are not enough chairs, they should inform a Faith In Practice staff person or local volunteer to obtain more chairs or benches.
- If there is no seating available, volunteers/pharmacy staff shall ask the patients to stand away from the Pharmacy and rope off the Pharmacy area.
- The person that is calling the patients to the Pharmacy can help keep the patients calm by reminding them that by being seated they are helping the flow of traffic and they will be processed in order of the prescriptions being filled. Some prescriptions take longer to fill than others. One of the objectives for our non-prescription dispenser is to move patients through the pharmacy rapidly, aiding in maintaining crowd control.
- A local Volunteer and/or one police officer should make sure that after receiving the medications, the patient leaves the clinic area to keep the amount of people inside the clinic grounds to a minimum.
- The clinic is a big event for the people of the area to come and witness and spend the afternoon for entertainment. So, please maintain control politely. It is possible to be both nice and firm.

Laboratory

Each village team will be equipped with a basic laboratory. Please note that the laboratory has limited resources and therefore physicians should be careful not to order any unnecessary tests. Ideally, a team should bring two laboratory technicians.

Lab tests available in the 2018 season are:

- Pregnancy
- Urine
- Hemoglobin
- Blood pressure
- Blood glucose
- Temperature

An EKG and an Ultrasound machine will also be available in the villages.

Role of Laboratory Technician:

- Technician should ideally have a medical background and speak Spanish.
- If the technician is medical but does not speak Spanish, an interpreter is required.
- The lab technician will review lab trunk contents list found in the **Appendices**.
- The lab technician will review instructions on hemoglobin test meters found in the **Appendices**.

Interpreter

Duties While Working in Guatemala

Interpreters are critical to the success of Faith In Practice village medical clinic missions and may be called upon to do a number of tasks during the mission week, including:

- Translating between the physician and patient during triage to support the physician in assessing the health-related issue.
- Translating between physicians and patients, and pharmacists and patients, to communicate key information on clinic days.
- Translating between physicians and patients' families.
- Translating consultations in special clinics, such as dental and audiology.
- Supporting the Team Clergy to communicate with patients and families.
- Facilitating a connection between fellow team members and Guatemalans by translating speeches and prayers at gatherings.

Important Information:

There are roles for Spanish-speakers of all levels, from medical to pastoral to conversational. We will be providing team leaders with additional tools to help them assign their interpreters to specific roles.

It is of utmost importance that interpreters assigned to translate medical information have the skills to do so.

Clergy/Spiritual Leader

The Clergy/Spiritual Leader is a role with the following primary purposes:

1. Provide presence, comfort, prayer, and pastoral care to patients.
2. Conduct daily devotionals designed to guide and frame the experience for the team, standing in the Christian tradition while creating space for those of other traditions and creating opportunities for team members to share their experiences;
3. Be available and seek out opportunities to support team members as they navigate these daily experiences in ad hoc moments;
4. Provide leadership in the context of conflict resolution and crisis management in conjunction with team leaders and staff.

Spanish skills are important in this position, but if unavailable an interpreter must be used for assistance. Remember: if utilizing an interpreter, **the Spiritual Leader should speak directly to the patient and not to the interpreter.**

Duties Prior to Working in Guatemala

Leadership

As you are expected to fulfill a leadership role, it is important that you uphold the guidelines and standards set forth in this Handbook. Therefore, please review the following before arriving in Guatemala:

- Faith In Practice Standards and Guidelines
- Patient Emergency Communications and Management Plan (General Leadership Manual)

Pastoral Care for Volunteers

1. Communicate with the team. Please use the Volunteer Portal login link in point 2, below, to communicate with each team member, introducing the topics or spiritual theme of the devotional times prior to arrival in Guatemala.
2. Pray for the team. Access team contact information online by logging onto <http://volunteer.faithinpractice.org/login> and use this team list to pray for the whole team and the trip.
3. Pray for the patients. The patients and the families you will see are already awaiting your arrival. They have the date, the place. Please pray for them as they are praying for your arrival.
4. Actively recruit prayer partners. Seek prayer support for the trip from local church and other contacts (prayer chain, email prayer group). Encourage all contacts to read the trip blogs during the week of the trip to learn more about Faith In Practice, see the work of the team and involve their local community in the ministry of Faith In Practice.
5. Prepare a devotional booklet. This booklet should be given to each volunteer with a well thought out program of spiritual enrichment and contemplation concerning basic Christian principles as outlined in the “Spiritual Mission and Goals of Faith In Practice,” providing a place to journal, and words to songs. (Sample materials are available. Please contact the Houston office for suggestions and samples.)
6. Decide on a plan for music. Some teams include someone gifted in playing the guitar or leading singing.
7. Prepare personally. This experience is an opportunity for renewal and challenge for you personally. In so preparing, not only will you benefit, but so shall the volunteers and patients under your care for the week.

Pastoral Care for Patients

1. Understand the circumstances of our patients. For most of our patients, each day is filled with hard, physical labor: digging in the fields, caring for many children, carrying water and food. The following is a brief description of some of the challenges our patients face that make the recovery more difficult than their North American brothers and sisters. Many of our patients:
 - Travel long distances, with hope and anxiety. Many have been waiting for care for years. For many, this trip is made by foot, bus, etc., and it is their first time away from a remote village area.
 - May not speak Spanish and do not read or write. And yet they are filled with poetry and wisdom, which should be met with respect.
 - Live in homes with dirt floors and/or walls made of adobe or branches lashed together.
 - Do not have enough money to travel or for food during the journey.
 - Have never had a checkup or a complete physical before.
 - Face prejudice and mistreatment by other Guatemalans who consider them ignorant or unworthy.
2. Pray for the patients. The patients and the families you will see are already awaiting your arrival. They have the date, the place. Please pray for them as they are praying for your arrival.

Duties While Working in Guatemala

Pastoral Care for Volunteers

1. Participate fully with the team in all activities and programs.
2. Lead the prayer and introduce the theme for the week at the first team meeting in-country.
3. Plan and present the devotionals and services every day, incorporating events that occurred the day before in the context of the spiritual setting.
4. Practice hospitality, acknowledging the diversity of the team, seeking always to be inclusive of all members, which can be done without compromising personal beliefs.
5. Make yourself available to team members for private conversations.
6. May plan evening “sharing” or additional devotional or singing.
7. Provide support and pastoral care to team members, Guatemalan volunteers, and staff in the case of difficult cases or circumstances.

Pastoral Care for Patients

1. Spend time with patients as they wait to see team members.
2. Listen to their stories and pray with them.
3. Be present when difficult news is given by a practitioner.

Pastoral Leadership

1. Calming Presence. At times, there are emergencies or internal team conflicts that arise on trips. When these matters arise, you should play a role in leadership in getting ahead and/or managing the situations in order to lend calm and perspective.
2. Share God’s Love. Most importantly, the Spiritual Leader should let the love of God flow through him or her to the patient and the family. Kindness, patience, vulnerability, and compassion are the most important things you can bring to this privileged position.

Faith In Practice Wheelchair Clinic Program Overview and Role Descriptions

Introduction

In Guatemala, there are many people with disabilities who often live in isolation and do not have access to the same opportunities as others within their communities.

In 2016, Faith In Practice launched a pilot program providing wheelchairs to patients through a limited number of Village Medical Clinic and Hilario Galindo Surgery teams. In partnership with a U.S. non-profit organization, our wheelchair teams assembled, custom-fitted, and distributed more than 300 free wheelchairs to patients with disabilities. Our goal was to provide a custom-fit chair that could be easily repaired should problems arise. We expanded the program in 2017, fitting over 1,000 patients for wheelchairs and at the same time providing them with a medical clinic visit.

The Wheelchair Program is truly life-changing for our patients, their caregivers, and consequently, our volunteers.

Wheelchair Delivery Process

The wheelchair delivery process consists of four steps:

1. General Clinic Visit. A medical provider will screen our patients before they see the team therapist. This ensures that patients don't present a medical problem that might become complicated if they were to receive a chair (for example, pressure sores). Patients may also be referred for other treatment not available in the Wheelchair Clinic, such as different types of surgery, audiology consults, colposcopies, and others. A limited pharmacy is also provided.

2. Assembling. The wheelchairs are boxed according to size and shipped unassembled. They are then put together by our volunteers in Guatemala using hand and power tools. To ensure the best fit for our patients, wheelchairs are available in four sizes: S, M, L, and XL. Volunteers working in this area need to be flexible regarding their roles, as they may need to help in other areas of the clinic, particularly if a physical therapist requests that a chair be modified. Volunteers working on assembly must also be able to lift up to 50 pounds.

3. Fitting. It is important to ensure that each patient receives a well-fitting wheelchair. To accomplish this, volunteers working in this area will take patient measurements and adjust the chair to fit each individual's physical needs.

4. Training. Users, caregivers, and relatives need to be educated about the safe and correct use and maintenance of the wheelchairs. The volunteer working in this area, most often a physical or occupational therapist, provides a user manual and contact information for the Wheelchair Program Coordinator. He/she also will demonstrate the chair's proper use and teach stretches and exercises to prevent bed sores and maintain upper body strength.

Wheelchair Team Roles

The Wheelchair Team consists of the following roles:

- 1 Medical Provider (MD or NP)
- 2 Physical or Occupational Therapists
- 2 Therapist Assistants
- 2-3 Assemblers
- 1-2 Interpreters/Translators, depending on Spanish level of the provider and therapists
- 1 Technical Assistant (Guatemalan Contractor)
- 1 Mobility Program Coordinator (Faith In Practice Staff)
- 1 Mobility Program Assistant (Faith In Practice Staff)

Faith In Practice Wheelchair Clinic Program Overview and Role Descriptions

Volunteer Role Descriptions*

❖ Medical Provider (MD/NP)

The Medical Provider serving in the Wheelchair Clinic will provide a health evaluation for each patient that receives an invitation for the Wheelchair Clinic. Following established guidelines, the provider will determine if the patient physically qualifies for a wheelchair. The provider also will have access to a formulary for dispensing medication to patients, as well as wound care materials. The medical screeners may also refer patients to surgeries or other treatments.

❖ Physical or Occupational Therapists

The PT or OTs on each team will assess the patients after they have seen the Medical Provider and received a prescription for a wheelchair. The therapists will measure the patient and fit them with the chair, and then provide training on how to build up sit time, transfer in and out of the chair, and any other relevant training. This position requires the ability to:

- Fit the standard wheelchair and make small adjustments to the chair.
- Determine if the patient cannot be fit to the standard chair and might benefit from a specialized chair.
- Show the caretaker the use of the wheelchair.
- Answer any questions or doubts.
- Ensure that patient and families know prevention of pressure sores.

❖ Assemblers

In the beginning, it will take between 30-40 minutes to assemble a wheelchair. However, with practice, assembly will go more quickly. This position requires the ability to:

- Attend the training at the start of the mission week and follow instructions to assemble according to established guidelines.
- Lift up to 50 pounds.
- Organize wheelchair parts and tools.
- Work on tables or floor.
- Use different tools (like wrenches and power tools).
- Flexibility to make modifications or disassemble wheelchairs as required.

❖ Therapist Assistant

The Therapist Assistant may be the role which requires the most flexibility, as this person will be helping therapists modify and fit the chairs, assisting in patient flow, and providing training to patients and family members. The Therapist Assistant may also be responsible for patient transport. This role requires the ability to:

- Communicate well with the patient (with the support of an interpreter, if needed) and work together with the patient to ensure the wheelchairs fit correctly.
- Work with the patients and families (may be needed to help move patient from one size of wheelchair to another).
- Take measurements with a measuring tape.
- Use different tools (like wrenches).
- Make adjustments to the wheelchair.
- Fill out forms.
- Under the direction of the therapist, assist in fitting village patients with canes, crutches, and walkers, as needed.
- Push patients in wheelchairs up and down ramps and across flat surfaces.
- In addition to these skills, the ability to communicate in Spanish is a plus.

Faith In Practice Wheelchair Clinic Program Overview and Role Descriptions

❖ Interpreter/Translator

Interpreters/Translators are critical to the success of Faith In Practice Village Medical Clinic missions and may be called upon to do several tasks during the week, including the following:

- Interpret between physicians and patients, to support the physician in assessing health-related issues and to communicate key information.
- Interpret between the therapist, the patient, and patient's family.
- Assist fitters in adjusting wheelchairs if needed.

❖ Technical Assistant (Guatemalan Contractor)

The Technical Assistant is contracted from partner organizations to assist therapists and assemblers. These technical assistants have worked on special wheelchairs for many years and are able to provide help with difficult-to-fit cases. Adaptation kits, provided by Faith In Practice, are assembled and fitted by the technicians to help with difficult cases. The technician may also provide insight on living in Guatemala with a disability.

❖ Mobility Program Coordinator and Assistant (Faith In Practice Staff)

The Mobility Program Coordinator and Assistant are Spanish-speaking staff members who ensure that all aspects of the clinic are running smoothly so that the medical provider, therapists, and assemblers have all the resources needed to successfully meet patient's needs. They will:

- Provide guidance to both medical and therapy providers in the services that the program offers.
- Assist volunteers in meeting patients' needs with culturally-sensitive communication.
- Ensure that patient flow is appropriate so that patients are seen by both the Medical Provider and Therapist in a timely manner.
- Work with the patient and family.
- Show the caretaker the use of the wheelchair.
- Answer questions or concerns.
- Ensure that patients and families know who to contact in case of problems.
- Complete the checklist that is required to be filled out for each user.

**Please remember that roles may shift or adjust depending on the team make-up and needs that arise during the mission trip. Please be flexible.*