



Clinical Primer for Practitioners

For American physicians and clinical staff volunteering for a HHI Medical Service Trip in the Dominican Republic, there is a need to become oriented to a practice environment that may be dramatically different from what we are used to back home. Practicing medicine in the impoverished communities of Severet, Negro Melo, Arroyo de Leche and Pancho Mateo requires an adjustment to the local environment. There is often scant electricity, few tests are available, and specialist referrals are reserved for a limited number of high-priority patients. We also remind new practitioners from the U.S. that the standard American style of defensive medicine is not appropriate in this much less litigious legal environment. We find that this care setting brings us back to the basics of good primary care. Listening carefully to patients, doing brief problem-oriented exams, testing only when it is absolutely necessary for the plan of care, and being culturally sensitive, all result in a provision of care that truly brings back the joy of being a medical practitioner. This short primer will help new volunteers to become oriented to this new and exciting practice environment.

General Principles

We set up our field clinics in churches, schools and other locations appropriate for large numbers of patients. Each physician will be stationed in one "room" (usually the walls are made of bed sheets) and, depending on his/her language skills, is usually joined by an interpreter. Clinic days are split between appointment-based hours for patients in HHI's Chronic Care Program for hypertension, diabetes, epilepsy, or asthma, and walk-in hours where patients are seen on a first come first serve basis.

Community Health Workers

Since 2010, HHI has been training Community Health Workers in each of the four communities we serve. They have become respected community leaders and are a central pillar of our plans to develop health care infrastructure in the communities we serve. These *cooperadores* are trained as community-based providers of primary care, including basic first-aid, chronic disease management, and community health education. The community health workers are instrumental in setting up the field clinics and scheduling patients who need follow-up appointments. They also identify sicker patients in each community who should be given priority appointments.

The *cooperadores* are vital in following up patients in our Chronic Care Program by checking their blood pressure or glucose levels each month, supporting them in managing their diseases through behavior change and medication compliance, and reporting back to HHI's Clinical Programs Director year-round. The community health workers accompany their Chronic Care patients during their field clinic appointments. Each *cooperador* has a caseload of 6-8 patients.

Interpreters

As in all medical practice settings, getting an accurate history is vital in diagnosing and managing the wide variety of problems that our patients present with. We are greatly assisted in this through the services of our medical interpreters, many of whom have been helping us communicate clearly with our patients for several years. HHI trains local medical interpreters using a curriculum adapted from professional interpretation resources. There is an art and a science to communicating through an interpreter. It is important to direct one's questions to the patient and to converse with the patient, rather than interviewing the interpreter. It is important to make sure that the interpreter is transmitting the patient's word-for-word answer to the question you asked, rather than paraphrasing or jumping too quickly to their own diagnosis. The interpreters can be invaluable in helping bridge cultural divides (for example, "itchy blood" is a euphemism for intestinal parasites).

One problem that interpreters often run into is that the patient may not "understand" what the doctor's question refers to or means. For example, if we ask a patient if she has vaginal area burning, she could answer yes whether it really is vaginal or urethral. Patients may also answer according to what he/she believes the physician is looking for. Patient self-advocacy is not as common among our patient population here, and patients may not volunteer information about their symptoms unless directly asked or prompted. It's also wise to ask patients very specific questions about their medical history or symptoms in order to avoid cultural confusion. For example: Many patients may say "yes" to the question "have you ever been told you had high blood pressure?" But they may have been told this by their neighbor because they complained of a headache last week. A more clear question might be "has a doctor ever told you that you needed to take medication for high blood pressure?"

Labs and Testing

Physicians bring our own sphygmomanometers and stethoscopes, and HHI provides blood glucose meters and urine dip sticks at our clinics. There is usually (but not always) a working toilet and bathroom available at the clinic for obtaining urine specimens. There is currently no ability to perform pelvic exams; thus, STDs are primarily diagnosed based on symptoms and urinalysis. For our hypertension patients on diuretics, there is the ability to obtain electrolytes and renal function testing in the town of Montellano. CBCs, ultrasounds, and x-rays can be ordered as well. All available tests will be outlined on a Lab Order Form provided by HHI.

All tests will require some effort to transport the patient into town. We subsidize the cost of transportation and testing for our chronic care patients and referral patients, but costs may be prohibitive for patients who are not identified as high-priority, thereby entering them in HHI's referral system. When ordering a test, make sure to fill out the test requisition and mark the chart with a green sticker so that the International Program Team can easily identify the patient as needing follow-up. The MST Volunteer Manual you will receive in the DR contains the Field Clinic Operations Protocol for quick reference on this procedure.

It is vital that only those tests which have the potential to change treatment be ordered. Thus, a middle-aged woman who experiences post-prandial right upper quadrant pain radiating into her back for twenty minutes every few weeks should not have an ultrasound, as she will not be referred for surgery for these relatively mild symptoms even if gallstones were found. She should be counseled on gallstones and avoiding fatty foods on the basis of the history and physical. On the other hand, a woman who has the same symptoms but presents with jaundice should be referred, as she will require surgical intervention.

Referrals

HHI has established referral relationships with specialty providers in Montellano, Sosúa, and Puerto Plata. We have the ability to refer patients to most major specialties, including cardiologists, neurologists, urologists, general surgeons, gynecologists, orthopedists, ophthalmologists, and dentists. We have a \$2500 total budget for labs, imaging, and specialty consultations after each MST, so testing and referrals must be doled out judiciously for those patients who truly need these services. Patients who are potential referrals should have their chart marked with a green sticker, and at the end of the week, the physicians will meet with the International Program Team to determine priorities. You will receive further training on this topic when you arrive in the DR, and it will also be outlined in your Volunteer Manual for easy reference. Because there is limited funding and not all patients who physicians feel might need a referral will be chosen as priorities, please do not promise the patient that they will receive a specialist consult. It's best to inform them that you will talk with the other doctors and later someone from HHI will contact them to let them know what is recommended. Each

physician will see around 80-120 patients during a week-long MST, and should be expected to generate 6-8 referrals for specialty, testing, or imaging services.

You will also encounter patients who have problems that cannot be delineated or resolved with a single primary care visit. These patients will need further follow-up by both the Community Health Workers and the International Program Team. Should you encounter such a patient -- for instance, a low weight premature infant whose inexperienced mother may need help with feeding and follow-up weight checks -- be sure to alert an HHI staff member and find out who is the Community Health Worker who likely will be following them. Explain what follow-up will be needed, what should be watched for, and put a green sticker on the chart and document your specific instructions in your note. Referrals for specialty care should be processed in the same fashion. If you have an acutely ill patient who needs immediate emergency transport and attention, talk with an HHI staff member to arrange transportation to the hospital.

Medications

The HHI formulary will be listed in your Volunteer Manual. We have tried to choose effective but inexpensive medications that can be locally sourced to treat the most common conditions that we encounter, based on WHO and Dominican Ministry of Health guidelines. Obtaining medications not on the formulary is difficult, and most frequently not possible to access in a sustainable manner. In general you will need to make do with the medications we have listed. It is advisable to dose medications once or at most twice a day, as compliance may be low for meds that are prescribed for more than once a day. Try to keep prescriptions low in number, and avoid prescribing more than one new medication at any given visit.

When prescribing for patients in the Chronic Care Program, give a two month supply. The Community Health Workers will make follow-up visits and supply the next two months of medications before the patient runs out. Please review the Hypertension and Diabetes Diagnostic and Treatment Guidelines for more information on enrolling patients in these programs and prescribing medications. You will receive further training on these procedures when you arrive in the DR.

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