

Surgeons

Duties Prior to Working in Guatemala

Please familiarize yourself with the protocols of the hospital in which you will be working. See the following sections in this manual or Appendices:

- Emergency Protocol for Patients
- Blood Products Awareness Laboratory and Tests
- Triage Clinic Procedure Rules of the OR
- Post-Op Care, Documentation and Discharge Scope of Care
- Pain Management Protocols
- Spanish Cheat Sheet (online resource on volunteer portal)
- Surgical Patient Database Manual (online resource on volunteer portal)
- Surgical Safety Checklist

Duties While Working in Guatemala

Triage Clinic

- 1) The surgeon examines each patient, determining whether surgery is appropriate or not, keeping in mind the hospital's Scope of Care (see the **Scope of Care** document in this Surgery Protocol for Obras or Hilario Galindo).
- 2) If the patient is a surgical candidate, the surgeon marks on his or her **Control Sheet** (see Appendices) the details of the patient, the surgery to be performed, and the anticipated duration of the surgery (including anesthesia time). Surgeons must give the patient their surgery date before they leave the surgeon's room.
 - a) **Do not give the patient a surgery time; all Obras patients are told to arrive at 6 am and all Hilario Galindo patients are told to arrive at 6:30 am.**
 - b) **Do not change the surgery date after the patient leaves the room unless absolutely necessary. Oftentimes, it is difficult to contact the patient after he or she leaves Triage Clinic Day, therefore, changing the date causes problems later in the week. Of course, adjusting the patient order within each day is not an issue.**

Please note: The hospitals have requested that Faith In Practice physicians and volunteers **do not** discuss administrative matters with patients, including:

- What time the patient's surgery will be and what time they will need to arrive at the hospital,
- Whether the patient and/or family member can stay at the Casa de Fe or Casa de Milagros,
- Whether the patient will be asked to bring blood donors (Obras only)
- The patient donation or cost of the surgery, or
- The date of referral to another surgeon or surgery team.

The hospital has its own process to ensure that all patients are prepared for their surgeries. Please refer patients with these questions to hospital or Faith In Practice in-country staff.

- 3) When scheduling, the surgeon should keep in mind the OR hours (7:00 a.m. to 5:00 p.m.) and anesthesia and turnover time. In addition, the surgeon should attempt to schedule:
 - All babies and children first in the day
 - Patients from further distances early in the week

- More complex cases earlier in the week to allow the team to observe the patient longer prior to the team's departure

For questions about scheduling, collaborate with Faith In Practice in-country staff. At the end of Triage Clinic, in-country staff will help the surgeons reorder their cases for each day.

- 4) The surgeon completes the Triage Form (see Appendices) which is attached to the patient's chart:
 - PLEASE print clearly on Triage Form. If needed, please request a support person from your team to write for you.
 - Do not use abbreviations. Please keep in mind that those entering the data are often not medical professionals.
 - Surgeons must select one or more procedure codes from the code list. Choose the codes that most closely match the planned procedure. If there is no appropriate code, choose “x999”, and write the name of the procedure on the “Procedure Description” line.
 - If the patient will need additional blood work or examinations prior to surgery, note it on the triage form, AND write the order on the appropriate form and attach it to the top of the patient's chart. If you need to order a test that is not one of the standard exams listed above, complete one of the laboratory forms and attach it to the top of the patient's chart (information about each hospital's laboratory can be found in the appendices, in each hospital's emergency protocol). If the patient needs a test that cannot be done at the hospital, such as cardiac testing, a CAT scan (available at Obras Sociales) or MRI, ask your Faith In Practice in-country staff for assistance to write a referral.
 - The length of procedure should not include turnover. Surgeons must factor in 20 minutes turnover when totaling their surgery hours for each day.
- 5) If the patient will be operated on by two or more surgeons of **different specialties, each surgeon** must complete and sign a separate triage form.
- 6) If the surgeon sees a patient that they will not put on their surgery schedule, the surgeon completes the “Non-Surgical Visit” section of the triage form. If a special referral is needed for further treatment, please notify in-country staff to facilitate the process.
- 7) Surgeons will be provided with a list of medicines available for dispensing to surgical and non-surgical patients on triage day, free of charge. Surgeons may write prescriptions for the patient at this time.
- 8) During Triage Clinic Day, the surgeon should review the hospital's Pain Management Protocols (see the **Pain Management Protocol** in the Appendices) and inform the team pharmacist what discharge home medications he or she intends to use and in what dosages so that the pharmacist can begin to pre-bag these take-home meds.

Important Information:

If the surgeon decides during Sunday Triage Clinic Day that a patient will need blood during or after his/her surgical procedure; the surgeon should immediately contact program staff so that they can make arrangements for blood to be available.

Please note: The availability of blood may affect patient scheduling.

Surgery

- 1) Before beginning and ending a case the surgeon, anesthesia provider, and circulator must do a timeout. Please refer to **Surgery Safety Checklist**. This form is to be used on every case.
- 2) After completing a case, the surgeon, with assistance of the clergy and an interpreter, speaks to the patient's family. This communication with the family is very important. If it is a long surgery, the surgeon should send a message out to the family during the procedure to inform them of progress. Please note that it is the hospital's policy that only one family member be invited into the patient entrance to discuss the patient's surgery.
- 3) At the end of each case, the surgeon is required to complete all charting in the hospital's Patient Database. The surgeon must print and sign the report and forms before the patient leaves the OR area. **The Record of Operation and order forms must be completed immediately after surgery so that the complete chart can be transferred with the patient to post-op.**

This includes:

- a) **Record of Operation:** describe the operation, unusual findings, complications, approximate blood loss, and any specimen sent to pathology. Ensure that each planned procedure is listed and subsequently confirm the procedures actually performed by indicating that the procedure was "realized". Any additional procedures must be added to the Record of Operation. Every Record of Operation must contain a minimum of 50 words.
- b) **Post-Op Orders Form:** these orders carry through until the following morning's rounds. Orders can be modified the following morning during rounds or through the Ward Physician/Nurse.
- c) **Discharge Orders Form**
- d) **Pathology Form (if applicable)**

Delicate Situations

If a delicate situation arises in the OR, such as a complication, cancer, or canceled surgery, immediately notify Program Director and Chief of Surgical Unit (Obras)/Medical Director (Hilario Galindo). A representative of the hospital should be present with the practitioner when communicating with families in these situations.

Obras Observation Unit:

We ask that surgeons refer to the hospital's Pain Management Protocols when writing orders for pain medicine. Work with the Team Pharmacist to identify available medicines for post-op and discharge.

When completing Post-Op Orders each surgeon must determine whether the patient is to be transferred to the Observation Unit or to the general ward. Check the Observation Unit box near the end.

Please coordinate with the PACU nurses and Anesthesia Director to keep the Observation Unit full (6 patients) in order to best balance nurse-to-patient ratio in the wards.

*We ask that surgeons refer to the hospital's **Pain Management Protocols** when writing orders for pain medicine. Work with the Team Pharmacist to identify available medicines for post-op and discharge.*

Pathology:

Obras

The Obras requires the surgeon to complete a pathology form for all gynecology and urology specimens. For other specialties, the surgeon determines whether to send the specimen to pathology. Results are normally available in 3 weeks. For special cases, surgeons can order the pathology STAT, and the result will be available in several days.

Please communicate with in-country staff when ordering a STAT pathology.

Hilario Galindo

We ask that all gynecology specimens be sent for pathology. For all other specialties, the surgeon determines whether to send the specimen to pathology. Results are normally available in 3 weeks after the end of the mission. STAT pathology is available for special cases.

Rounding and Discharge

- 1) Keep a surgical schedule each day to ensure you do not miss patients on morning or afternoon rounds. This is particularly important at the Obras because, each day, the patients are moved into wards that are more distant from the main ward so that newly operated patients are closest to the nurses' station.
- 2) The quality of charting has a direct effect on patient care and can also affect the relationship between the hospital and Faith In Practice, so clear and consistent charting is critical. The writing **must be legible**; therefore, please use a scribe or have an interpreter write as needed. When rounding, the surgeon should document the following for **every post-op visit on each patient's chart** in order to ensure clear and consistent communication of instructions to the hospital staff, as well as accurate patient records.
- 3) When rounding in the mornings, the surgeon should speak directly to the Chief of Convalescent Care (Obras teams) or the Medical Director or the House Doctor (Hilario Galindo teams) about any complicated cases. Before the surgeon leaves the hospital each day, he/she should hand off his/her patients directly to the afternoon shift house doctor. The Ward Physician/Nurse or Faith In Practice in-country staff will help the surgeon facilitate this communication.
- 4) **Progress Notes:** Comments about the patient's recovery (progress notes) should be documented on the "**Evolución**" forms (see Appendices), **in Spanish**. The surgeon should use the SOAP method (subjective, objective, assessment, plan) when writing progress notes.
- 5) **Orders:** New post-op orders, such as new medications, removal of IV, and discharge orders, should be documented on the "**Ordenes**" form (see Appendices). Orders cannot be given verbally. **Surgeons must write orders in Spanish, or may dictate to an interpreter, and must write an order for each post-op visit, even if only to continue with previous orders.** Surgeons will be provided with a Spanish Cheat Sheet for commonly used phrases and words for charting.
- 6) **Discharge:** When rounding in the mornings, if a patient is to be discharged the surgeon must sign the printed Discharge form **and** write the discharge order on the "**Ordenes**" sheet. The surgeon should also communicate to the Ward Physician/Nurse which patients will be discharged that day.

When rounding at the Obras, the surgeon should also determine whether patients who are in the Observation Unit should be moved to the Convalescent Ward and write this order on the chart.

Convalescent Ward

Faith In Practice surgeons are often asked to see patients from previous weeks for routine post-op follow-up. For example, splint, suture, packing, catheter, and/or drain removal, etc. These visits will be coordinated by Faith In Practice in-country staff. Please allow time, if needed, in the morning to attend to these patients.

Should patients still be in the Convalescent Ward at the end of the week, the surgeon will need to transfer care to another physician. Therefore, he/she must **effectively communicate with Dr. Chacon and/or Dr. Pineda (Obras) or Dr. Huitz (Hilario Galindo), Faith In Practice program staff, and if appropriate, physicians from other visiting teams**. It will be important for the transferring surgeon to make sure that Record of Operation notes, post-op orders, and any recommendations are complete, in order, and legible. For Obras teams, the surgeon whose patient is remaining in the Convalescent Ward when he/she leaves should attempt to call the Mission Coordinator for the following team, if it is not possible to meet face-to-face prior to departure from Guatemala. Please coordinate with the Faith In Practice staff person who can assist with the exchange of information concerning these patients from team to team. The surgeon holds the ultimate responsibility for patient care transfer.

Anesthesia Director (AD)

The Anesthesia Director must be an MD anesthesiologist, according to Guatemalan law.

Duties Prior to Working in Guatemala

Obtain Non-Controlled Anesthesia, Peri-Operative, Post-Op, Discharge Medications.

Faith In Practice requests that each team obtain donated non-controlled anesthesia, peri-operative, post-op, and discharge medications several months before the trip date. If the team is unable to do so and Faith In Practice is informed in sufficient time, the office may be able to help procure meds for those teams.

Please refer to the [Supply and Medication Procurement](#) section of this Surgery Protocol for a complete list of all items provided for surgical teams as well as a worksheet to aid the team in determining what items need to be procured for the mission trip.

The following supplies and medications will be provided to the team in-country:

- Triage Clinic medicines
- Controlled medicines
- Medicines for patient emergencies

Triage Clinic Medicines

A trunk will be provided to the team on Triage Clinic Day with medicines to treat non-surgical complaints and to prep patients for surgery.

Controlled Medicines

Under Guatemalan law it is illegal to bring controlled anesthesia and pain medications into Guatemala. Therefore, Faith In Practice will be purchasing all such medications for surgical teams in Guatemala. A list of the controlled medicines Faith In Practice will be purchasing can be found in the [Supply and Medication Procurement](#) section of this Surgery Protocol.

Faith In Practice in-country staff will contact you to discuss your controlled medicines allocation.

Faith In Practice will always maintain a reserve supply of controlled medicines in-country if your team needs more. However, it is important for ADs to educate their anesthesia team about the difficulties of procuring controlled medicines in Guatemala; pharmaceutical companies in Guatemala are not as reliable, and their supply chains not as consistent as their U.S. counterparts. Therefore, to help reduce waste, we are asking Anesthesia Providers to save partially used vials, within the following parameters:

- 1) When drawing out, it must be a clean, uncontaminated needle every time; otherwise, it can only be single patient use.
- 2) If ampoule is glass with a broken off top, it should be covered with a tegaderm or equivalent if standing open for an extended period or between cases. An alternative is to draw the remainder into a syringe which can then be capped.
- 3) Propofol is the primary ampoule that has a 6-hour time limit after spiking/cracking before it must be discarded.

Medicines for Patient Emergencies

To reduce redundancies created by individual teams procuring costly and rarely used medicines for patient emergencies, Faith In Practice will be providing each team with a kit in-country to respond to the following patient emergency scenarios:

- Malignant hyperthermia kit

- Blood loss (blood volume expanders)
- Code (STAT Kit)*

A list of the contents of each of the above-mentioned kits can be found in the **Supply and Medication Procurement** section of this Surgery Protocol.

**For Hilario Galindo teams this kit is provided to serve both patient and volunteer respiratory cardiac arrest. For Obras teams, the kit is for volunteer emergencies as the hospital is equipped to handle a code. All Team Doctors will also be provided with an AED and a first-aid/common ailment kit for volunteers.*

Assist Mission Coordinator in Completing Required Customs Paperwork.

The Anesthesia Director is responsible for working with the Mission Coordinator and Customs Coordinator to complete customs paperwork by submitting a list of all medications he/she plans on bringing in-country. The Customs Coordinator must submit this form to the Houston office by 35 days prior to departure date. All medications must be in original packaging with visible expiration dates.

Failure to provide this list by the due date will result in all medications and supplies being confiscated at the airport in customs. Please refer to the **Customs** section in the General Leadership Manual for more information.

Identify and Select Anesthesia Care Providers.

The Anesthesia Director is responsible for the identification and selection of anesthesia care providers for his/her team and will identify the areas of experience and expertise of those team members.

As you recruit Anesthesia Providers, please be aware that the Quality Committee has issued the following standard of care regarding pediatric anesthesia.

If a team will be performing procedures on children less than 2 years of age, please collaborate with Mission Coordinator and surgeons to ensure the following:

- 1) One anesthesiologist is experienced in the care of children under the age of 2.
- 2) At least one recovery room nurse is experienced in the care of children under 2.
- 3) One anesthesiologist ensures that there are sufficient supplies in appropriate sizes to provide care for children under the age of 2.

Please familiarize yourself with the protocols of the hospital in which you will be working. See the following sections in this manual or appendices:

- Emergency Protocol for Patient Blood Products Awareness Laboratory and Tests
- Triage Clinic Procedures Rules of the OR
- Post-Op Care, Documentation and Discharge Scope of Care
- Pain Management Protocols Narcotic Reconciliation Form

Duties while working in Guatemala

Make Daily Anesthesia Assignments.

The Anesthesia Director will make daily anesthesia assignments, taking into account each team member's skills and preferences. Particular care will be taken with the anesthesia assignments for children, patients undergoing airway surgery, and patients with significant cardiac histories. In order for all patients to receive optimum care, anesthesia care team members may rotate rooms during the day, at the discretion of the Anesthesia Director.

Make Final Decisions on Patient Selection and Agent.

The Anesthesia Director will make final decisions about individual patients' fitness for surgery and anesthesia and will make the final determination about the type of anesthesia to be administered in the event of lack of agreement among the anesthesia team.

Please refer to the Anesthesia Provider role description for important information about the medical screening process. In addition to medical screening on Triage Clinic Day, Anesthesia Providers are also responsible for checking all patients in pre-op to ensure that they are still fit to undergo surgery.

Locate and Account for Emergency Medicines

Upon arrival at the hospital, the Anesthesia Director should locate the patient emergency kit and emergency medication (at Obras, the crash cart in PACU). Please ensure that kits are accurate according to the inventories provided. Speak to your program staff if there is a deficiency.

Important Information:

If there is not a licensed pharmacist serving on your team, the Anesthesia Director is responsible for maintaining a detailed inventory of the controlled substances used throughout the week, in pre-op, surgery, and recovery. The Narcotics Form has been designed for this purpose and will be provided to teams in Guatemala (see Appendices).

While each Anesthesia Provider is required to keep a detailed inventory of all controlled meds administered to each patient, it is the Anesthesia Director's responsibility to ensure compliance from all providers.

It is critical that the forms be completed entirely and correctly, to comply with Ministry of Health reporting requirements.

Determine Levels of Supervision of Non-Physician Anesthesia Team Members.

- CRNAs who are experienced in the practice of spinal anesthesia and epidural anesthesia, and who routinely perform these procedures in their daily practice, may perform these procedures independently, provided the Anesthesia Director concurs.
- In general, placement of peripheral nerve blocks and insertion of peripheral nerve block catheters will be done by anesthesiologists.

The Anesthesia Director should not be assigned to one OR; he/she should be free to float between the OR, recovery, and pre-op areas. The Anesthesia Director is responsible for all narcotics administered to patients during pre-op, surgery and recovery; therefore he/she needs to be available to provide direction, supervision, and assistance to nurses and other Anesthesia Providers at any time.

Anesthesia Provider

Duties Prior to Working in Guatemala

Please familiarize yourself with the protocols of the hospital in which you will be working.
See the following sections in this manual or Appendices:

Triage Clinic Procedure
Surgical Safety Checklist
Narcotic Reconciliation Form

Scope of Care
Rules of the OR

Duties While Working in Guatemala

Triage Clinic Day

- **The Anesthesia Provider is responsible for providing each patient with a thorough pre-op medical screening and completing the Anesthesia Pre-Op Consult Form accordingly:** if the surgeon decides a patient is appropriate for surgery, the patient will then be screened by an Anesthesia Provider, who will examine the patient, take a complete history, review the patient's tests, fill out the **Anesthesia Pre-Op Consult Form** (See Appendices: backside of Triage Form) and determine if the patient is healthy enough to undergo surgery.
- All patients over 40 will have been seen by an internist. The internist will have noted any condition, such as diabetes, hypertension or cardiac disease which they consider pertinent to the medical screen; please read these notes and recommendations.

Our partner hospitals have mandated that every surgical patient undergo the following tests and/or consultations prior to presenting for triage evaluation. While the requirements may seem conservative by U.S. standards, please respect the hospital protocols and ensure that all patients' exams are checked during their medical screen. (See chart below)

Obras:	Hilario Galindo:
All patients: Leukocyte count Hemoglobin/Hematocrit Entrosedimentation Leukocyte formula Prothrombin time Partial thromboplastin time Platelets	Patients over 40 years, cholecystectomy: Complete hematology; Rh blood group system; Blood sugar; Creatinine; TP; TPT; Liver function (TGO/TGP); Amylase (BBSS/GGT); HIV; Chest x-ray; EKG; Internal medicine consultation.
Patients over 40 years: Chest x-ray EKG Fasting glucose	Patients over 40 years, other surgeries: Complete hematology; Rh blood group system; Blood sugar; Creatinine; TP; TPT; HIV; Chest x-ray; EKG; Internal medicine consultation.
Cholecystectomy patients: Liver function Amylase	Patients between 15 and 40 years, all surgeries: Complete hematology; Rh blood group system; Blood sugar; Creatinine; TP; TPT; HIV; (<i>internal medicine consultation on a case-by-case basis</i>)
Urology patients: PSA	Patients under 15 years, all surgeries: Complete hematology; TP; TPT (<i>pediatric evaluation on a case-by-case basis</i>)
Cleft lip and/or palate patients: Nutritional consultation	Women of childbearing age: Pregnancy test (HCG)
Women of childbearing age: Pregnancy test	

- Be sure to ask patients for their test results. Often the results are folded up in their purse or pocket and the patient does not think to show them to the provider.
- We encourage each Anesthesia Provider to give patients feedback on their test results. Seeing a medical professional is a rare privilege for many of our patients. Hearing that they have a healthy heart or good blood sugar can be very encouraging for them.
- If you need to order a test which is not one of the standard exams listed above, complete one of the laboratory forms and attach it to the patient's chart (information about each hospital's laboratory can be found in the appendices, in each hospital's emergency protocol). If the patient needs a test that cannot be done at the hospital, such as cardiac testing, a CAT scan (available at Obras Sociales) or MRI, ask Faith In Practice in-country staff for assistance to write a referral.
- If the patient needs further tests, treatment, or a referral to internal medicine or a specialist prior to surgery, be sure to make a note on the anesthesia form AND write a medical order. Please work with Faith In Practice in-country staff to discuss referral options and ensure appropriate communication with patient.
- **If the Anesthesia Provider determines the patient is not a good surgical candidate, he/she consults with the surgeon and the surgeon removes the patient from the surgeon's handwritten control list. Please notify Faith In Practice in-country staff to discuss referral options and ensure appropriate communication with patient.**
- If the patient passes the screening, the Anesthesia Provider thoroughly reviews pre-operative instructions and explains the risks of anesthesia to the patient. Written instructions will be provided in Spanish by the hospital staff (Obras teams only). However, not all patients speak Spanish and not all Spanish-speaking patients will be able to read. Therefore, it is important that

all instructions are reviewed verbally. The patient will then proceed to the next station, the computer (Hilario Galindo) or hospital instructions (Obras).

- Anesthesia Providers will be provided with a list of medicines available for dispensing to surgical and non-surgical patients on triage day, free of charge. Prescriptions may be written for the patient at this time.
- Please note that, unless the patient has a special requirement, the hospitals have requested that Faith In Practice physicians and volunteers **do not** discuss administrative matters with patients, including:
 - What time the patient's surgery will be and what time they will need to arrive
 - Whether the patient and/or family member can stay at Casa de Fe or Casa de Milagros
 - Whether the patients will be asked to bring blood donors (Obras only)
 - The patient donation or cost of the surgery
 - The date of referral of another surgeon or surgery team

The hospital has its own process to ensure that all patients are well-prepared for their surgery. Please refer patients with these questions to hospital or Faith In Practice in-country staff.

Surgery Days

- Before beginning and ending a case, the surgeon, Anesthesia Provider and circulator must do a timeout. Please refer to the **Surgery Safety Checklist** (see Appendices). This form is to be used on every case.
- Complete the **Anesthesia Form** on each patient's chart (see Appendices).
- Please be mindful of the difficulties of procuring controlled medicines in Guatemala; pharmaceutical companies in Guatemala are not as reliable, and their supply chains not as consistent, as their U.S. counterparts. Therefore, to help reduce waste, we are asking Anesthesia Providers to save partially used vials, within the following parameters:
 - 1) When drawing out, it must be a clean, uncontaminated needle every time; otherwise, it can only be single-patient use.
 - 2) If ampoule is glass with a broken off top, it should be covered with a tegaderm or equivalent if standing open for an extended period or between cases. Alternative is to draw the remainder into a syringe which can then be capped.
 - 3) Propofol is the primary ampoule that has a 6-hour time limit after spiking/cracking before it must be discarded.

Pre-Op Nurse

Duties Prior to Working in Guatemala

Please familiarize yourself with the protocols of the hospital in which you will be working. See the following sections in this manual or Appendices:

Rules of the OR

Narcotic Reconciliation Form

Duties While Working in Guatemala

Triage Clinic Day

- **Work together with post-op nurses to set-up the pre-/post-op area.** Review the equipment, including monitoring, portable ultrasound, defibrillator, etc. Some equipment may be unfamiliar to you, so make certain that you know how to operate it.
- Review the emergency cart in the PACU against the provided inventory.
- Set up the pre-op/PACU with an assortment of oxygen equipment (masks, tubes, cannulas, etc.), IV supplies, syringes, and other supplies in a manner that makes sense for your team. Make sure you know how many oxygen flow meters are available.

Obras Teams: Please speak to the OR staff assigned to pre-op and/or the OR Nurse Manager on Triage Day to coordinate pre-op practices, prior to the beginning of the surgical week:

- Starting IVs in children
- Standard IV antibiotics
- Cleaning procedures between patients
- Timeout and transfer procedure

Surgery Days

- At least 1 hour prior to surgery patients are escorted into the pre-op area to change into a hospital gown.
 - Children under the age of 10 may be accompanied by a parent in this area and are often pre-medicated and permitted to sit with their parents. Allowing the child to become drowsy in their parent's arms will make everyone's job easier.
- The anesthesiologist and surgeon visit with and identify the patient.
- Keep a detailed inventory of all controlled meds administered to patients while in pre-op, on the **Narcotic Reconciliation Form** (see Appendices).
- Adult patients will have their IVs started in the pre-op area. Please check with the hospital staff in pre-op or Faith In Practice in-country staff about which solutions are available.
- Some things you can do for the patient's comfort:
 - For small children, there are usually toys or stuffed animals to keep them company.
 - Remember that these are a stoic people and you may not readily know if they are frightened or hurting. A smile goes a long way.
 - Saying a prayer with the patient before they leave for the OR is also welcomed.
- **It is required to have someone who speaks Spanish in both the pre- and post-op areas.**

Operating Room Director

The OR Director works in conjunction with the Mission Coordinator to build team spirit, foster team relationships, and make everyone feel welcome and needed. This includes identifying needs and shifting roles for members when necessary throughout the week.

Duties Prior to Working in Guatemala

- In conjunction with the Mission Coordinator, communicate with team members prior to departure by telephone, personal letters, or emails.
- Assist in recruiting medical professionals to fill team needs and take direction from the Mission Coordinator for any jobs deemed necessary.
- Assist in gathering necessary medical supplies for the OR as listed on the basic surgical supply list and coordinate inventory with the Mission Coordinator.
- In coordination with the Mission Coordinator, determine and assign Triage Clinic, OR, post-op, clinic, and support roles to volunteers before departure. Work assignments must be completed prior to the last pre-trip team meeting so they can be discussed at the meeting. See Appendices for example role grid.

Please familiarize yourself with the protocols of the hospital in which you will be working. See the following sections in this manual or Appendices:

Emergency Protocol for Patients

Laboratory and Tests

Blood Products Awareness

Triage Clinic Procedure

Rules of the OR

Post-Op Care, Documentation, & Discharge Scope of Care

Pain Management Protocols

Duties While Working in Guatemala

- Create a partnership with Guatemalan physicians and staff.
- Communicate Triage Clinic, OR, post-op, clinic, and support roles assignments to program staff upon arrival in Guatemala.
- Before Triage Clinic begins, advise the person providing computer support, if a team member is doing so, which surgeon will be operating in which OR.
- Assign specific duties to the OR professionals with the Mission Coordinator and change duties according to needs as they arise.
- Work with the Mission Coordinator and OR nurses to be sure all necessary surgical supplies are on hand in the correct OR.
- Coordinate with the surgeons all scheduling details for each day of surgery. The order of surgeries and room assignments of patients can be changed to facilitate availability of instruments and personnel. The Operating Room Director facilitates these needed changes in cooperation with the surgeons, Mission Coordinator, OR staff and computer input personnel. Work with the Anesthesia Director to coordinate anesthesia personnel and supplies.
- **Obras teams:** Coordinate with PACU nurses and surgeons to manage the number of patients being sent to the Observation Unit. The Obras requests that a minimum of 4 patients be sent daily, maximum of 6.
- Control access to the operating room area by non-medical Faith In Practice volunteers in order to maintain a sterile surgery facility and uncluttered OR area. **If a Faith In Practice non-medical volunteer wishes to watch a surgery, they must ask permission of the OR**

Director, operating surgeon and Faith In Practice staff. The OR Director is responsible for orienting the observers on OR sterile technique.

Circulator Nurse

Duties Prior to Working in Guatemala

Please familiarize yourself with the protocols of the hospital in which you will be working. See the following sections in this manual or Appendices:

- Rules of the OR
- Count Sheet
- Surgical Safety Checklist

Duties While Working in Guatemala

Triage Clinic Day

- Check that each OR, the recovery room, and the pre-op area have a functioning flashlight and spare batteries on hand. Power outages are common in Guatemala. The back-up generator could take up to 3-5 minutes to power up in the event of an outage.
- Place necessary supplies in room, such as sutures, mesh, gloves, trocars, etc.
- Check that each room has needed equipment in working order.
- Check with surgeon to develop a preference card for the week.

Surgery Days

- Before beginning and ending a case, the surgeon, anesthesia provider, and circulator must do a timeout. Please refer to **Surgery Safety Checklist**. This form is to be used on every case.
- Work with the Scrub Nurse/Tech to complete the **Count Sheet** for each surgery, even for minor cases (see Appendices).
- Assist with, and if necessary, initiate, timeout procedure.
- Assist the anesthesia provider as needed throughout the procedure.
- Assist in positioning of the patient following intubation of the airway.
- Place the Bovie pad on the patient.
- Open sterile supplies during the procedure according to aseptic technique.
- Receive and orient non-medical volunteers about the sterile field, place them safely outside the parameters of the sterile field, and instruct them if there is anything else they need to know to maintain patient safety. Do NOT allow non-medical volunteers to enter the sterile field.
- Control traffic in and out of room to maintain infection control.
- Accompany patient to PACU.
- Assist with room turnover.
- Other duties as instructed.

Scrub Nurse/Tech

Duties Prior to Working in Guatemala

Please familiarize yourself with the protocols of the hospital in which you will be working. See the following sections in this manual or Appendices:

Rules of the OR

Duties While Working in Guatemala

Triage Clinic Day

- Speak to surgeon and circulating nurse to familiarize yourself with instrumentation needed for cases.
- Place necessary supplies in room, such as sutures, mesh, gloves, trocars, etc.
- Check that each room has the needed equipment in working order.

Surgery Days

- Work with the circulator to complete the **Count Sheet** (see Appendices) for each surgery, even for minor cases.
- Separate clean and dirty instruments at the conclusion of the procedure.
- Remove all blades and needles from instruments before sending them for sterilization.
- Take care that instruments are not thrown in the waste or wrapped up in dirty sheets.
- Assist if necessary with timeout procedure.
- Follow principles of sterile technique.
- Assist in the turnover of the room between cases.
- Other duties as instructed.

Post-Op Nurse

Duties Prior to Working in Guatemala

Please familiarize yourself with the protocols of the hospital in which you will be working.

See the following sections in this manual or Appendices:

Rules of the OR

Post-Op Care, Documentation and Discharge

Pain Management Protocols

Narcotic Reconciliation Form

Duties While Working in Guatemala

Triage Clinic Day

- **Work together with pre-op nurses to set yourself up in the pre/post-op area.** Review the equipment, including monitoring, portable ultrasound, defibrillator, etc. Some equipment may be unfamiliar to you so make certain that you double-check that all equipment is in working order and that you know how to operate it.
- **Review the emergency cart in the PACU against the provided inventory.**
- **Identify the Patient Emergency Kit (MH and blood loss), provided by Faith In Practice, and ensure it is accessible.**
- **Set up the PACU** with an assortment of oxygen equipment (masks, tubes, cannulas, etc.), IV supplies, syringes, and other supplies. Set up the space in a manner that makes sense for your team. Make sure you know how many oxygen flow meters are available.

Surgery Days

- All patients that receive general anesthesia stay overnight. Patients who have had minor procedures under local anesthesia are still discharged to the Convalescent Ward to be observed for several hours and may leave later that day.
- No relatives will be allowed in the sterile area or the recovery area. One family member may accompany children under the age of 10 in the recovery area, provided they wear a gown, shoe covers, and a hat and wash their hands thoroughly before entering. Patients with special needs, or in need of a Mayan language translator, may have a family member enter the recovery area; however, permission to enter must be given by hospital staff.
- During the time the patient is in the recovery room, the recovery room nurses chart the medications given and any actions taken with the patient (see Appendices: **Nurse Charting Form**). All medications should be highlighted on the patient's chart. They will also document temperature and blood pressure in addition to abnormal or unusual findings.
- Keep a detailed inventory of all controlled meds administered to patients while in recovery, on the **Narcotic Reconciliation Form** (see Appendices).
- Before the patient leaves the recovery area, post-op nurses, under the direction of the surgeon, must ensure that all post-op documentation is complete, including:

Important Information:

Please note that patients may not let you know that they are in pain, so you will need to look for other signs of pain (grimace, elevated blood pressure, fidgeting, etc.). The other thing to remember is that Guatemalans don't take pain medication often (or any other kind of medication) so a little pain medication goes a long way.

- Record of Operation
- Post-Op Orders Form
- Discharge Orders Form
- Pathology Form (if applicable)

See the Post-Op Care, Documentation and Discharge Documents in this Surgery Protocol for Obras or Hilario Galindo.

- When the patient is ready for discharge to the ward, notify the hospital staff. They will double-check to be sure the paperwork is complete and notify the floor. The hospital staff will transport the patient.

Ward Physician/Nurse

The Ward Physician/Nurse is a role that has two primary purposes:

- 1) Improve communication between the surgery and Convalescent Wards of the hospital on matters of post-op care.
- 2) Work as an educator for the convalescent staff in a practice setting.

This role should be filled by a Spanish-speaking nurse or physician with experience in post-surgical care.

The Ward Physician/Nurse will work in the Convalescent Wards all week; the person filling this position should not have a role working inside the OR.

The key to this position is taking a collaborative approach; it is an opportunity for you and the hospital to learn from each other, not just a matter of teaching Guatemalans about U.S. best practices. Respect the established protocols put into place by our hosts and the efforts of the hard-working staff.

While the hospital staff may not be educated to U.S. standards, they know their patients better than we do, and have learned to achieve so much with the few resources they have. **Take time to get to know, and earn the respect of, the Guatemalan staff with whom you will be working.** Keep in mind the challenges of their working environment, such as receiving a different surgical team each week or month.

Duties Prior to Working in Guatemala

Please familiarize yourself with the protocols of the hospital in which you will be working.
See the following sections in this manual or Appendices:

- Triage Clinic Procedure
- Rules of the OR
- Post-Op Care, Documentation, and Discharge
- Pain Management Protocols

Duties While Working in Guatemala

Triage Clinic Day

Check Carts of Supplies in Each Ward. Work with the convalescent nurses to check the supplies in the convalescent wards. Ensure that each of the wards has a cart well-stocked with the supplies the surgeons will need when rounding, including hand sanitizer, gauze, gloves, bandages, tape, and dressings. Each Faith In Practice team has been asked to bring these items to Guatemala. If the wards are running low, restock using the supplies brought by your team or provided by Faith In Practice first, then ask the nursing staff for the remainder of what is needed.

At Obras Sociales, review the Equipment and Crash Cart in the Observation Unit to ensure all medication and supplies are stocked and in-date. Check the equipment, monitors, defibrillator, portable suction, etc. to ensure good working order and that you know how to use the equipment.

Monday Morning Introduction

- Formally introduce yourself to the staff of the Convalescent Wards and remind the staff about the purpose of your role.
- Encourage the nurses and physicians to come to the Ward Physician/Nurse, or any surgeon or other member of the Faith In Practice team, with questions about patient care. It is particularly important to emphasize to the nurses and physicians that they are welcome to call the Faith In

Practice team at the hotel or on their cell phones at **any time** to ask for advice. **These phone numbers are not just to be used for emergencies.**

- Provide the convalescent staff with a brief orientation on: **who the surgeons are for the week, the quantity and types of surgical cases that will be performed during the week, and any special post-op care required for the week.**
- Rounds preparation. Check that each surgeon has been allocated an interpreter for their morning and afternoon rounds. Ensure that the interpreters know that they will need to help the surgeons write their orders in Spanish.

Surgery Days

- 1) **Early Morning Rounds.** Ensure that there is a well-stocked cart of supplies in each of the wards **before** morning rounds begin. Round with the surgeons and ensure that the surgeons speak directly to Dr. Rodolfo Chacon or Dr. Julissa Pineda (Obras) or Dr. Victor Huitz (Hilario Galindo) about any complicated cases. Ensure that orders are understood by the Guatemalan medical staff.
- 2) **Patient Discharge.** After the surgeon rounds and gives the patient clearance for discharge, work with the Guatemalan hospital staff to make sure that the patient is not discharged too quickly.
 - **One of the most important responsibilities of this position is to work with the Guatemalan medical staff to thoroughly explain the post-op instructions in a slow, careful manner to both the patient and a family member, remembering that this experience is very foreign to them.**
 - If the surgeon has indicated that the patient should stay at the Casa de Fe or Casa de Milagros, be sure to check that the family knows how to get to the Social Work department (Obras) or the Head Nurse (Hilario Galindo) to get their pass and directions.
 - Explain to patients the symptoms of when to seek care: fever, smelly wound, bleeding, etc. All patients will ask about post-operative diets (what they can and cannot eat). Explain how important hydration is after the return home as well.
 - If a patient has a problem after they return to their village, they should bring their Discharge Orders back to Obras Sociales or Hilario Galindo as a helpful reference. If it is an emergency, they should go to the nearest National Hospital or clinic for help.
 - A special note should be given, if needed, for example, “No sexual relations for...months and no lifting for...weeks.” These instructions should be given in a very clear manner to the patient in the presence of the family or spouse. All too often the patient has gone back to life as usual, which usually includes heavy manual labor, sex, and picking up heavy children. If sexual abstinence is ordered by the surgeon, a private meeting with the patient and husband may be required.

It is expected that patients return to the Obras or Hilario Galindo for any post-operative needs with the exception of any emergency situation. This expectation is covered with patients during their pre-op education.

3) General Rounding. Work collaboratively with the medical and nursing staff on the wards to ensure that orders are being complied with appropriately, especially **dispensing pain medications**, particularly during the immediate post-surgery day. There are several reasons why the convalescent nurses may at times hold back from dispensing pain medications. These reasons include lack of experience, cultural beliefs about post-operative care, and because Guatemalan people are generally very stoic; they may not let you know that they are in pain. **Therefore, a key responsibility of the Ward Physician/Nurse is to work alongside the convalescent nurses in the area of post-operative pain management.** We have encouraged the convalescent nurses to use the 10-point face scale as a tool to assess a patient's pain level. It will also be important for you to look for other signs of pain (grimace, elevated blood pressure, fidgeting, etc.).

In addition to pain management, the Ward Physician/Nurse can also support the convalescent nurses in the following areas:

- Reinforce good charting organization and technique.
- Getting the patients out of bed.
- Ensuring that at least one nurse is present in each ward at all times (this is particularly important for Hilario Galindo and the Observation Unit at the Obras).
- Reinforcing basic best-practice hygiene, post-operative care techniques and wound care.
- While rounding, the Ward Physician/Nurse should also inquire as to the patient's urinary and bowel functions, determining whether they are being monitored by the Guatemalan medical staff appropriately. Anesthesia for the patients sometimes results in slower recovery time and limits the functionality of their bowels and causes urinary symptoms. Often the patient becomes constipated and this can be very uncomfortable. After surgery, ask whether the patient has urinated or had a bowel movement. Stool softeners are available.

- 4) Rounds at Casa de Fe or Casa de Milagros.** Surgeons can send patients to the Casa de Fe in Antigua, or Casa de Milagros at Hilario Galindo, only if the patient is medically cleared. **There is no medical care provided at these facilities.** Therefore, it is extremely important that any patient requiring continued medical care continue their hospital stay. If the Ward Physician/Nurse chooses to visit discharged patients in the afternoons to check on their recovery, the best time to round on patients at Casa de Fe is 4 p.m.
- 5) Afternoon rounds.** Before the surgeons leave the hospital each day, they should hand off their patients directly to the afternoon shift house doctor. The Ward Physician/Nurse is responsible for facilitating this communication.

Friday morning rounds

Work with the Program staff, surgeons, Dr. Rodolfo Chacon or Dr. Julissa Pineda (Obras) or Dr. Huitz (Hilario Galindo) to ensure that orders are clear for any patient who needs follow-up care.

Pharmacist

Duties Prior to Working in Guatemala

Work with Team Leaders and Surgeons to create a list of medications the team will be providing for Post-Op medicines.

Please familiarize yourself with the protocols of the hospital in which you will be working. See the following sections in this manual or Appendices:

- Triage Clinic Procedure
- Rules of the OR
- Post-Op Care, Documentation, and Discharge
- Pain Management Protocols
- Narcotic Reconciliation Sheet

Duties While Working in Guatemala

Triage Clinic Day

- Utilize team's Trunk List to create an inventory of all team meds.
- Work with the team's customs coordinator and other assigned team members to unpack the team's trunks of peri- and post-operative medicines and set up a pharmacy work area for the week.
- Review team medicines to identify and troubleshoot for any medication that will be needed during the week that was not brought.
- At HHG, accompany Faith In Practice staff to check out controlled medicines from the hospital pharmacy.
- Locate the trunk of medications available for dispensing to Triage Clinic patients. Dispense medications as necessary throughout the day from a designated location in the clinic/triage area.
- Oversee the pre-packing of discharge meds for the week, according to what the surgeons intend to indicate for their patients (refer to the **Pain Management Protocols** in Appendices).
- Collaborate with hospital staff and Faith In Practice in-country staff to ensure that you thoroughly understand the hospital's medicine dispensing procedure (e.g., how many days' worth of medicine to dispense for discharge). At Obras Sociales, it will be important to review the required forms and process.

Surgery Days

- At Obras Sociales, on Monday morning, accompany Faith In Practice staff to check out controlled medicines from Obras Sociales Internal Pharmacy.
- Prepare anesthesia trays and keep remaining controlled medicines locked throughout the day. Be available to restock as necessary.
- Work with surgeons while they complete Post-Op and Discharge orders to ensure the medicines being ordered are readily available.
- Work with the Anesthesia Director to oversee the compliance of Narcotic Reconciliation Sheets, ensuring every dose of controlled meds is accounted for.
- Work with the Anesthesia Director to oversee the compliance of collecting all empty controlled medicine vials. These are to be turned into the Internal Pharmacy at the end of the week to reconcile with use, waste, and returned inventory. **At the end of each day, ensure all Narcotic Reconciliation Sheets reconcile with remaining inventory of controlled medicines.**

- Dispense post-op medications for the ward and medications for discharge: Verify dosages dispensed.
- Label appropriately in Spanish.
- Prepare post-operative antibiotics. Assist with alternative selections when appropriate.
- Prepare narcotic doses and calculation of dilutions.

Post-Op Orders cover until next morning's rounds. Discharge Orders should be filled according to surgeon preference. Recommended amount for analgesics is 3 days.

End of Week

- Create a final inventory of all team meds and controlled meds.
- Let Faith In Practice in-country staff know if any Triage Clinic medications are running low.

Team Doctor

The Team Doctor is responsible for addressing the health needs 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, including immediate allergy concerns.
- In the event that all team members are not present at team meetings, the Team Doctor should request this information through email.
- The Team Doctor should impress upon the team members the importance of informing him/her of conditions that may arise in order to enable the Team Doctor to respond promptly to emergencies.
- The Team Doctor should inform team members of the possibility of traveling long distances via bus 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 for heart attacks and other emergencies that could happen to a team member (see the **Emergency Protocol** section in the General Leadership Manual). The Team Doctor should also review the contents of the First Aid/Common Ailment Kit and STAT Kit that will be available to them in country (see the **Supplies and Medications** section of this Surgery Protocol).

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 Medical Kits.

- First Aid Common Ailment Kit, STAT Kit, and a defibrillator will be provided upon arrival.
- Pick up the medical kits from the front desk at the Antigua hotel (Obras teams) or from the in-country staff person (Hilario Galindo teams) when the team first arrives in Guatemala. Before the team departure from Guatemala, ensure that the kits are returned to the front desk at the Quinta (Obras teams) or Antigua hotel reception desk (Hilario Galindo teams).
- Upon arrival, review kits against the inventory provided to ensure they are complete. Let in-country staff know immediately if items are missing. Test the defibrillator to ensure it is complete and functioning.
- The Team Doctor should know where the medical 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 the medical kits are in that room, particularly in the case of an emergency at night.

Important Information: There is no need to take the equipment to the Obras during the day as the hospital is equipped to handle a code. **However, it IS necessary to take the emergency kits to Hilario Galindo during the day (except the defibrillator, which can stay at the hotel), and then return them with the team to the hotel overnight.**

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.

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 in-country staff immediately if there is a medical emergency. In-country staff will have the contact information for Gallagher Charitable (evacuation insurance) and other group policy information.

Physical Therapist (Orthopedic Teams Only)*

**Some Hilario Galindo Teams may have a Wheelchair Clinic. For more information on the role of the Physical Therapist on these teams, please see the General Leadership Manual.*

Duties Prior to Working in Guatemala

Please familiarize yourself with the protocols of the hospital in which you will be working. See the following sections in this manual or Appendices:

Post-Op Care, Documentation, and Discharge

Duties While Working in Guatemala

- Work on the post-op wards providing physical therapy to orthopedic patients as indicated by the team's surgeons.
- Ensure that there are enough aids (crutches, walkers, etc.) to assist in the therapy of patients. Each team should have access to ambulatory aids in a variety of appropriate sizes. Please see Faith In Practice in-country staff to address special patient needs.
- Collaborate with Guatemalan physical therapy professionals and the team's Ward Physician/Nurse.

Audiologist

The Audiologist is responsible for the audiology component of the team.

Duties Prior to Working in Guatemala

- Work with Mission Coordinator and Faith In Practice in-country staff to discuss and confirm all clinic details and logistics.
- Read and become familiar with the Audiology Program section in this Surgery Protocol.
- Arrange for any special audiology equipment needed to be brought to Guatemala in team trunks; assist Customs Coordinator to ensure all equipment is on the appropriate customs forms before the deadline of 35 days prior to departure. (See **Audiology Program** section in this Surgery Protocol).

Duties While Working in Guatemala

- Oversee and/or participate at the work at the clinic.
- Report any equipment that is malfunctioning or important inventory items missing in the audiology clinic to the Faith In Practice in-country staff.

Important Information:

The Audiologist should complete charting forms and return audiology statistics to the Faith In Practice in-country staff responsible for the team. Please see the **Audiology** section in this Surgery Protocol or speak with the Program staff for more information.

Interpreter

Duties While Working in Guatemala

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

- Interpreting/translating between surgeons and patients, and anesthetists and patients, to communicate key information on Triage Clinic Day.
- Interpreting/translating between surgeons, patients, and local nurses and doctors on daily rounds, as patients recover from surgery.
- Communicating and connecting with patients before and after surgery, in pre-op and recovery.
- Interpreting/translating between surgeons and patients' families about the progress of patients' surgeries.
- Interpreting/translating consultations in special clinics, such as dental and audiology
- Interpreting/translating between the Ward Physician/Nurse, the hospital staff, and patients on matters of education and patient care.
- Supporting Team Clergy and Service Support Team to communicate with patients and families.
- Facilitating a connection between fellow team members and Guatemalans by interpreting 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 three primary purposes:

- 1) Guide and frame the experience for the team as a whole and assist team members individually, upholding and lifting up the Spiritual Guidelines of Faith In Practice.
- 2) Act in a leadership role with leadership for conflict resolution and crisis management.
- 3) Provide comfort, prayer, and pastoral care to our patients.

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

Duties Prior to Working in Guatemala

Please familiarize yourself with the protocols of the hospital in which you will be working. See the following sections in this manual or Appendices:

Triage Clinic Procedure

Rules of the OR

Patient Emergency Communications and Management Plan (General Leadership Manual)

Pastoral Care for Volunteers

- Communicate with the team. The Spiritual Leader may use the link in the bullet point below, to communicate with each team member, introducing themselves and introducing the topics or spiritual theme of the devotional times.
- 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.
- 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.
- 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.)
- Decide on a plan for music. Some teams include someone gifted in playing the guitar or leading singing. For surgery teams in Antigua, there is a guitar available to use, which is kept in the Quinta storage room. A guitar may be made available to Hilario Galindo Teams upon request.
- 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

- 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, arriving hungry, dehydrated, and very afraid. For many, this trip is made by foot, bus, etc., and it is their first time away from a remote village area.
- Do not speak Spanish and do not read or write. Imagine how you would feel if you were in a foreign place having surgery?
- Do not understand the concept of fever, infection, or recovery time.
- Have very large families with many children and have no one to care for them and feed them if they are away from their village for several days.
- Are malnourished, have borderline low blood counts, and are infected with parasites.
- 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.
- **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

- Participate fully with the team in all activities and programs.
- Lead the prayer and introduce the theme for the week at the first team meeting in country.
- Be available for joint ecumenical services and programs and encourage this activity at the hospital.
- Introduce yourself to the hospital religious staff (at Obras) with the purpose of promoting understanding and friendship.
- Plan and present the devotionals and services every day, including seating and music preparation.
- Practice hospitality, acknowledging the diversity of the team, seeking always to be inclusive of all members, which can be done without compromising personal beliefs.
- Use experiences from the week in the devotional time.
- Make yourself available to team members for private conversations.
- May plan evening “sharing” or additional devotional or singing.

Pastoral Care for Patients

- **Establish a Relationship with the Patient on Triage Clinic Day.** The Spiritual Leader establishes a relationship with the family on Sunday, if possible, so that the patient and family have someone to talk to that they “know” during the days that follow.
- **Provide Spiritual Support on Surgery Days.** On surgery days, the Spiritual Leader can offer prayer with the patients and greet the patients and family as they wait for surgery. The surgeons may also call upon the Spiritual Leader to be present when they speak to family members immediately following each surgery.
- **Visit patients at the Casa de Fe or Casa de Milagros.** At least 2-3 times during the week.
- **Support Patients and Team Members.** – At times, there are challenging and difficult cases;

On Triage Clinic Day at the Obras, Faith In Practice purchases cookies for patients and their families who spend the better part of the day waiting for their name to be called. Around mid-morning, the Spiritual Leader and/or Patient & Family Support Team collect the cookies from the Specialties Clinic office and give them out to anyone waiting in the area. Please ensure that the patients fasting for blood tests do not eat the cookie until they have been to the laboratory.

therefore, in those contexts, your role is to provide pastoral care and leadership to U.S. and Guatemalan volunteers, as well as staff in those challenging circumstances.

Pastoral Leadership

- 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 of and/or managing the situations in order to lend calm and perspective.
- 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, and true caring are the most important thing in making this job so meaningful.

Please keep in mind that while the pastoral care role is crucial, medical safety takes precedent. Therefore, prayer with patients in the wards and pre/post-op is preferred to prayer in the OR's. Exceptions may be made on a case-by-case basis.

Cook and Cooking Assistant(s) (Obras teams only)

Duties Prior to Working in Guatemala

- Determine if any volunteers have diet restrictions as well as any specific food allergies. Each individual on the team has entered their specific food allergies and dietary restrictions via the online application. You can collect this information from your Team Administrator.
- Review Quinta kitchen inventory, plan menus, and bring recipes for three to five team meals within the team budget.
- Coordinate with in-country staff to confirm the assistance of a dishwasher, Sunday morning breakfast, team dietary restrictions, and other details as needed.

Find great resources online on the Volunteer Portal, including:

- Online cookbook featuring recipes from Faith In Practice's most seasoned cooks.
- Map of food shops in Antigua
- Recommended restaurants
- Quinta kitchen inventory

Duties While Working in Guatemala

- Prepare nutritious and appetizing meals for the team.
- Prepare a **hearty** breakfast at the Quinta. Put the coffee on EARLY! (Breakfast and coffee must be ready no later than 6 a.m.). Breakfast will no longer be available at the hospital. Only fruit, bread and coffee available throughout the morning.
- Purchase and/or supervise the purchase of groceries and supplies for community meals and beverages.
- When preparing community meals, only use the Faith In Practice kitchen equipment. All items belonging to Faith In Practice are marked.
- Prepare four to five extra plates of food for the two kitchen/bar employees, the receptionist, the night guard at the Quinta, and the dishwasher (if applicable).
- Every year the Bodegona carries a wider variety of products, so adjust your menus accordingly.
- Prepare a bland soup one day during the week for patients at the Casa de Fe. Cooks can either bring it over to Casa de Fe in plastic Ziplocs or borrow a big pot from Casa de Fe. Share leftovers with the Casa de Fe. Either bring the leftovers to the Casa de Fe (daily or at the end of the week, whichever is more convenient) or call Casa de Fe to arrange for pickup at the Quinta.
- If there is food left over at the end of the week, **bring perishables to the Casa de Fe**. Non-perishables and any other items that future teams could use can be left in the Quinta kitchen.
- Label all leftover food, with date prepared, in the refrigerator. Please clean the refrigerator and all working surfaces prior to departure.
- Ensure that all Epicure bills are paid at the end of the week.

In the evenings, ensure enough food is set aside for the volunteers staying late at the hospital. Communicate with your Mission Coordinator or Faith In Practice staff for estimated arrival time.

When sharing meals and/or food with Casa de Fe, coordinate the activities with the Service Support role.

Important Information:

For some teams, the cook may be tasked with the Financial Responsibilities for the team (see the Team Finances section in the General manual). Please coordinate with the Team Administrator to determine if these duties will be assigned to the cook or the Team Administrator for the team.

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.*