

The international practicum that I experienced in Merida, Mexico taught me a lot about myself, physical therapy, healthcare in Mexico, and healthcare professionals in Mexico. This was a once in a lifetime experience that I would not trade in for anything. I cannot believe how much this experience changed me in the short time that I was in Merida.

I had many goals for this practicum before I left. My first goal was to learn how to work best and communicate with individuals who speak a different language without compromising the quality of care provided to them. This goal was a bigger challenge than I initially thought it would be. I was really challenged to think about what I was saying and make sure that I was not using too much medical jargon and that I was explaining things in a way the interpreter (who had no medical background), patient, and family could all understand. This allowed me to work on my communication skills and I think my communication skills have improved greatly. Another goal was to learn about the healthcare system in Merida and explore what I could do to help improve the quality of care provided to the patients. The site I worked at was half school, half medical and therapy facility. A doctor ran the medical side of the facility, making all of the decisions and deciding what the therapists did or did not do. Many times the doctor had unrealistic expectations for the patients and the most important thing they were to do was passive range of motion. To help meet my goal I was able to show the therapists different interventions to use and to encourage them to use their skills. Many times the therapists were on the right track they just needed encouragement. Our program has formed a good rapport with the doctor over the years so she really values our opinions. We were able to advocate for the physical therapists in the clinic and praise what they were doing and what they could do. Another goal was to create sustainable treatments ideas for the clinic that the therapists would be able to use in the future to create better treatment procedures and protocols. I did meet this goal and worked hard to create treatment plans and protocols for the staff. I was able to improve treatment plans, create new treatment plans, and encourage safe practices such as gait belt use. All of these things were written down and translated and then given to the therapists, the doctor, and, in some cases, the family. Another goal was to promote better healthcare and prevention as well as encourage safety in the clinic. I was able to do this by demonstrating safety in all of my treatment sessions, including using gait belts and promoting good hygiene. I also had a goal to apply classroom knowledge and evidence based practice in the clinics. I did this everyday in all

of my treatments and I used research in my sessions and shared the research with the therapists, patients, and families. Overall, I think I was very successful in reaching all of my goals.

Most of my work was done at Patronato Peninsular Pro-Nino Con Deficiencia Mental (Patronato). At this site I was able to work directly with the physical therapists to help improve their treatment plans and protocols. I made changes to their physical therapy interventions, improved seating options of some of the children, taught new transfer skills, and offered my ideas and opinions to the doctor at the facility. The doctor and therapists were very open to my ideas for all aspects of treatment. I saw many changes just within the days I was at the clinic. There were two occupational therapy students at the site with me and their work was primarily in the school part of the site. The education wing and the medical wing rarely collaborated or worked together. This year we were able to get the two sides together to talk and collaborate. This was a really big deal and it was amazing that I got to be a part of it! I got to experience the children's Christmas play one of the days I was there. It was really interesting to see the similarities and differences in their version of the Christmas story. Each child also received a present from Santa at the end of the play (paid for by the school). It was really life changing to see their reactions to one simple gift. It changed my perspective on what it is to be thankful for something. It was an experience I will never forget. There were many positive aspects of working at this site. We were able to work directly with the doctor and therapists and our opinions were wanted and valued. Working with the patients and their families really made me grow as a physical therapist. The staff was amazing and willing to learn and I also learned a lot from them. There were many different diagnoses that I was able to work with. There were very few negative aspects of this site. It was a little hard to learn that the school and therapy sections of the site did not communicate, but in the end we were able to get them to work together. Due to the short amount of time we were able to work at the site we were not able to see all of the children we wanted to see. The language barrier also made it a little difficult to communicate everything I wanted to tell the staff and patient. The overall experience was really amazing and I would recommend it to anyone!

As a group, we also visited other places in the afternoons and on the weekends. We volunteered at a place called Nueva Vida, a shelter for young girls. At this site the girls have a weekly lesson called English 10 in which they learn 10 English words. We taught the English 10 lesson using common Christmas words in flip books that we made for them. We also

volunteered at a second shelter for young children called Amor y Vida. At this site we were used as respite care for the staff and we played games with the children. The staff wanted us to focus on turn-taking and rule-following. We played Loteria (similar to BINGO) with older adults living at a shelter called Ciudad Vicentina. This is a yearly activity the group participates in and the residents there really enjoy playing Loteria with the group. The winners received essential hygiene products such as deodorant, toothpaste, toothbrushes, and shaving cream.

During the weekend we had a chance to visit some Mayan ruins, a hacienda, and swim in cenotes. The ruins we went to see were called Dzibilchaltun and Uxmal. At these sites we learned a lot about Mayan culture and beliefs. We also got to swim in cenotes at Dzibilchaltun and at a place close to Uxmal. A cenote is a sink hole that holds clear, fresh water. They were created as fresh water sources for workers in the surrounding area. The hacienda we visited was very beautiful. We learned a lot about what a hacienda was and the history of them.

The media these days paints a very scary picture of Mexico. I was really nervous to go there and was not sure how safe I would feel during the trip. However, when I got there it was nothing like I expected and I felt very safe the entire time. Many of the locals even commented on how it was very unfortunate the way the United States was describing the situation in Mexico. They did say that there were some unsafe areas around the border but for the most part the violence in Mexico was being described way out of proportion. The “safety” issue in Merida should not hinder anyone from traveling to this area of the country. It would be a really big shame if someone missed out on the opportunity because of fear and misinformation.

One of the big problems that I noticed in the time I spent in Merida, Mexico was the access the people had to healthcare. While the people I saw were among the lucky families and children to receive healthcare, I also saw a lot of people who traveled a long way to wait in line for their chance to see the one doctor working at Patronato. The doctor at Patronato held an open clinic every Friday and families would travel from very far away to have a chance to see the doctor. For many families this would most likely be the only time their child would be able to see a doctor. In many cases, the child really needed to have consistent medical attention and physical therapy sessions. However, this was rarely possible for the families. Their access to healthcare was very limited due to their limited financial resources. I quickly realized that access and affordability of healthcare was a huge problem in the area and the surrounding areas where I was working. I was really interested about what the Mexican government was doing to help increase access and affordability to healthcare. I read a little bit about this before I came to Mexico but after seeing it firsthand I wanted to learn more.

In Mexico the healthcare system is primarily the responsibility of the federal government.¹ In the United States, healthcare is a shared responsibility, but in Mexico the federal government is the most powerful voice, and in some opinions the only voice, of all stakeholders.¹ The way the healthcare system has been set up is that the government is the provider of the care and the manager of the healthcare system.¹ Under the traditional *Instituto Mexicano del Seguro Social* (IMSS), or the Mexican Institute of Social Security, it is not uncommon for citizens to have to wait days to receive healthcare.¹ In this type of system preventative care is unheard of and the needs of the citizens are drastically overlooked. Before healthcare reform was introduced in 2004, more than half of the population of Mexico did not have insurance.² Many families faced economic ruin and poverty as a consequence of financing their healthcare, thus suffering the double burden of illness and poverty from having to pay out-of-pocket for their care.³ Out-of-pocket pay is considered the most wasteful and unjust means of financing a healthcare system and it is not only financially damaging for the households but also for a country's economy.³ Unfortunately, in a developing nation such as Mexico, out-of-pocket financing is more common than in developed nations.³

Fortunately, in 2003, Mexico acknowledged the problem of the financially devastating out-of-pocket healthcare spendings, attributed its cause to the lack of financial protection within the healthcare system, and proposed a system of healthcare reform.³ The Mexican Congress

created a new public insurance program called *Seguro Popular* (People's Insurance) which restructured the sources of healthcare funding and allocation of funds to increase the effectiveness and fairness of financing healthcare.⁴ This new plan also provided financial protection for households.⁴ This new program, *Seguro Popular*, took effect on January 1, 2004.³ To implement the reform, the Mexican government utilized any and all of the research available to them about healthcare reform. Rigorous analysis was a big part of the healthcare reform encompassing everything from designing the plan to monitoring and evaluating progress and outcomes.⁵ Through their research, they found national analyses and knowledge-related global public goods, such as systematic comparisons of the experiences of other countries, measurement methods, and conceptual frameworks to help create a sustainable, efficient healthcare system.²

The initial results of only a few years of the *Seguro Popular* are very promising. More than 20 million Mexican citizens have benefited from this new plan.⁴ In the old healthcare plan coverage was only offered for 13 types of intervention. In this new plan, more than 250 interventions are covered including all interventions in the primary and secondary levels of care.² The *Seguro Popular* created a separate fund for community health services, which protects the budget for health promotion and disease prevention interventions. There is more availability of healthcare services and personnel and financial protection indicators have improved.⁴

Although the improvements in the overall healthcare situation in the past few years have been substantial, there are still many areas for further improvement.¹ The plan of the *Seguro Popular* was to extend high-quality healthcare to all citizens of Mexico by 2010.⁴ The government still needs to recognize the problems of inequality, inefficiency, and poor quality of medical services in the rural areas of Mexico.¹ This narrowing of the gaps in the healthcare services remains a huge challenge, especially in the rural, isolated, and indigenous communities in Mexico.⁴ More funds need to be directed towards these types of communities to strengthen health infrastructure and the availability of healthcare to these areas.⁴

In the time I spent in the clinic in Merida, it was very obvious that goal to provide all citizens of Mexico with high-quality healthcare by 2010 was not met in the area where I was working. There were many families who traveled to the open clinic held every Friday to have access to some kind of healthcare. The open clinic at the Patronato was a free of charge opportunity paid for by the facility. There were many people from rural Mayan communities outside of the main city of Merida who came to the clinic. These individuals were not privy to

the rewards of the *Seguro Popular* and I would not be surprised if they had never even heard of this new healthcare plan. It was very hard for me to grasp the fact that the families that came to the clinic would likely never again come back to the clinic to follow up on the findings that they would receive during their 30 minute appointment. I could not grasp the fact that this was their reality and change was most likely still years away for them. To help improve their healthcare and access to healthcare, I made sure I created physical therapy plans that could be used as the child developed and grew. I made sure that they could use my plan of care for many years to come and would reap maximum benefit from the small piece of paper I was able to give to them. Although the government is currently trying to make strides towards making high-quality healthcare available to all citizens in Mexico, I believe that I was able to build a small bridge to the rural communities to provide some type of healthcare to and for them. I hope my small effort will reap big rewards in the future as others continue to travel to Merida with the same goals and hopes that I had for the communities in and around Merida, Mexico.

References

- 1 Kirby EG, A Comparative Analysis of Stakeholder Power in the Mexican and U.S. Health Care Systems. *Journal of Health & Social Policy*, 2006;22(2):13-29.
- 2 Frenk J. Bridging the divide: global lessons from evidence-based health policy in Mexico. *Lancet*, 2006;368:954-961.
- 3 Knaul FM, et al. Evidence is good for your health system: policy reform to remedy catastrophic and impoverishing health spending in Mexico. *Lancet*, 2006;368:1828-1841.
- 4 Frenk J, Gomez-Dantes O, Knaul FM. The democratization of health in Mexico: financial innovations for universal coverage. *Bull World Health Organ*, 2009;87:542-548.
- 5 Knaul FM, Frenk J. Health insurance in Mexico: achieving universal coverage through structural reform. *Health Affairs*, 2005;24(6):1467-1476.

Visual Story of my IP in Merida, Mexico

Casa Millsaps



Evening Reflection Time



Downtown Merida





Working at the Patronato









(That's Me!!)

Christmas Play at the Patronato





Volunteering at Nueva Vida





Volunteering at Amor y Vida



Loteria at Ciudad Vicentina





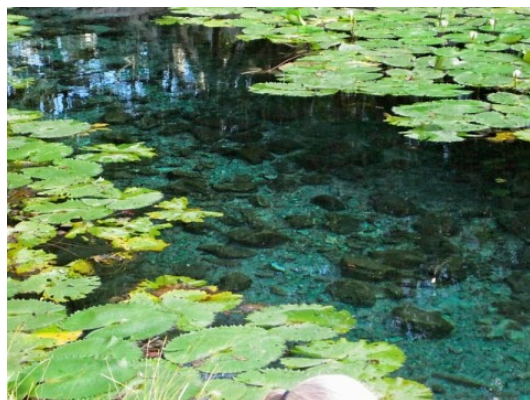
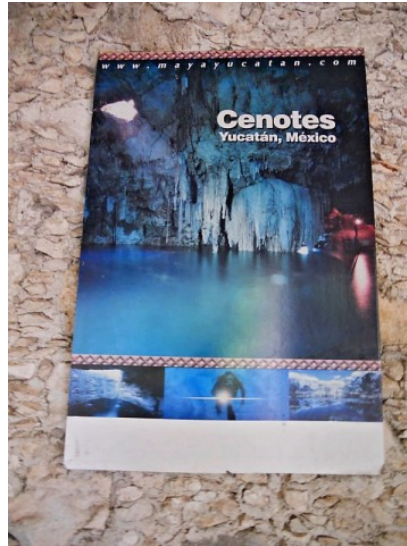
Freetime: Mayan Ruins

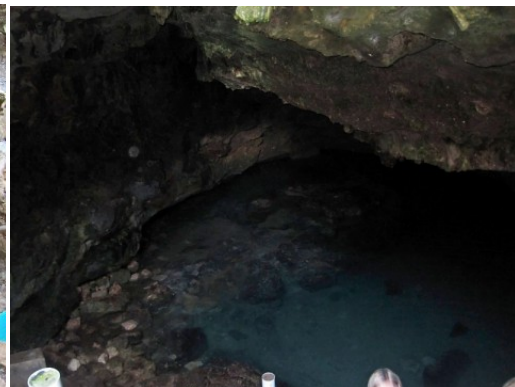


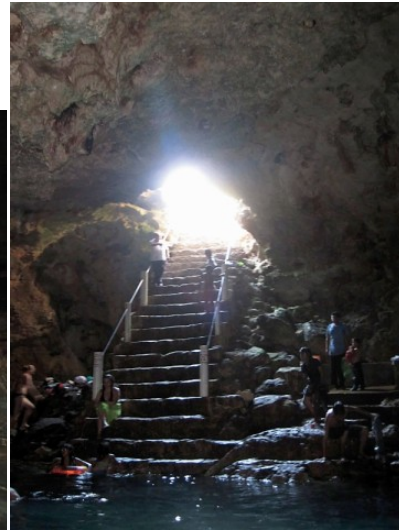




Freetime: Swimming in Cenotes







Freetime: Hacendia Teya





Dinners Out





The Group (Students and Professors)

