

International Practicum Report

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My international practicum took place in Merida, Mexico during December 2011. I was assigned by my preceptor Dale Deubler to work at the Patronato, a school for people with disabilities in Merida. I went to the Patronato each day in a team of two physical therapy (PT) students, including myself, one occupational therapy (OT) student, one faculty member, and a translator. Our team was comprised of myself, Susie Wilson (PT), Shannon Perumal (OT), Dale Deubler (faculty), and Monica Tort (translator). After the first day of work at the Patronato, I revised my goals with Dale for this experience to better meet my needs and to meet the needs of the work expected of me at the school. Below are the three goals for which I was evaluated for this course:

1. To learn at least three new Spanish words or phrases everyday and use them in my PT practice to help me better connect with my patients and co-workers and to provide effective care.
2. To create at least three functional treatment ideas for the clinic staff/home exercise programs with limited resources that is culturally appropriate.
3. To generate three ideas of effective service strategies to apply towards my trip to Rwanda in June 2012.

I was tasked with several responsibilities during this practicum. I think I was entrusted with the most challenging responsibilities during our stay in Merida. Shannon was assigned to work in the upper extremity room with one therapist who most resembled an OT and Susie was assigned to work with the therapists who most resembled PT's in the big therapy gym. I on the

other hand was tasked to float around between different environments. I was assigned to work with Karla the early intervention therapist who was employed by the government, not the Patronato, to work with infants with disabilities or developmental delay. I also worked in the therapy gym with the therapists, provided consultation to parents with children with disabilities from the community, and worked with children and their teachers in the classroom. In all of these varying environments, I was challenged to work efficiently with the time and resources available to me, quickly build rapport and trust with the children and therapists/parents/teachers that I was working with, and to quickly call upon all the knowledge that I have learned in school and on past clinical experiences. I also joined Dale after work one day to provide consultation at Karla's private clinic and saw a variety of patients there. Furthermore, I was in charge of the wheelchair project. I made several wheelchair cushions from scratch for students at the Patronato, gave them to the students, made sure that they were properly fitted, made adjustments as necessary, and provided education to the students, teachers, and therapists as to the purpose and benefits of these cushions. It was a very humbling experience to be involved in this wheelchair project. I have for so long taken for granted the abundant resources available to me as a therapist in the United States. On previous clinical rotations, if a patient needed a wheelchair cushion, I simply went to a closet and selected the appropriate size and style of cushion for that patient. However, in this environment, we went through a long, challenging, and frustrating process of making the cushions ourselves from taking appropriate measurements, finding the supplies, finding someone to cut the wood for us, figuring out how to put the cushion together, and holding our breath when we were testing to see if the cushion would actually work. So when the cushions worked for each student and drastically improved their positioning and ability to

function in the classroom, I found this to be one of the most rewarding and educational experiences of my life.

In terms of my proposed goals, I feel that I made excellent progress towards each of them during my stay in Merida. In regards to my first goal, which dealt with learning and using new Spanish words and phrases every day, I tried very hard to meet this goal each day. Every day I wrote down my three new words/phrases (and I often wrote down more than three) and after learning these new words, I immediately began to integrate them into my physical therapy practice. I discovered that it was very difficult for me to remember several new words as I was constantly being exposed to new words and phrases and that I really needed to keep referring to my journal list to recall some words that I wanted to use. What I noticed, however, was that it became increasingly easier to remember words and phrases and that I was picking up more Spanish as I became more immersed in the culture. In the past I have tried to study Spanish from books and teach it to myself, but I found that being in a Spanish speaking culture that I was able to learn more in a few days than I ever have from studying on my own. So I learned the critical importance of becoming immersed in a language and I will continue to look for opportunities that will allow me to do this to improve my language skills. Furthermore, I recognized the importance of using the language in my interactions rather than relying solely on the translator. It became immediately apparent how quickly rapport was created between myself and the people I was working with when I attempted to speak their language. Also, I felt more willing to go work with someone when the translator was not available because I had enough broken Spanish to get by and provide effective treatment.

In terms of my second goal, to create functional treatment ideas in a low resource setting, I had the opportunity to create well more than three treatment ideas for the therapists in the clinic and for parents at home. Three examples included that 1) I showed all the therapists multiple ways to use their therapy swing in their gym (which they rarely used because they did not appreciate the multitude of uses that it could offer) such as for sensory intervention and core strength, 2) I showed the therapists more functional ways to gait train in their parallel bars using nearby equipment, and 3) I created a home exercise program that utilized the parent's resources. Importantly, all of these interventions were created within the therapists' and parents' comfort zones, I did not select anything that was culturally unacceptable. What I learned most from this goal is that I know more than for what I give myself credit. It was very strange to go from a perception of a student needing supervision to an expert in the field for which seasoned therapists wanted my input, ideas, and advice. I discovered that I have a wealth of knowledge to share, I have had a lot of clinical experience already to inform my clinical decision making, and that I am aware of my limitations and know my resources to seek out the correct information. Most importantly, I found that I am most alive when I am working with patients and therapists, especially in this type of global health situation and have the opportunity to provide education. So this trip confirmed more than ever that this is my path and my calling.

Finally, for my third goal, which was to generate ideas for my trip to Rwanda, I left Merida with an abundance of ideas that has made me even more excited about this endeavor. I will list three examples for the present. First, I now have the knowledge and skill set to make wheelchair cushions for optimal positioning and functioning for the people at the Ubumwe Community Center (UCC). I know that this is a need just from looking at pictures of several people at the center. Secondly, I want to share the Embedded Arts (a project we shared with the

Patronato—pictures and description in the Visual Story) program as a method to work on active range of motion, cognition, computer skills, and to create art for the UCC to sell. I have meetings set up with Dale and the creator of this program during winter quarter to pursue this idea. And third, I realized the importance of finding donors/sponsors to donate supplies. I have already begun discussions with my Rwanda team members and faculty mentors of how we can go about doing this. In general, I learned so much on this trip on how to set up the logistics of a successful service trip, what sort of planning and preparation is needed, how to go about interactions with the people of the community that we are working with, how to make our program sustainable, and gained so many ideas for similar service that I can provide in Rwanda.

There were many global health issues that became apparent to me while on this trip and they stemmed from a variety of sources such as cultural, governmental, and infrastructural differences. For example, it became apparent that the ability to affect change with a therapist's treatment approaches could not start with working with the therapist, but rather through a Doctor first. The therapists in Mexico do not enjoy the same autonomy as do therapists in the United States. I noticed that this hierarchical relationship was often limiting in providing care, but at the same time had positive effects for making sure that change could occur.

However, the issue that I found to be most strikingly apparent was access to health care. I found there to be quite a shocking disparity between Mexicans in terms of access to care. In my observations, I found that people either had full access to health care and they were very wealthy, or they were very poor and had almost no access to adequate care. In doing research on this matter, it is not surprising that I observed this trend. According to Kirby¹ the percentage of health care dollars spent by private insurance in Mexico is 3% (in the U.S. it is 36%), the amount

funded by public funding is 44.9% (in the U.S. it is also 44.9%), whereas the amount paid out of pocket by Mexican citizens is 52.1% (14% in the U.S.). In my opinion these are very shocking statistics. Generally speaking, people in Mexico do not have the wealth that Americans enjoy. Therefore, it is very upsetting to see that Mexicans spend vastly more out of pocket than American citizens. Knowing how much that 14% out of pocket expenditure hurts just middle-class Americans in this economy, it is difficult to imagine the struggle one might face to pay a majority of health care expenses out of pocket when one already has very limited resources. This kind of system would make it very difficult to access health care indeed. In speaking with several families and therapists in Merida, most of the clientele that I encountered had to pay a majority, if not all, of their health care expenses out of pocket. According to Knaul et al.,² because of the lack of financial protection in a health care system, such as Mexico's, families will suffer economic ruin in addition to health challenges. There are government monies available to the citizens to pay for some of their care at government run clinics, but because of the bureaucracy and long paper work, people find that it is easier to just pay out of pocket.¹ In this kind of paradigm, however, it makes it difficult for preventative care to be a priority. Why would someone who has limited resources and must pay out of pocket for their health care expenses pay to go to the doctor when they are seemingly well? It makes much more sense financially to wait until you are very ill to go see a physician.

Perhaps, the most startling example of all of these issues was a little boy I treated. He was a 2-year old male status-post a near-drowning leading to multiple systems failure. His family was able to afford the out of pocket expenses that were required for a g-tube and tracheotomy, but then were left unable to pay for adequate nutrition to be placed into the g-tube; and this was all

compounded by inadequate medical care to sufficiently address the nutritional needs of this child. As a result, this child was essentially starving to death before our eyes.

Interestingly, like all other developing nations, Mexico is also subject of the double-burden of disease. Meaning, that Mexico must deal with both infectious and chronic disease issues.³ This puts a greater strain on the already burdened financial and health systems in Mexico. Mexico is therefore subject to a paradox: health is a key factor to fight poverty, but the health care troubles of its citizens is throwing many of its citizens into poverty.³ To address this concern, like many other nations in the world, including the U.S., Mexico is currently undergoing health care reform.¹⁻⁴ The reform in Mexico is aimed at providing access to care for half the population who is uninsured and in most instances very poor.³ The new health insurance program is entitled Seguro Popular.^{1,3,4} The reform holds many great propositions and initiatives, such as using evidence-based medicine as a guiding force for designing, evaluating, and implementing government health care programs.³ According to health care analyses in 2006, compared to the year 2000, the Seguro Popular has stimulated health care access to Mexico's poorest groups and has yielded less disparity in access to care. However, in my observations the disparity is still clear. I found one particularly interesting article, which details how many Americans from San Diego along the US/Mexican border (who have fallen through the cracks in our US system) receive most of their health care in Mexico.⁵ It is incredible to me that foreigners can readily receive adequate care in a very poor country but it's own residents are not even cared for appropriately. From my time in Merida, it is clear to me that there is great need still in Mexico in terms of access to adequate care, health care reform will take a long time before we see any significant changes, and that despite all of our health care troubles we take a great deal for granted here in the United States.

Conclusions:

I found this international practicum to be the most rewarding, fulfilling, educational, and eye-opening experience of my life. It was the culmination of everything in my life up to this point and it was a catalyst for many things to come in my future. I have nothing negative to say about this site or course. I think that the site is an excellent venue for a service-learning course and there is abundant opportunity for learning for many different types of health care workers—especially for rehabilitation therapists. I felt safe the entire time I was there, I was well-fed during my stay, and had ample opportunity to experience the culture. I also enjoyed the organization of the trip and the abundant learning experiences available to me. What I will remember most, however, from this trip was the relationships that I formed with all the people that I worked with on the trip, which include all the therapists at the Patronato, the children, and my colleagues from OSU. I cannot recommend this trip highly enough to future students. I greatly desire to return to Merida on this trip as an Alumnus.

References

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2. Knaul FM, Arreola-Ornelas H, Mendez-Carniado O, Bryson-Cahn C, Barofsky J, Maguire R, Miranda M, Sesma S. Evidence is good for your health system: policy reform to remedy catastrophic and impoverishing health spending in Mexico. *The Lancet*, 2006;368:1828-1841.
3. Frenk J. Bridging the divide: global lessons from evidence-based health policy in Mexico. *The Lancet*, 2006;368:954-961.
4. Danese-dlSantos LG, Sosa-Rubi SG, Valencia-Mendoza A. Analysis of changes in the association of income and utilization of curative health services in Mexico between 2000 and 2006. *BMC Public Health*, 2011;11:771-783.
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Visual Story

Providing Physical Therapy Services in Merida:



Entrance to the Patronato



In front of the Patronato with our translator Connie



One of the classrooms at the Patronato called “The Little House” where children are taught how to become independent in their home lives. This group of students, along with their teachers, is baking Christmas cookies!



One of my patients Jorge Carlos at their Christmas Show



Working with Gabriel, his mom, and Karla (early intervention therapist at the Patronato)



Demonstrating the Embedded Arts program on Jorge Carlos and Benita for some of the directors at the Patronato and how this program can aide in therapy and create art that the school can sell in fundraisers.



Providing consultation at Karla's private clinic after our work day at the Patronato.



Before



After!



The many wheelchair cushions that I made to improve wheelchair positioning and comfort



Before



After!



Jorge Carlos in class



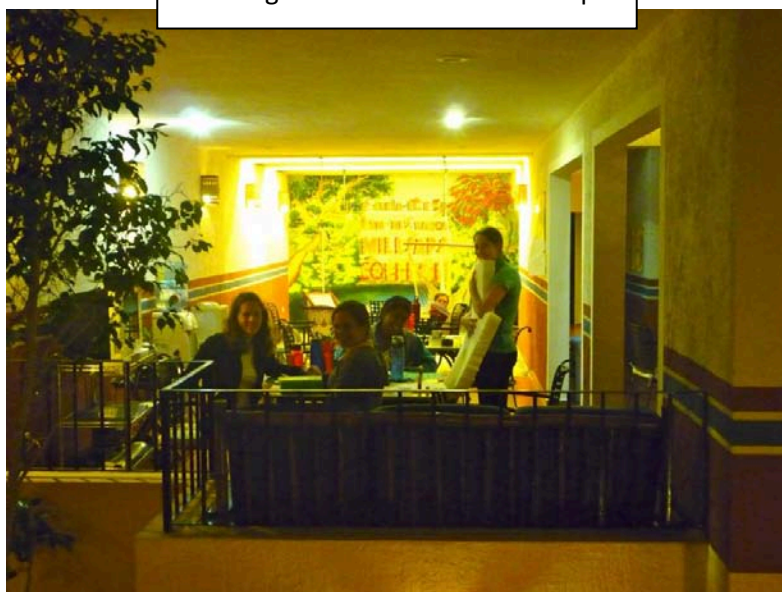
Working at the Patronato with students, therapists, in the therapy gym, and in the classrooms



Our team with Dr. Gaila and Karla



Working at home—Casa de Millsaps



Other Service in Merida:

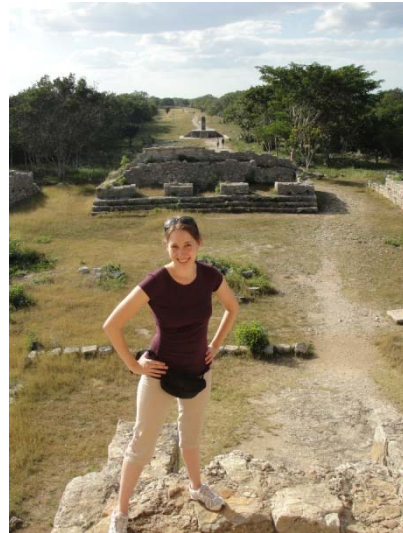
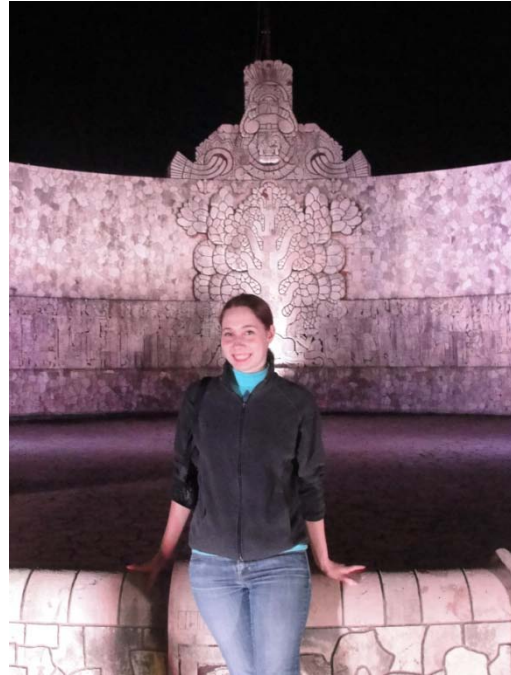


At a young girls shelter (Nueva Vida)
and a nursing home (Ciudad Vicentina)



Cultural Experiences in Merida

Monument of the Flags



Mayan Ruins at Dzibilchaltun



Mayan Ruins at Chichen Itza



Ruins at Dzibilchaltun