

Royal Medical Society – Travel and Study Report



Medical Elective

**Clínica Esperanza, Roatán Island,
Honduras, Central America**

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I was keen to undertake a meaningful, varied, well-organised elective in a Spanish-speaking country. Without a clear long-term career goal, I wanted a general medical placement that offered a variety of learning opportunities, to enhance my clinical and communication skills. I researched placements in Central America, and found Clínica Esperanza, which was perfect.



Based on Roatán Island, Honduras, [Clínica Esperanza](#) provides free or low-cost medical care to the Island's inhabitants and visitors. Clínica Esperanza offers walk-in adult and paediatric clinics, a dental clinic, and a women's health centre, and benefits from its own laboratory and pharmacy. The Clinic also provides outreach clinics and community health education programmes.

Roatán is the largest (50km long, but only 2-4km wide) and most developed of Honduras' Bay Islands, with a population of around 45,000. Roatán is idyllic, with beautiful beaches and an incredible coral reef system to explore.

I applied to the Clinic's International Medical Spanish Elective Programme and self-organised my elective, with generous financial support from the Royal Medical Society's Travel & Study Fund.

Completing a detailed risk assessment helped in my organisation, and I enjoyed an issue-free, safe elective. I spent time ensuring my safety and welfare by visiting my General Practice Travel Nurse and consulting various online health and travel resources. By considering the culture shock beforehand, and drawing on other international experiences, I was able to comfortably adapt to the elective and new environment.

Whilst completing the risk assessment and researching the placement, I learnt much about the culture, geography and politics of Roatán and of Mainland Honduras. However, it isn't until you are immersed in a culture that you really begin to understand and appreciate it:

- There is a large Christian population, frequently apparent in consultations with patients thanking God for His support and kindness (which I have never really witnessed in the UK before)
- There is a large diabetic population on Roatán. Clínica Esperanza runs a diabetes programme for all local patients, with one dedicated specialist doctor. It quickly became apparent why diabetes is so prevalent, with the preponderance of fried, fatty food and fizzy drinks available (including a popular fast food cabin on the Clinic's doorstep)
- Water sanitation and hygiene is an issue: *Helicobacter pylori* was endemic, and every patient that presented with heartburn had *H. pylori* infection
- The Black islanders, who speak English, use 'drink' when referring to taking their tablets or pills
- There is no screening system in place for Pap smears, and women are recommended by their doctors to be tested every three to six months, and whenever they change sexual partners
- Roatán is heavily dependent on tourism, and tourism often trumps the rights and best interests of the islanders. For example, when a ferry docks, many patients have to work despite genuine medical need
- Extreme poverty and extreme wealth are found side-by-side, with large American resorts, charging hundreds of dollars a night, a stone's throw from islanders struggling to survive

In order to make the most out of my experience, before leaving and whilst on elective, I revised my A-Level Spanish notes and worked through a Medical Spanish textbook ("*Relatively Painless Medical Spanish*"). Fellow volunteers and I also tested each other in the evenings in our shared

accommodation. I would say that a working knowledge of Spanish is vital in order to get the most out of this elective experience. I most enjoy speaking with patients, and with the amount of Spanish speakers as patients feel a lack of Spanish or limited Spanish would make for a hands-off experience with limited learning.

I spent the majority of my time in the walk-in adult clinic, similar to an NHS General Practice, working alongside more experienced local or visiting clinicians. I also spent time in paediatrics and in the pharmacy. I gave two 'Lunch and Learn' presentations: one on pain imagery research I have conducted (difficult enough to explain in English, never mind in Spanish!) and one on Scotland and our culture.

Outside the Clinic, I clerked and triaged patients for a visiting ophthalmic surgeon, and visited three communities: El Berrinche (West End), Corozal, and Hottest Sparrow. Clínica Esperanza supports the *Promotora* ("promoter") programme: local women are trained to act as health visitors and advocates in their community. I aided in community visits where, alongside Karla (the lead Clínica Esperanza community nurse) and the respective *Promotora*, we charted children's growth and distributed reusable sanitary towels, clothes, and vitamins. We gave opportunistic health advice where possible.

Friendship: The staff at the Clinic were very welcoming, and I quickly made friends with the team. The elective programme is open to volunteers from across the world, and I loved befriending talented student pharmacists, nurses, medical students and doctors from the United States. Volunteers stayed together in the same accommodation, ran by a welcoming American family on behalf of the Clinic. We would spend evenings and weekends together: relaxing, swimming, and exploring the Island. The teamwork and friendships made a massive difference to the day-to-day running of the Clinic, in my opinion. I believe that every member of the team feels valued, feels able to speak out, and feels able to seek help from others when needed. We were all equals, and I enjoyed fist-bumping the Clinic's Medical Director each morning, something I have yet to see happen on an NHS ward or GP Practice. A number of staff socialise outwith the Clinic, and I enjoyed getting to know my colleagues outside of work. I plan to take this attitude and team spirit forward into my working life.

Community spirit: Karla, the lead community nurse, had an amazing relationship with the *Promotoras* we visited, and the mutual respect was very apparent. This relationship meant that the *Promotoras* felt confident in what they were doing, but also felt comfortable asking Karla for advice and help when needed. This led to effective health monitoring in each community, and the Clinic being held in high regard by patients, making them more likely to consult in the future, in my opinion.

Doctor-patient relationships: I witnessed a number of excellent doctor-patient relationships, and learnt a lot from the doctors I worked alongside in terms of maintaining and building rapport. The standout doctor in this regard was Dra Galeas, who headed the diabetes programme. Dra Galeas had continuity of care with her diabetic patients, whom she regularly consulted with and offered diabetes information classes to. Her work ethic and dedication were admirable, from phoning numerous patients to remind them of the diabetes class, to delivering an enthusiastic presentation at said class, despite a poor turnout (in spite of her best efforts!). I hope to emulate this attitude in the future, and be enthusiastic, caring, and lead from the front.

Patient cases

Appendicitis: A 27-year-old male presented with textbook appendicitis, which was the first time I'd examined such a case (until Assistantship on General Surgery). I learnt tests of peritoneal irritation from my supervisor, and learnt about the Alvarado Score. We gave supportive therapy and explained

the gravity of the condition to the patient. With no ambulance transport available, I hope he made it to the hospital promptly and had a successful surgery, and a full recovery.

Hiding child: In Hottest Sparrow, one young boy hid from us when we arrived (try to find him in the image opposite). He had no doubt received vaccines in the past, and therefore associated nurses and doctors with pain. We consoled him, and tried to reduce his fears – demonstrating that we were there to help and we aren't 'scary'. This harked back to my experience with Teddy Bear Hospital Edinburgh, a society that aims to reduce children's fear of visiting the doctor or relatives in hospital by making healthcare fun through activities and games.



Seizure: A 31-year-old female described a number of unprovoked seizures over the last few months. With her age, we were concerned about an organic cause. There were no red flag features, but we advised neurology input +/- CT imaging. This is not available on Roatán, and seeking this on the Mainland would be costly. It was unclear whether she was going to follow through with our advice, which I found challenging.

Malaria: A 25-year-old male presented with eight days of high fevers, dehydration, and flu-like aches and pains. Testing revealed malaria. We initially gave supportive treatment, later starting the antimalarial treatment according to local guidelines, and informed the Public Health Agency. This reminded me of the importance of drug resistance and the use of local drug policies, and the importance of alerting appropriately when there is a notifiable Public Health outbreak.

Reflections

Clínica Esperanza felt very much like an NHS GP Practice: it had consult rooms, it was clean, there was suitable examination equipment and an examination bed, nurses and doctors worked in harmony, and there was an at times cumbersome computer system to input notes... However, the Clinic largely runs on donations – both from elective volunteer donations and payments, and from drug or financial donations from its supporters. Patients pay a small fee for their consult (which includes any prescribed medicines) and pay for laboratory tests. Another important difference is that consults are not limited to ten minutes. As consults are first-come, first-served unless you have a medical emergency such as cardiac chest pain (or you've paid to be fast-tracked – an ethical dilemma, with rich Americans bypassing waiting Hondurans), some patients end up waiting hours to be seen after being triaged.

In contrast with Clínica Esperanza, a visit to the Public Hospital was eye-opening and far removed from the NHS. Although treated for free, patients have to provide everything: food, water, IV fluids, medicines, bedding... There is a lack of privacy, limited space, and limited investigations available (e.g. no CT scanner or ultrasound, despite having an emergency department and a birthing room...). Senior medical students largely run the hospital (this is also the case on Mainland Honduras), with supervising 'attendings' spread thin.

Clínica Esperanza is reportedly the best place to seek healthcare on the Island, and I can see why. Private alternatives are apparently much more expensive and either equal or inferior in quality.

Medicine has historically been very paternalistic in Honduras, according to the experienced staff I spoke with, but I could see holistic medicine in most of my patient interactions. Clínica Esperanza

welcomes volunteers from across the world, and staff and volunteers share what they know and work together, which I think helps to ensure the Clinic's staff's practice is patient-centred and current.

Skills gained: I believe I significantly developed my consultation skills, and my critical thinking and problem-solving skills developed especially. Under supervision, I led each consult and evaluated clinical presentations in order to diagnose and effectively manage each patient. I was glad for the supervision, which allowed me to devise management plans with a safety net of an experienced clinician – during the course of the elective my management plans improved significantly. The majority of consults were with Spanish speakers, and I therefore developed my Spanish language skills, and learnt a new language: Medical Spanish. In order to communicate effectively, I worked hard to simplify my questions and made use of closed questions. With regards to clinical skills, I learnt how to drain an abscess, how to use an ocular tonometer and slit lamp, and became more familiar with ophthalmoscopy and otoscopy. The Clinic used an online consultation and prescription system, and I enjoyed summarising notes in a succinct and clear manner. Early in the placement this took up a lot of time, but with practice and familiarity, I completed this more effectively. In terms of weaknesses and gaps identified, I felt my management plans still required improvement, but these improved during Assistantship and will continue to improve with time and experience.

Ethical issues: It was distressing that patient care was dependent on ability to pay, although Clínica Esperanza addressed this partly. Additionally, resources were severely lacking, especially in terms of investigations, on Roatán. When comparing with the NHS, the contrast is stark, and the elective reminded me how lucky we are to have the NHS. Whilst working at the Clinic with an American Physician Associate (who can prescribe), initially he was reluctant to check over my prescriptions – however, I made it clear a number of times that I would not do something in Honduras that I did not do in the UK. He came around to my viewpoint and was thereafter receptive to checking the prescriptions.

Work-life balance: My elective, especially the time spent with fellow volunteers and Clinic staff, taught me the importance of a work-life balance. During Medical School, I have consistently worked hard, balancing a number of extra-curricular commitments with my studies, and at times neglected myself. I will take my new attitude forward into my working life, and ensure I make more time for friends and to relax, and to be more outgoing with work colleagues to form lasting friendships.



Dra Nuñez (Pharmacist, left) and Dra Galeas (Diabetes specialist) prepare healthy food for a diabetes education class



Four volunteers accompany Karla (right) on a community visit to El Berrinche



The importance of making time to monkey around

(Challenge: Which one is the monkey?)



Fist-bumping the Medical Director, Rafael Solis – one of the best paediatricians and doctors I have ever met

Overall, I loved my elective experience. It was humbling to work alongside fantastic colleagues from Clínica Esperanza and beyond. I learnt so much from these new friends: from clinical knowledge and skills, to a better approach to work and life outside it, to *baleada* preparation (the national dish of Honduras), and we shared so much laughter.

I enjoyed sharing my experiences at the RMS Electives Evening and talking to interested students afterwards – one of whom has now applied to the same elective programme. I am happy to be contacted (christophergraham@hotmail.co.uk) by RMS Members who have questions about this elective, and happy to contribute to the RMS website elective database with key information, if this would be of use.

A large part of my Medical School experience has been shaped by my involvement with the Royal Medical Society. It was fitting that one of the highlights of my time at Medical School was also made possible by the Royal Medical Society. I am very grateful to the Royal Medical Society for its generous financial support.

Thank you very much!

