

UMVIM MANUAL FOR HEALTH CARE VOLUNTEERS



Manual for UMVIM Health Care Volunteers

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INTRODUCTION

The United Methodist Volunteers in Mission through its former health care component, the United Methodist Fellowship of Health Care Volunteers, developed a series of country specific destination manuals for use by health care teams. This manual is an effort to combine the most useful parts of these manuals into a volume that will be of general use both for all health care teams going to developing countries, and also for individual health care volunteers. This manual covers information specific to health care teams. It is designed to supplement the revised UMVIM Training Manual for Mission Volunteers, which provides general information important for all UMVIM teams.

PHILOSOPHY

The guiding philosophy of the UMVIM Health Care Mission includes supporting medical and dental teams and individual health care volunteers, but also striving to provide health care that is both:

1. Continuous: available on a day-in-day-out basis
2. Sustainable: aims for the long term

Many church congregations in developing countries hope to offer a health care ministry to the community around their church, a ministry of health care that serves all of the members of that community, not just church members. Part of this ministry is to receive health care teams, but their dream is to offer not just short-term medical and dental clinics but also to establish on-going care at these sites, and to include an emphasis on health education and preventive measures. In partnership with UMVIM and the Health and Welfare Ministries Program Area of the General Board of Global Ministries, they want to work toward the World Health Organization goal of HEALTH FOR ALL.

PUTTING TOGETHER YOUR HEALTH CARE TEAM

Careful planning is the most important key to a successful mission trip. The UMVIM Checklist and Time Line for Health Care Teams provides a step-by-step plan outline that will guide you through the process. (See Appendix, page 15.) It is important to start the process as early as possible. Contact your Jurisdictional and Conference UMVIM Coordinators as soon as you can. They can provide you with additional information, potential sites to serve, resources that you may use, and contacts with missionaries and those who have participated on previous teams. It is also important to notify these Coordinators about your projected trip, in order to keep up the UMVIM Connection, and also keep track of who is going where. Of course, your most important contact will be the host country UMVIM Health Care Coordinator. That person will be responsible for making all of your on-site arrangements and will help you in the planning process. You will need to maintain close contact with this person during the entire time of preparation.

TEAM SIZE

The On-site UMVIM Coordinator will usually recommend a team size for each location. Limiting your team size may be difficult for you, but may be critically important, particularly for medical teams. The clinic facilities may be quite small, and/or accommodations may be limited. Transportation and local support may also be limiting factors. Please be understanding and honor this recommendation. If you have any problems with this, please discuss this with your host UMVIM Coordinator.

TEAM COMPOSITION

- Need a balance of medical and non-medical personnel.
- Mix of personnel depends on site and purpose of team
- For a general medical clinic, 1 or 2 physicians is ideal
- A dentist may be added + a dental assistant
- Nurses are valuable and versatile members, and can be used in many ways
 - a. Triage: sorting out the seriously ill, selecting the provider
 - b. Arranging for follow-up.
 - c. Assisting physician
 - d. Prescribing basic treatments
- Physician Assistants (PAs), and Nurse Practitioners (NPs), are categories sometimes not recognized by the Ministry of Health or other licensing bodies in the country that you are going to serve. However they are able to fully utilize their skills at the mission site.
- They can function well as providers with MD supervision
- Try to include a health care student or health professional in training.
 - a. You introduce them to mission
 - b. The extent of their role in patient management needs to be in proportion to their training and experience.
 - c. Direct supervision is a requirement for students
- Pharmacist or pharmacy coordinator.
- Non-medical persons:
 - a. 50% of team can be non-medical.
 - b. Include a pastor or someone who assumes the pastoral role
 - c. Fix-it expert

- d. Crowd control supervisor—may be local
- e. Non-medical persons can do many needed basic tasks, such as data entry, vitals, gofers, ambassadors, advocates, educators

Note: It may be appropriate to provide a component of specialty care during your mission trip. For example: women's issues and gynecologic problems are a major unmet need. Women are often reluctant to seek care for their problems. The presence of a specialist may encourage them to come forward. Sites in developing countries are often not set up to offer surgical care or ongoing treatment for chronic illness such as diabetes or hypertension. There is certainly a need to work toward the provision of these services at many sites.

Health education is an important need in all communities. It is usually not feasible for a short-term team to attempt to present a comprehensive general education program to the community during their limited time at the site. What can be considered is a specific topic or focus, possibly combined with a screening clinic, which can be presented as part of an ongoing education program in partnership with members of the community and/or a local health worker.

TRANSLATORS

- Adequate medical care is impossible without full communication
- Skilled translators are crucial to success of a medical team.
- They must be fluent in English and in the local language.
- Must be familiar with medical terminology
- Local translators often work best, even if a team member is fluent
- They are familiar with local customs, beliefs and community resources
- Need a translator for each provider, and for triage and pharmacy.
- Consult with host UMVIM Coordinator about translator fees and costs.
- Notify the Coordinator about how many translators you will need.

DENTAL TEAMS

- Dentistry at some UMVIM sites may be limited to extracting teeth and teaching dental hygiene.
- Other sites may be able to provide more complex services that require more sophisticated equipment and trained assistants.
- Simple preventive measures such as instruction in brushing teeth and avoiding prolonged exposure to sugar may be invaluable. Fluoride treatments in schools may be considered.

- Suggestions for dental equipment and supply needs can be found in “Getting Supplies and Equipment”, available for download from [.healthcarevolunteers.org](http://healthcarevolunteers.org).
- A list of suggested equipment needs for a dental clinic in Honduras, and basic dental set up, by Tom Brian DDS, President of Project Hope, is found in the appendix.

SUPPLIES, EQUIPMENT AND MEDICINES

- You can’t possibly take everything with you that you think you will need
- You can’t possibly foresee everything you might need.
- The Manual “Getting Supplies and Equipment” available for download from the GBGM website, [.healthcarevolunteers.org](http://healthcarevolunteers.org)., goes into detail about many suggestions for obtaining what you need for your trip.

MEDICAL & DENTAL EQUIPMENT & SUPPLIES

- You will seldom have to deal with large equipment if serving a small clinic
- Teams will usually need to bring their own surgical and dental tools and examination equipment.
- Simple glucometers and hemoglobinometers are often useful, but need to be accompanied by a generous supply of test strips and supplies.
- It is usually best to hand carry on the plane any fragile or expensive small equipment.
- Keep in mind that since Sept 11, security will not allow you to carry on any sharp instruments or anything that could even be remotely considered a weapon.
- Medical and dental supplies such as gloves, bandages, suture materials and hand instruments are expensive to purchase at your destination and are sometimes not obtainable there.
- Gleaning from US clinics and hospitals is an excellent way to get these supplies at no cost.
- Some supplies that you may want to purchase locally include
 - a. Simple plastic baggies for dispensing medicine
 - b. Clorox bleach
 - c. Paper towels
 - d. Purified water

- Several nonprofit agencies specialize in collecting and packaging medical supplies. They basically charge only for shipping and handling. (See ‘Getting Supplies and Equipment’ for contacts and ordering suggestions)
- Dr Tom Brian lists the supplies and equipment needed to furnish a mobile dental clinic (See Appendix).

PHARMACEUTICALS

- Selecting the right medicines is an important task for any medical team, and the process should be started early.
- A pharmacist should be included either on the team or as a consultant.
- For details on the procurement process, refer to “Getting Supplies & Equipment”.
- Develop a tentative formulary. An excellent formulary developed by Pharmacist Dick Herrington and his team for use in La Ceibita, Honduras is included in the Appendix. There is also a treatment protocol for common conditions, originally developed in Guatemala.
- The following need to be considered in developing the final formulary
 - a. Medical conditions likely to be encountered
 - b. Projected numbers of patients
 - c. What is already available on-site, and what is most commonly used locally.
 - d. The prescribing preferences of health professionals on the team
 - e. The team budget for medicines.
- For patients requiring long-term drug therapy, try to select medicines that are affordable and can be purchased locally by the patient.
- Consider the following sources to fill your needs
 - a. Gleaning----obtaining samples of medicines from clinics and hospitals---does not always get you what you need, and meds have to be repackaged, but they are free. Small quantities of drugs are not very useful
 - b. Donations from drug companies may be very helpful, but are getting more difficult to obtain.
 - c. In country purchases
 - Support the local economy
 - Eliminate the problem of getting drugs through customs
 - Are much cheaper for certain drugs.
 - Preferable for liquid meds.
 - Quality is sometimes an issue.
 - Require that you use a reliable local wholesale source.

d. Most teams purchase at least a portion of needed pharmaceuticals from sources that specialize in supplying missionaries and other NGOs.

- They are non-profit, usually charge 6-15% of value, essentially the cost of shipping and handling
- They can supply a prepackaged set of World Health Organization recommended drugs (MAP Travel Pack or IMA Medicine Box), or allow you to order your choice and quantity of drugs on an as available basis (Blessings International or King Benevolent fund (now Kingsway Charities). (To contact, see 'Medical sources' in "Getting Supplies and Equipment").

Note: It is critically important not to pack any outdated or soon-to-expire drugs. They are illegal in many countries, regarded in many places as an extreme insult, and will risk having your entire shipment confiscated.

GETTING THROUGH CUSTOMS

- This task can be a major problem for health care teams, particularly when they are carrying large quantities of expensive drugs and medical supplies.
- Have a detailed packing list available for customs and extra copies of each list.
- Obtain a notarized letter from a church official, preferably one of high rank, vouching that the medicines and supplies are not for sale, but will be used to treat the poor. Include in this letter a request that the container be expedited through customs.
- It is easier and less risky for your team to go through customs as a group.
- It may help to be met at customs by someone from the local church who has expertise in getting through customs and can explain the purpose and intent of your visit. (This may not be possible with the increased security measures after September 11.
- Do not have any outdated medicine or you may risk confiscation of the entire lot.
- Bribery may be tempting in the short run, but it sets a bad precedent and will cause trouble for future teams

PHYSICIAN AND DENTIST CREDENTIALS

- **Requirements vary from country to country, and may change with time**
- **You will need to check with your Host Coordinator regarding the specific credentialing requirements in your host country. Be sure to begin this process early enough to complete this process well before your trip. Approval may require six months or more.**

- In general, physicians will need certification of current licensure and permission to work with the in-country Methodist Church through the National College of Physicians or Ministry of Health.
- Dentists usually need similar permission through the College of Dental Surgeons or similar body.
- You may need to submit the following, depending on the specific country requirements
 - a. Copy of general medical or specialist degree (diploma).
 - b. Copy of the current license to practice medicine or dentistry
 - c. Copy of passport.
- Copies do not need to be notarized or authenticated. Scanned copies are best if at all possible. Scan at medium to high resolution and email to host UMVIM Coordinator.
- Be sure to label all documents with name of team leader and dates of mission trip.
- Other health professionals, including nurses, sometimes do not need documentation or registration, but be sure to verify this with your host coordinator.
- Many certifying bodies do not recognize physician assistants or nurse practitioners as separate categories. However they can serve as medical providers under the supervision of a physician.

LIABILITY ISSUES

- There has never been a malpractice claim or other liability claim filed against any member of an UMVIM team or individual health care volunteer at any site outside the United States.
- A recent legal opinion has stated that the risk for this occurring is virtually nil. (See malpractice issues for HCV, [.healthcarevolunteers.org](http://healthcarevolunteers.org).)
- UMVIM does not provide malpractice insurance coverage.

UMVIM POLICIES SPECIFIC TO HEALTH CARE TEAMS

- Health care teams are expected to conform to the same general policies set out for all UMVIM teams
- They work under the priorities set by the local Methodist Church
- They follow the guidelines for gift giving, prohibition of alcohol, drugs and smoking, and limitation of team size.
- In addition medical teams are advised:
 - a. Not to bring expired or short dated medicines
 - b. To respect the minimal fee policy for clinic patients if one has been established
 - c. To keep in mind that quality of care is more important than quantity of care
 - d. To bring with them or purchase locally supplies to keep the clinic as clean as possible
 - e. To practice AIDS and hepatitis precautions
 - f. To avoid medicating families without appropriate individual assessments
 - g. To leave excess supplies and medicines with the UMVIM Health Coordinator.

DIFFERENCES BETWEEN U.S. EXPERIENCE AND UMIWM CLINICS IN DEVELOPING COUNTRIES:

In U.S. Clinics	In Developing Countries
<ul style="list-style-type: none"> • We can take care of almost all the patients we see. • Doing a complete history and physical exam is necessary for good care • Patients who come to the clinic are sick and will receive the full attention of the provider • You can confirm your diagnosis 	<ul style="list-style-type: none"> • Due to limitations in our expertise, finances and referral resources, not all illness that we see can be diagnosed or treated. • Number of patients sometimes dictates shortening to essentials. Triage becomes very important. However, making a thorough evaluation may be lifesaving, and more important than treating a hundred kids for diarrhea and worms. • Many times a mother who wants the best for her family will bring all of her children. This may be the only time they have ever seen a physician. They also may have traveled many miles and stood in line for hours. It will be hard to turn them away without being seen, with a handful of vitamins and worm medicine. Take this step only if absolutely necessary. • Lab and X rays are hard to come by, very expensive, and may be totally

<p>with appropriate lab and X ray.</p> <ul style="list-style-type: none"> • Specialist consultants are right across the hall 	<p>unavailable. Clinical acumen becomes very important. Consider bringing a glucometer and hemoglobinometer, with lots of test strips. Urine dipsticks are also helpful</p> <ul style="list-style-type: none"> • You are usually the end of the line. You will need to do your best, and use your skills to the utmost. Talk to the other members of your team and your hosts about the difficult cases
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CHARGING A FEE

- Most of the medical clinics hosted by Methodist congregations in developing countries charge a small consultation fee
- The money usually goes to the local church, and helps to offset the local costs of setting up and running the clinic.
- There are also good reasons for charging a small fee.
 - a. It preserves dignity. People are reluctant to take handouts
 - b. It increases the perceived value of the care that is given. Patients are more likely to follow the medical advice they have paid for.
- **NO ONE IS EVER TURNED AWAY BECAUSE OF INABILITY TO PAY.**
- There is no charge for medicines. Note: US Agencies that donate medicines stipulate that medicines may not be sold. Customs rules in most countries state that imported medicines may not be sold.

SETTING UP A MEDICAL CLINIC: THE NUTS AND BOLTS

There are many ways to set up a medical clinic, depending on a number of factors, including the location, the number of health providers, and the expected number of patients. Some clinics are held in a school or church. Others may be in an existing clinic building. There are usually five general areas, intake, triage, patient waiting, exam rooms, and pharmacy.

INTAKE

- Responsible for initial contact. Present a friendly and welcoming attitude, not that of a rigid gatekeeper.
- Start patient record
- Record initial data; name, age, community and chief complaint.
- Assign a number to each patient
- Collect clinic fee for each patient.
- Assure that no one is turned away because of inability to pay. Sliding fee schedule if indicated.
- Identify sicker patients that may need priority attention
- Keep track of numbers and patient flow, to keep too many patients from being turned away at the end of the day
- This position is very important to the function of the clinic.
- It is usually held by a local person who knows the community well, and also understands the function of the clinic.

TRIAGE

- Take vitals, including pulse and blood pressure, weight in pregnant women and children under 5, and if otherwise indicated.
- If assessing nutritional status, take mid upper arm circumference in children.
- Identify sicker patients and access them to priority treatment
- Select appropriate provider. Use color-coded sticker on patient record.
- This area may perform routine labs on order of providers.
- May give out vitamins and anti parasite meds to patients who do not wish to see a physician.

CAUTIONARY NOTE: Children regard chewable vitamins as candy and may consume a month's supply at a sitting, with disastrous results. Vitamins should never be given directly to children, and parents need to be cautioned about the risk.

PATIENT WAITING AREA

- Need plenty of chairs, benches
- Need crowd control personnel. Local volunteers may be used.
- Provide children's activities.
- May have basic educational presentation, materials, or demonstrations.

EXAM ROOMS

- Separate rooms for each provider if possible. Otherwise partitions or curtains. Need privacy for exams.
- Provide exam table, and small writing table, chairs for patient and family, translator and physician, good light source.

PHARMACY

- Can be a major bottleneck to patient flow
- Need to have meds organized and labeled, easily accessible
- Prepackaging of the most commonly used meds, such as vitamins, anti-parasitics is helpful
- Need a pharmacist or designated pharmacy chief, and plenty of help.
- Assistants may count pills, and label bottles, give instructions to patients
- Usually need a bilingual person to give verbal instructions and answer patient questions.
- WHO instruction form (see appendix) can be used for non-literate patients.

RECORD KEEPING

- Some teams in the past have not kept records
- Patient records can be very important. Info does not have to be extensive.
 - a. Provides data such as numbers of patients, types of illness, meds used.
 - b. Provides info for follow-up, referral
- Suggest 5X7 cards
- Preprinting categories helps

INVOLVING LOCAL HEALTH PROFESSIONALS

- It is important to develop relationships with local health professionals, including local health workers, and have them involved with your clinics
- This provides opportunities for mutual learning
- They can be sources for follow up and continuity of care.
- They know local resources and can help to make arrangements for referrals

COMMUNITY BASED PRIMARY HEALTH CARE

- One of the most important developments in health care during the past 100 years
- Fits with the guiding philosophy for UMVIM health care, which is to support health care systems that are continuous, sustainable and centered in the communities that are served.
- Adopted and supported by the General Board of Global Ministries, Health and Welfare Program Area
- A concept that has great potential to improve health care in developing countries
- Has been proven to improve health in more than 20 countries.
- The Jamkhed model of CBPHC is the one most used by the Methodist Church (See Article in National Geographic Dec 2008)
- CBPHC is a concept that has important implications for us as health care volunteers
- Principles
 - a. Addresses root causes of illness such as poverty, lack of clean water and sanitation, ignorance, poor nutrition.
 - b. Health should be attainable, accessible, sustainable by people in their own communities
 - c. Health is a state of complete physical, mental, social and spiritual well being, not just the absence of disease
 - d. People in communities can and should be responsible for their own health
 - e. Health system needs to be based in the community it serves.
 - f. Community health workers are the usual key to health care delivery.
- The guiding philosophy of the Jamkhed model of CBPHC has three facets
 - a. Equity
 - 1. Reaches out to the poor and marginalized
 - 2. Treats women, classes and castes as equals
 - 3. Provides equal health care to everyone
 - 4. Provides equal opportunity for economic betterment
 - b. Integration
 - 1. Combines curative, preventive, and traditional medicine
 - 2. Treats the whole person: body mind and spirit
 - 3. Combines medical attention with other factors that enhance life and health, such as agriculture and education.
 - c. Empowerment
 - 1. Helps people help themselves
 - 2. Trusts them and delegates responsibilities to them.
 - 3. Helps them to realize that they are persons of sacred worth, and that they have the power to improve their health and the health of their community.

- How UMVIM teams can apply the principles of Community Based Primary Health Care
 - a. Incorporate equity, integration, and empowerment into our mission efforts.
 - b. Look for and begin to address the root causes of the illnesses we treat
 - c. Perform health needs assessments and evaluations of public health status
 - d. Affirm, support, and build partnerships with the community and with local health workers
 - e. When invited and prepared, participate in the training of community health workers
 - f. Strongly encourage our mission clinics and hospitals to develop and implement a regional network of community based health programs
 - g. Always work to foster independence and to help the community's health program to become self-sustaining

COMMUNITY HEALTH NEEDS ASSESSMENT

Any health program that hopes to improve the health and well being of a community needs as an essential first step to have a means of accurately identifying the health problems of that community, and the possible causes of those problems. Only when this information is obtained can appropriate health plans be developed and implemented.

Underlying causes of poor health are strikingly similar throughout the developing world. The World health Organization identifies the following 8 health priorities:

- Inadequate health education
- Inadequate food supply and poor nutrition
- Unsafe water and inadequate basic sanitation
- Inadequate maternal and child health
- Inadequate family planning
- Incomplete immunizations
- Uncontrolled endemic diseases
- Scarcity of essential drugs

These general areas of concern guide health programs toward uncovering the problems that adversely affect health but do not identify the community specific causes for these problems. For that type of information, a community health assessment is needed.

Assessment of a community's health is like assessment of a patient.

Clinical Diagnosis	Community Diagnosis
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Take a history	Talk with Community, ask questions, listen
Physical exam and tests	Community Surveys, review of records, data
Patient diagnosis	Community diagnosis
Develop a treatment plan	Develop a community health plan

In addition to direct observations, which at times can be very important, there are two broad ways of assessing a community's health. They are Participatory Appraisal (PA), and Community Health Surveys

Participatory Appraisal

- Otherwise know as Rapid Appraisal
- Interviewers need to be fluent in language and culture, and receive training in the interview process. An outsider should always be paired with a member of the community.
- Establish dialogue with community members. Seek opinions and perceptions.
- Interview one on one or two on two (better).
- Two types of interviews—both are important
 - a. Interview key informants such as community leaders, health workers, pastors, teachers
 - b. Interview cross-section of community including workers, mothers, single parents, differing economic status.
 - c. Both of these approaches should be used to get the most balanced view of the community's perspective.
- May also use focus group discussions, 6-10 participants with similar interests who discuss a particular topic, such as sanitation or health education
- Aims of the Participatory appraisal process are to
 - a. Find out community perceptions and priorities
 - b. Gain a lot of information in a short time period
 - c. Build trust of the community and a sense that they are active participants
 - d. Form the basis of community health planning.

Community Health Survey

- A set questionnaire given to randomly selected members of a community
- Gives more accurate numerical information
- The best method to discover the main health needs of the community
- Forms the basis for longer-term planning for a health program
- Can be used to resurvey as the program progresses.

Site evaluation

- Designed to describe and evaluate the health system and facilities that are in place in a community
- Includes physical facilities, personnel, equipment and supplies
- Also describes the currently available health services in the region.

A Guide for Community Health Needs Assessment and Site Evaluation in draft form is available for limited use. It describes in detail the processes listed above, provides a step-by-step action plan for preparation and training for the assessments, and lists sample questions for the Participatory Appraisal and a questionnaire for the Community Survey. (See Bibliography). Please request this document if you are planning to do an assessment. Also read the section on Learning about the Community (in Lankester, Bibliography). You will need to understand this process well and plan/prepare carefully before undertaking such an important task

APPENDIX

CHECKLIST FOR HEALTH CARE TEAMS Planning and Preparing for Mission UMVIM Health Care Volunteers

This list is prepared in response to many requests for a concise step-by-step guide designed specifically for health care leaders and teams. The list emphasizes the issues, needs, and problems confronting health care teams. It is designed to supplement the excellent "UMVIM Training Manual for Mission Volunteers" (Reference #1), which should form the basis for any UMVIM team preparation and planning. Refer to this manual for more detailed information and explanation, and for general principles and recommendations that are as important for health care teams as they are for any mission effort. (See Team Leader Checklist, Training Manual p. 89-94, Ref#1)

INITIAL PLANNING (One year or more before departure)

1. Generate initial interest in organizing a health care mission.
 - a. Make announcements in local churches, contact mission work areas

- b. Place notices and articles in Conference, District, and UMVIM newsletters
 - c. Contact area health professionals and other persons who might be interested in participating
 - d. Use lists from previous teams, Mission Volunteers Database (contact your UMVIM Jurisdictional Coordinator for information), word of mouth.
2. Gather those interested in participating for an initial planning meeting.
 - a. Determine what type of health care mission is of interest.
 - b. Identify potential sites.
 - c. Have several possibilities and preliminary information about each
 - d. Consider the possibility of mixed or combination teams, i.e. medical/dental and construction, specialty teams, institutional-hospital teams.
3. Select a team leader. Some characteristics to consider are
 - a. Experience with an UMVIM health care team
 - b. UMVIM leadership training, including training specific to health care teams
 - c. General leadership qualities as listed in the Training Manual
 - d. Some familiarity with expected practice conditions.
 - e. Ability to work in coordination with team health professionals and other team members.
 - f. Ability to interact with host community health professionals.
 - g. Ability to negotiate with host country health officials.
4. The team leader does not have to be a health professional.
 - a. Must have administrative experience and skills as well as health care team experience
 - b. With large teams consider appointing both a medical director and team leader/administrator.
5. Select a site. Consider such factors as
 - a. Project on list maintained through Mission Volunteers Office
 - b. Demonstrated health care need
 - c. Facilities that are in place.
 - d. Experience of previous teams
 - e. Participation of community health professionals
 - f. Interest in hosting a team
 - g. Capacity for hosting.
6. Recruit and select team members
 - a. Select for the professional skills needed to match the needs of the project.
 - b. Also select for interest and dedication to mission, and compatibility with other team members.
 - c. Also consider for willingness to accept guidance and mandates of team leaders.

- d. Consider including pharmacists, therapists, lab techs, pastors, persons with fix-it skills, record keepers, and non-medical persons. Often 50% of team members are non-medical.
- e. Try to include health professionals in training, and students in the health professions.
- f. Make sure that the size of the team fits the needs of the project and is within the capacity of the host to accommodate. (See below, host site coordinator)

INTERMEDIATE PLANNING

1. Contact the hosting organization. This is usually the local or regional Methodist Church
 - a. Obtain an official invitation.
 - b. Finalize the time and duration of the visit
2. Identify and contact host site coordinator (a very key person)
 - a. Go over details about the host facilities
 - b. Include practice setting, accommodations, personnel available
 - c. Determine what equipment, supplies, and medicines are needed.
 - d. Find out what needs to be brought by the team and what can be made available or purchased locally.
 - e. Make initial arrangements for:
 - Refrigeration for immunizations and medications
 - Methods for sterilization of instruments and supplies
 - Source of potable water
 - Source of power for lights and electrical equipment
 - Local personnel for clinic operation
 - Translators familiar with medical terms for each module of the clinic
 - Clinic preparation, including exam tables, furniture, instruments.
 - f. Make arrangements for housing, transportation, and meals.
3. Notify your Conference or Jurisdictional UMVIM offices about the project. Include dates, projected size of team, purpose, and other pertinent information.
4. Check on the insurance coverage provided by your conference or jurisdiction. Strongly consider taking out the accident/accidental death and emergency evacuation policy provided by GBGM. Almost all teams make this coverage a requirement for participation and many hosts require it.

Note: Malpractice or liability claims have never been a problem in any of our mission experiences. In fact there has never been a record of any claim made. GBGM does not provide malpractice insurance coverage.
5. Plan for team orientation and training

- a. Include general information and training, and training specific for health care teams
 - b. Include information about the host country and culture
 - c. Describe expected practice conditions and disease spectrum likely to be encountered
 - d. Go over in detail the role that each team member will play in the function of the clinic, but emphasize the need for versatility and flexibility
 - e. Review "Taking Care of Your Personal Health", available on .umvim.info > health care volunteers
6. Verify credentials of health professionals
 7. Determine what documentation is required, and request permission to practice for each health professional.
 - a. This permission is usually granted through the host country Ministry of Health, with the assistance of the host UMVIM Coordinator. For country specific requirements, be sure to contact your host coordinator.
 - b. Be sure to start this process well in advance. Approval to practice may take 6 months or more.
 - c. Plan to take two copies of all documents with the team.

NOTE: Credentialing is usually required of doctors, sometimes dentists and nurses. Other health professionals do not usually require credentials

8. Compile a list of required medical/dental supplies and equipment.
9. Locate potential sources. Consider donations, gleaning, purchasing from supply agencies
10. Develop a tentative drug formulary, based on projected needs and team prescribing preferences.
11. Plan for shipment of large equipment or large quantities of supplies at least 6 months in advance.

Note: Refer to Getting the Right Stuff, a Users Guide for Obtaining Supplies and Equipment for Health Care Mission (see #2 of "References") for more details about the acquisition process, lists of supply sources, getting through customs and other helpful information

12. A preliminary site visit by the team leader may be indicated, in cooperation with local coordinator
 - a. Establish relationships with local health professionals
 - b. Assess community health needs and public health status.
 - c. Assess clinic facility and accommodations.
 - d. Use the Health Needs Assessment and Site Evaluation instruments. See Reference #3 below.
 - e. Determine need for equipment, supplies, and medicines

13. Research medical system of the host region, including regional referral sources, ways to obtain lab and X ray, arrangements for ongoing, chronic care. Also locate potential resources for treatment of team members who may become ill.
14. Plan for an on-site team meeting and orientation.
15. Consider team meeting with local health professionals, coordinators, church officials
16. Consider an on site community health assessment (see Reference #3 below)
 - a. Public health issues, (water, sanitation, immunization status)
 - b. Nutritional status
 - c. Infant feeding practices
 - d. Access to health care
 - e. Community health services

17. Carefully review with team the UMVIM policies specific to health care teams

FINAL PREPARATIONS FOR DEPARTURE

1. Start early. It will always take more time than you think.
2. Begin packing process
 - a. Gather supplies and medicines in one place
 - b. Consolidate samples and supplies into bulk units, and label clearly
 - c. Distribute supplies and meds into several packs, so that if a piece of luggage is lost or misplaced, you will not lose the entire quantity of a given item.
 - d. Old suitcases and duffle bags are very useful, and are preferred over boxes and cartons. They hold more, are easier to carry, and are less commercial looking, less likely to arouse the concern of customs officials. Per Jane Dunn boxes and cartons may longer be allowed through security.

NOTE: DO NOT TAKE OUTDATED MEDICINE OR SUPPLIES. Do not even consider this possibility, even if you know that they are perfectly useable and safe. Any medicines you take must carry an expiration date at least six months beyond time of entry.

3. Plan to hand-carry all delicate and or valuable instruments and personal diagnostic equipment with you on the plane. NOTE: Getting your luggage through airports has become much more difficult since the events of Sept. 11th. Any equipment or surgical/dental instruments that have any resemblance to weapons, such as scissors, surgical knives, even forceps, will be confiscated. This type of equipment will have to be sent in checked baggage, or shipped in advance

4. Maintain communication with hosts. Consider such topics as
 - a. Publicity for your visit.
 - b. Opportunities to meet with local officials, including church officials, and local health professionals.
 - c. In some countries, fees are already estimated and must be honored by volunteer teams
 - d. Make final arrangements for translators, medical record keeping, and local support persons, accommodations and meals.
 - e. Acute changes in health status and general conditions in community.

NOTE: suggested time line, budget considerations, travel and host arrangements, personal health considerations, including immunizations, and personal preparation are discussed in detail in the Training Manual for Mission Volunteers, Reference # 1. Please refer to this resource for these and other considerations.

CONTINUING THE MISSION

1. Evaluate quality of mission by using evaluation form on p. 109 of "UMVIM Training Manual for Mission Volunteers" (see Reference #1 below).
2. Consider possible future needs of the site (teams, individual volunteers, continuity of care, financial support)
3. Consider expanded roles for future teams to the site
 - a. Teaching
 - b. Community Based Primary Health Care
 - c. Other therapeutic interventions
 - d. Specialty teams
4. Refer to p. 34 ("Continuing the Mission") of UMVIM Training Manual.
5. Plan for a debriefing team meeting 1 week after return. Begin planning for future team activity, and future possibilities for the site.
6. Recommend that team members make presentations about the trip and the site to churches, conferences, and regional health organizations.

REFERENCES

1. UMVIM Training Manual for Mission Volunteers, Rev. 2005. Obtain through Mission Volunteers, GBGM, Room1400, 475 Riverside Dr., New York, NY 10115.
2. Getting the Right Stuff: a user's guide for obtaining supplies and equipment for health care mission. Available on website umvim.info. >health care volunteers
3. Site Visit/Health Needs Assessment for Health Care Teams. Obtain from @cableone.net.
4. Center for Disease Control (CDC) website, .cdc.gov/travel/index.

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6. Palmer, Dennis, and Wolf, Catherine. Handbook of Medicine in Developing Countries, Second Edition (Bristol, TN: CMDA, 2002). Paperback \$29.95. Palm download available for US\$19.95, or US\$9.95 if purchased together with paperback. To order, call 1-888-231-2637 or online at [://www.cmdahome.org/](http://www.cmdahome.org/).
7. Lamb, Dr. Ron. Portable Mission Dentistry (1999). Available from Dr. Ron Lamb, PO Box 747, Broken Arrow, OK 74013-0747.

LA CEIBITA FORMULARY 2007

This formulary was compiled by Dick Herrington, RPh. for use in rural Honduras. It is included as a general guideline. General modifications and alternate suggestions by RWB in red.

DRUG	DOSE	AMOUNT
Acetaminophen	500 mg Tablets	3,000
Acetaminophen	80 mg Children's Chewables	2,000
Acetaminophen	80 mg/0.8ml Bottle Drops	
Acetaminophen	120 mg Pediatric Suppositories	12
Albendazol	400 mg Chewable Tablets	2,000
Albuterol	4 mg Tablets	
Albuterol	Liquid for Nebulizer 2 mg/5ml	
Albuterol	Inhaler	
Amoxicillin	250 mg Chewable Tablets	
Amoxicillin	250 mg/5ml Suspension 100 ml	
Amytriptyline	10 mg Tablets	
Aspirin	81 mg Enteric Coated Tablets	1,000
Aspirin	325 mg Tablets	1,000
Augmentin	250 mg Chewables (Amox 200+Clavulanate 28.5	
Augmentin	Amox 600 mg+Clavulanate 42.9 mg/5ml 125 ml	
Azithromycin	250 mg Capsules	
Bisacodyl	5 mg Tablets (Dulcolax)	
Calcium Carbonate	(Tums)	
Carbamazepine	200 mg Tablets	
Cephalexin	250 mg Tablets	
Chloroquine Phosphate	500 mg Tablets (Aralen) can buy locally	

Ciprofloxin	500 mg Tablets can buy locally	
Cortamycin	Neomycin, polymixin B, HC 10 ml Otic Solution	
Cortisporin	Ophthalmic Solution ointment is more practical	
Diphenhydramine	25 mg Capsules	
Divalproex (Depakote)	250mg	
Diphenhydramine	12.5 mg/5ml Elixir can often buy locally	
Doxycycline	100 mg Capsules (Vibramycin)	
Enalapril	10 mg Tablets is this the least expensive of the type ?	2,000
Erythromycin	250 mg Tablets	
Erythromycin	Ophthalmic Ointment	
Ferrous Sulfate	325 mg Tablets	4,000
Ferrous Sulfate	220 mg/5ml Elixir	
Fluconazole	200 mg Tablets	
Furosamide	40 mg Tablets	
Grisofulvin	125 mg/5 ml Suspension	
Hydrochlorothiazide	25 mg Tablets	
Hydrocortisone	1% Cream	
Ibuprofen	200 mg Tablets (Motrin)	4,000
Ibuprofen	600 mg Tablets (Motrin)	
Ivermectin	3 mg Tablets	
Lice Shampoo	Check on availability of permethrin lotion	
Loperimide	2 mg Tablets (Immodium)	200
Loratadine	10 mg Tablets	
Miconazole	2% Cream	
Naprosyn	275 mg Capsules ?Necessary in addition to ibuprophen	
Neosporin	Bacitracin, Neomycin, Polymixin B Ointment	

Nystatin	Oral Suspension	
Oral Hydration Salt	NaCl, KCl/Trisodium, Glucose	
Permethrin	5% Cream	
Phenobarbital	60 mg. Tablets	
Phenytoin Sodium	100 mg Capsules (Dilantin)	
Prednisone	5 mg Tablets	
Ranitidine	150 mg Tablets	4,000
Robitussin DM	Guafenesin 100 mg, Dextromethorphan 10 mg Syrup	
Robitussin	Guafenesin 100 mg/5ml Syrup	
Scabicide	Benzoyl Benzoate or permethrin 5% cream	
Septra DS	Co-trimoxazole	
Tinidazole	500MG tablets	2000
Visine		
Vitamins	Children's Chewables 15 mg Fe	25,000
Vitamins	Prenatal Tablets 60 mg Fe	15,000
Vitamins	Infant Drops (Poly-Vi-Sol)	

INJECTIBLES

Kenalog 40 mg/cc	1 ml
Promethazine 25 mg	5x1 ml
Rocephin 500 mg/cc	5 vials
Lidocaine 1%	50ml

TREATMENT PROTOCOLS, SALUD Y PAZ, GUATEMALA

General guide for the most common categories

Does not include pediatric doses







Other locations may need a different list

For specific doses and up to date treatment recommendations, consult Wolf and Palmer (bibliography) or similar source.

Roundworms	Albendazole 400 mg single dose Mebendazole 500mg single dose		
Amebiasis	Tinidazole 500 mg 2 bid x 3 D Or Metronidazole 750mg tidX5-10d		
Giardiasis	Tinidazole 500 mg 2 bid x 5D Or Metronidazole 250mg tid x 5D		
Strongyloidiasis	Ivermectin 200 micrograms/kg qd x 2d.		
Allergy	Diphenhydramine 25 mg q 4-6 h		
Asthma	Albuterol 4 mg 1/2 or 1 tid		
Asthma	Albuterol by nebulizer or inhaler (+ or – ipratropium)		
Arthritis	Ibuprofen 200-400 mg tid		
Bronchitis, acute	Symptomatic care		
Bronchitis, chronic	Amoxicillin 500 mg tid x 10 D		
Bronchitis, chronic	Augmentin 500 mg bid x 7 D		
Chlamidia	Doxycycline 100 mg/D x 7 D		
Conjunctivitis	Erythromycin or Neosporin Ophthalmic Oint.		
Cough	Robitussin		
Cystitis	Septra DS bid x 3 d		
Cystitis	Cipro 250 mg bid x 5 d		
Fever/ Pain	Acetaminophen 500 - 1,000mg q 4-6 h		
Fever/ Pain	Ibuprofen 200-400 mg q 8 h		
Indigestion	antacids		
GERD	Ranitidine 150 mg bid		
Gonorrhea	Cipro 500mg or Augmentin 3grams as single dose		
Head Lice	Permethrin 1% lotion, repeat in 1 week		
Headache	Aspirin 325mg q 4-6 h prn, Ibuprophen		
Hypertension	Hydrochlorthiazide 50 mg D consider atenolol, captopril		
Malaria (Adult)	Check CDC recs for area and type of malaria		

	MRSA	Septra DS bid x 10 d	
	Otitis Media	Amoxicillin 500 mg tid x 5 D	
	Otitis Media	Augmentin 500 mg tid x 5 d	
	Pharyngitis	Amoxicillin 500 mg tid x 7 D	
	<u>Pneumonia</u>	<u>Azythromycin 500 mg day^x 1, 250 mg d 2-4d</u>	
	<u>Pneumonia</u>	<u>Amoxicillin 500 mg tid x 5 days</u>	
	<u>Pyelonephritis</u>	<u>Septra DS bid x 10 days</u>	
	Ringworm	Griseofulvin or fluconazole	
	Scabies	Permethrin 5% cream	
	Seizures	Depakote	
	Sinusitis	<u>Amoxicillin 250 mg tid x 10 days</u>	
	<u>Skin/tissue infection</u>	<u>Cephalexin 500 mg quid x 10 days</u>	
	Skin/Fungal	Miconazole 2% Cream bid	
	<u>Syphilis</u>	<u>Benzathine penicillin 2.4 million units X 1</u> <u>Or Doxycycline 100 mg bid x 14 days</u>	
	<u>Trachoma</u>	<u>Azithromycin 1 gm (20mg/kg). Single dose</u>	
	<u>Vaginitis</u>	<u>Fluconazole 150 mg single dose</u>	
	<u>Inflammation</u>	<u>Prednisone 1-2 mg/kg/d</u>	

WHO Pharmacy Instructions

			
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DRUG MÉDICAMENT MEDICAMENTO			
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HELPFUL HEALTH CARE HINTS

The following dos and don'ts were borrowed shamelessly from just about everywhere. They are sometimes more effective than a long pronouncement.

1. Plan far ahead. It will always take longer than you think.
2. Blessed are the flexible, for they shall never be bent out of shape.
3. Never assume that our culture or ways of doing things are superior, only that they may be different.
4. Regular devotions and worship are essential, both for the well being of the team and for the relationship with our hosts.
5. Remember that we come as servants, and our purpose is to serve the people of our host country and our Lord, Jesus Christ.
6. Health professionals in training and students make great team participants. You may imprint them for life.
7. Always get the insurance coverage provided by the GBGM.
8. Try to learn as much of the language as you can, particularly medical terminology.
9. Peel it, cook it, or forget it.
10. You can't bring Walgreen's with you. Select medicines carefully.
11. A well-run team allows health professionals to concentrate on patient care, not on administrative details.
12. You can't take everything with you that you might possibly need.
13. Realize that our philosophy of medicine and medical care sometimes do not apply in a mission setting.
14. Accept that you not be able to diagnose every patient you see, or to treat properly every patient you diagnose.

15. Always do more than your share.
16. Always love and respect every patient you see.
17. Work along side local health professionals, cultivating mutual respect, and willingness to learn from each other.
18. We go by invitation of our hosts, with full respect for their priorities, to work at tasks they have selected.
19. The two most important members of a health care team may be the pastor, who supplies the spiritual glue that holds the team together, and the translator, particularly one familiar with medical terms and local customs.
20. Do not ever bring outdated or even very short-dated medicines. It is often regarded as an insult by the host country, and may result in your entire stock being confiscated.
21. Make sure that you fulfill professional licensure and practice requirements that are needed to work in the host country.
22. It is a good idea to bring with you all of the diagnostic instruments and all of the surgical or dental equipment you will need unless you are absolutely sure that they will be available on site and in good working order.
23. Always remember that you are representing the United Methodist Church as a volunteer in mission. You need to act according to the standard of BOTH the host church and your home church.
24. Giving money or gifts to individuals may generate equity problems, or create a handout syndrome. It is better to give such gifts to the local church.
25. Don't promise more than can be delivered, or raise expectations that can't be fulfilled.
26. Be mindful that it is often a real sacrifice on the part of the receiving site to host a team. The expense of providing food, transportation, and housing may be a large burden. Attending to the needs of the team may be very time consuming. Considering, it is amazing how graciously we are received.

27. Try to keep good records on all of the patients you see. Even a brief note may be invaluable to whoever sees the patient next.
28. If you will have an opportunity to teach, it is important to plan some approaches and bring materials, handouts and teaching aids with you.
29. Flexibility is extremely important. Let God use you where you are needed. A specialist may need to do general medicine. An internist may need to suture lacerations. A surgical nurse may need to comfort a grieving mother.
30. Promising to provide medical care for patients by sending them to the United States can create difficult problems. Make sure that you can follow through before you make a commitment. Never make a promise you cannot keep.
31. Some of us prefer to witness and show our Christian love by acts of healing. Others prefer to use the words of the Good News. Both are appropriate. We are also witnesses by our presence.
32. Take care of your own health. If you become ill, you will not only be miserable, but may also interfere with the mission of the team.
33. Do as much research and reading as you can about the health needs of the area that you will be serving. The CDC website, cdc.gov, has up-to-date information on endemic diseases, treatment, and even current epidemics.
34. Remember that your task may be the medical work or project. Your mission is to share the love of God.
35. Remember that you will have the responsibility to interpret your experience when you return home. A diary of events and experiences is extremely valuable, as are photographs.
36. Always remember to encourage others to share the same life-changing experience that you have received as a volunteer in mission.

“Thinking about changing the world is arrogance. Only God can change the world. It is not how much we do, But how much love we put into the doing”

Mother Teresa

Mobile Dentistry

By Dr. Tom Brian DDS. President of Project Send Hope, working in La Mosquitia, Honduras

Extractions versus Restorative Fillings—the initial decision to be made.

- Extractions (pulling teeth)
- Composites (white)
- Amalgams (silver)

Advantages and Disadvantages of Restoration

- Requires more equipment
- If you forget or lose something you cannot proceed
- Takes longer
- Will treat fewer patients. (20-25 per day)
- Can SAVE teeth

Advantages and Disadvantages of Extractions

- Requires less equipment
- Takes less time
- Can see more patients (50-70 per day)

Where to Set up Dental Clinic

- Things to consider
 - Light- do not put the dental clinic in a dark room
 - Power- will need to be near power supply for restorative work
 - Size of room- need to have room to move around
 - Need at least 3 tables or church benches

What to Take for Extractions

- Anesthetic- 2 carpules for every patient. 50-70 patients = 100-140 carpules times 4 days = 400-560 carpules
- Needles- 1 needle for every patient. 50-70 patients times 4 days = 200-280 needles
- Gloves- for dentist and one assistant- 50-70 patients times 4 days = 200-280 sets of gloves for both dentist and assistant
- 1 bottle of topical anesthetic and cotton applicators. (1 per patient)
- 2x2 gauze- 1.5 bundles per day times 4 days = 6 bundles
- 2 gallons of cold sterilizer

••Instruments:

- 2 of each forceps: 65, 150, 151, 88L, 88R, 17, 23
- 6 each: straight elevator, Periostal, Syringe, Mirror
- 1 set of: Root Tip Picks, Curved Elevators
- Needle holder, scissors

••Equipment

- Chairs- Wal-Mart lounge chair
- Lights- Mag Light, Top Spot Head Lamp
- 3 Plastic Tupperware type Tubs
- Heavy Rubber Gloves for Instrument Cleaning
- Scrub Brush
- Towels to Dry Instruments- 2 per day
- White Sheets – 2 for each table and 2 for sterilization table. One on table and one to cover the table at night.

What to Take for Restorations

••Disposables for 20-25 patients a day

- Anesthetic- 2 carpules per patient = 160-200 carpules
- Needles- 1 per patient = 80-100 needles
- Gloves- 1 set per patient = 80-100 sets
- Topical Anesthetic- 1 bottle
- Cotton Applicators- 1 per patient = 80-100
- Cotton Rolls- .5 bundles per day = 2 bundles

••Instruments:

- High Speed Hand piece- 2
- Low Speed Hand piece
- Burs: 6 each of: #701, #4, #1, white stone, finishing bur
- Composite Set Up- 3: 2 mirrors, explorer, spoon, spatula, plastic instrument, cotton pliers, paper pliers,
- Amalgam Set Up- 3: 2 mirrors, explorer, spoon, spatula, carrier, packer, carver, burnisher

••Equipment:

- Air compressor
- Generator
- Extension cords
- Surge protectors
- Adaptors
- Portable Unit
- Suctions
- Lights- goose neck

References:

Dr. Tom Brian- @yahoo.com or 972-727-5001
 Aseptico- .aspetico.com or 800-426-5913
 Hampton Research- .hamptondental.com or 405-232-5103
 Sunnex- .sunnex.com or 800-445-7869
 Christian Dental Society- .christiandental.org or 563-578-8887

MOBILE DENTISTRY INVENTORY LIST

MISSION TRIP INVENTORY LIST					
DISPOSABLES		INSTRUMENTS		OTHER ITEMS	
	Kleenex	1	Pair of Root Tip Pics	1	Flashlights
	Cotton Pellets	6	Periosteal Elevators	2	Batteries
	Matrix Bands	4	Straight Elevators	1	Extension cords
	Metal Bands	2	17 Forceps	2	Headlamps
	Amalgam	2	88L Forceps	3	Cold Sterile Containers
	Composite	2	88R Forceps	1	Scrub Brushes
	Etchant	2	150 Forceps	1	Surge Protectors
	Seal/Bond	1	23 Forceps	2	Fans
	Seal Brushes	2	151 Forceps	1	25' 10 ga. Romex Wire
	Masks	1	65 Forceps	3	Small Extension Cords
	Gloves - Small	2	Pair of Curved Elevators	2	White Sheets
	Gloves - Medium	3	Amalgam Carriers		
	Gloves - Large	3	Burnishers		
	Tip-a-Dilly Straws	3	Cotton Pliers		
	Needles - Short (30g)	3	Pluggers		
	Needles - X-Short (30g)	6	Spoons		
	Topical Anesthetic	3	Plastic Instruments		
	Miracle Mix	3	Spatulas		
	Life, Vitrebond	3	Hemostats		

	Sealant Material		1	Ligamaject			
	IRM		6	Aspirating Syringes			
	Mixing Pads		10	Mirrors			
	Burs		12	Explorers			
	Paper Towels		1	Amalgam Well			
	2X2 gauze		3	Paper Pliers			
	Cotton Rolls		2	Handpieces			
	Floss			Lubricant for Handpieces			
	Alcohol		3	701 Burr			
	Q-tips		3	Large Round Burrs			
	Matches		2	Small Round Burrs			
	Isocaine Anesthetic		3	Finishing Burrs			
	Clorox		3	White Stone			
	Paper Cups			Burr Changer			
	Cold Sterile		1	Scissors			
	Sterile for Burrs		1	Slow Speed Handpiece			
	Sheets		1	Amalgamator			
	Toothbrushes		1	Curing Light			
	Toothpaste			Extra Curing Light Bulbs			
	Toys						
	Wooden Wedges						
	Articulating Paper						
	Hand Towels						
	Ponytail Holders						
	Trash Bags						
	Small Sharps Container						

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