

**Child Family Health International
Rural and Urban Comparative Healthcare Internship
Quito & Chone ECUADOR
April 2nd - 30th, 2009
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Week 1 - Quito

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2009-04-30

Hospital: Clínica de Adolescentes

Precepting Physician: Dra. Dora Carrera (Pediatrics)

Summary of Experience: This clinic provided a great look at postnatal/neonatal healthcare, as well as outpatient visits in pediatrics. The residents and nursing staff were attentive and compassionate. Doctor Carrera was extremely caring and a good teacher who was able to demonstrate skills as well as discuss the ins and outs of the pediatric unit while effectively teaching and working. The days started in the maternity ward rounding through to check on newborns and then moved to the outpatient clinic.

Clinical Skills Practiced: Newborn physicals (including rooting, sucking, and Moro reflex testing, hip dislocation check, coronary and pulmonary auscultation), pediatric physicals, patient medical histories in Spanish, discussion of nutrition and vaccination information with new parents, and discussion of disease pathology and prevention.

Notable Observations: Ages 12-48 hours postpartum: many new borns with jaundice, but no major complications observed other than some mothers with flu and on IV saline drips. Vaccinations were the rule in outpatient visits with some bacterial respiratory infections (Rx: usually amoxicillin), allergic reactions (wool), a few slight arrhythmias and a mitral murmur that was benign.

Week 2 - Quito

Hospital: Eugenio Espejo

Precepting Physician: Dr. Leonardo Vaca (Emergency Room Medicine)

Summary of Experience: Considered one of the best teaching hospitals in Ecuador, Eugenio Espejo and the staff were welcoming and helped teach tremendously well. The Chief, Doctor Vaca, was helpful in coordinating the program and arranging lectures to attend during the week. In the ER, Doctor Wilson Vasconez (attende) and Veronica Solorazano (resident) were extremely helpful and kind during the week, managing the constant flow of patients with skill and ease. This rotation began and ended in the ER and was excitingly filled with new challenges at each opening swing of the door.

Clinical Skills Practiced: Phlebotomy (including pediatric, adult, and geriatric blood draws), intravenous and intramuscular injections (antibiotics, pain killers and local anaesthetic), taking patient medical and social histories in Spanish, taking vital signs, pulmonary coronary auscultation, abdomen palpation, cleaning wounds, assisting with minor procedures (suturing deep lacerations, catheterization), viewing/discussing radiographs (chest and abdominal with various conditions), viewing/discussing echographs, assisted in setting up an electrocardiogram, and helping with triaging patients and easing the hectic flow of the room.

Notable Observations: Myriad diverse cases observed including: acute and diffuse abdominal and gastrointestinal pain (ulcers, heart burn, gastroenteritis, appendicitis, colestitis, hernias, kidneystones and gallstones), hematomas, edemas, parasitisms (with one case of leishmaniasis), second degree burns, fractures, strokes, anginas, bacterial infections of skin, pulmonary infections, and viral infections. In diagnosis doctors ordered hematological tests, urinological tests, sputum cultures, echograms, radiograms, and discussed differential diagnoses often but were usually confident and accurate with diagnosis.

Weeks 3 & 4 - Chone

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Hospital: Napoleón Davila Córdoba (Hospital Catonal de Chone)

Precepting Physician: Dra. Matilde Dias (Pediatrics)

Summary of Experience: Doctor Dias was exceptional in her ability to teach the human and scientific sides of medicine. The pediatric rotation lasted for the duration of most mornings and involved rounding through various inpatient cases, with a lecture on Tuesdays. At 10 o'clock we switched to the outpatient clinic where she prescribed meds, signed new admits, and went through roughly ten-fifteen more patients a day. She was very supportive and trustworthy of my diagnoses when doing physicals even though I always insisted she double check. The afternoons were spent in other parts of the hospital observing and assisting other physicians (including Dr. Mario Toscano) in neonatology, obstetrics/gynecology, operating room, emergency room medicine, and the intensive care unit.

Clinical Skills Practiced: Assisting general surgery (I scrubbed in, and aided in a cholecystectomy to remove a gallbladder with two golfball-sized gallstones), observation of a Cæsarian section and a live birth, performing patient physical examinations (auscultations, palpations, head check, testing pupils, reflexes, throat redness, lymphatic swelling, capillary refill, skin checks, etc), taking vital signs, taking patient histories in Spanish.

Notable Observations: lots of malnutrition in the outpatient clinic (overwhelmingly mothers just can't afford milk and need to avoid malnutrition and anemia by keeping up with vitamins, iron and a balanced diet, and use Papilla), no parasitic infectious diseases but *E. coli*, *Pneumococcal*, and *Staphococcal* bacterial infections were common, as was rotavirus in the kids who could not get the vaccine. There were a few patients with abscesses from infected mosquito bites or poor hygiene. In the ICU there was post partem sepsis in a new mother, hypoglycemia, cardio and organomegaly, and various respiratory problems. Neonatology had babies with edema, arthritis, jaundice, and diarrhea.

SUMMARY: This experience has changed my life, and I will definitely come back to Ecuador. The state of health care here is not by any means in dire straits, because of the quality of care that the physicians, nurses, and aides provide especially where resources are limited. That resources are limited, however, and that education is lacking in some crucial areas (sanitation, immunizations, contraception, disease control), is not disparaging in the least because everywhere I've been, people are making efforts to improve their lives and the lives of those around them. The newly authorized free vaccinations program guaranteed to all Ecuadorians bodes well for future provisions that will help make health care affordable where there is less money, and available where there is greater need. Efforts to increase the usage of anti-malarials in the countryside have drastically reduced the incidence in many regions of Manabí, and in Chone they've seen just one case in a year. The feel for working in medicine here, is that it's a very human enterprise. In the States, where malpractice suits, pricey procedures, unnessecary tests, and outrageous drug prices are the norm; many hospitals could learn much from Ecuador's example. The skill, experience, and compassion with which physicians work in this country, is worthy of emmulation, and is hopefully not lost on all of us that have had the privilege to work alongside them. I certainly will keep this experience with me as I continue to pursue studies in medicine, and as a physician.

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