

Elective Grant Report

Rebecca Moss
University of Sydney

Cachamsi Medical Spanish Institute
Riobamba, Chimborazo Province, Ecuador



Outside the General Hospital in Riobamba, where I worked in obstetrics and gynaecology

After completing a fantastic three week Spanish program on the Ecuadorian coast in 2012, I'd always wanted to return to the same community for my medical elective. However, whilst researching my beachside options, I came across a program in the highlands that seemed to be everything I was looking for in a placement.

Cachamsi is a not-for-profit organisation based in Riobamba, a city of 200,000 people which lies in a valley below the spectacular Mt Chimborazo. Cachamsi provides a medical Spanish immersive experience for foreign doctors, medical students and other health professionals, and uses a proportion of program fees for community projects in health and education. I was immediately interested due to its focus on cross-cultural medicine and the health of the local indigenous population.

Ecuador lies in the North-West of South America, and has a population approaching 16 million. Riobamba is the largest city in Chimborazo Province, which is in the centre of the country in the Andes mountain range, known as 'La Sierra'. I'd read that Chimborazo Province has the highest indigenous population in Ecuador, and this was immediately apparent from my first day in Riobamba, with so many people in the streets dressed in traditional clothing, and authentic markets filled with locally-made artisanal goods. Nearby Cacha is made up of 23 agricultural communities in the hills above Riobamba, and home to 3,000 people of Puruha ancestry, who speak Quechua.

Despite Ecuador's Constitution stating a universal right to healthcare, reports estimate only 50% of the population can actually access these free services, and less in rural areas, where extreme poverty, chronic malnutrition and dirty water continue to plague communities.

Indigenous ethnicity is associated with further poverty, and poorer access to healthcare due to a multitude of factors including transport issues, social exclusion, distrust of Western medicine and language barriers.

I was placed with a host family in Riobamba, consisting of my 'parents', their two sons and one daughter-in-law, and their two year old grandson. As soon as I was dropped at my house on the first day, so began my Spanish immersion – not one person in my household nor in the hospitals or clinics spoke any English. This was very tough but important for making me start speaking Spanish! My four week program involved clinical placements every morning, from about 7am to 12pm, home for lunch (the main meal) with the entire family, then up to three hours of Spanish classes in the afternoons. As much as I enjoyed all of my placements, the days were long and tiring, particularly due to the extra concentration required for Spanish. The weekends provided a welcome break and an opportunity to explore nearby areas, including Banos, famous for its thermal waters and adventure activities, and Puyo, which lies on the edge of the Amazon. A tour through an 'ethnobotanical' garden in Puyo was a fantastic place to learn about the traditional plant-based medicine of the indigenous Shuar people.

My elective allowed me to work in the tiny clinic in Cacha, a larger primary health centre and the General Hospital in Riobamba. It was a fantastic opportunity to experience all levels of healthcare in Ecuador. My first day began at the Hospital, where I'd asked to be in obstetrics and gynaecology. Our coordinator gave us a brief introduction to the health system, local customs and language particulars so we could understand the typical relationships between doctors and patients, such as the significant status that comes with wearing a white coat. This was a particularly valuable conversation for me and the other student, as we are both Australian, unfamiliar with wearing white coats, and from a system that acknowledges patient autonomy and values shared decision-making. Additionally, particularly in Cacha, I was then prepared when meeting people who, in response to my outstretched hand, barely brushed my palm, or offered only their wrist.





Hillside consultation - meeting a patient who otherwise had to travel to the nearest health clinic on his donkey



The delivery room in the General Hospital, where all babies are born



Treated to a traditional lunch featuring cuy (guinea pig), with my fellow students Lisa and Michael

Indeed, it was the patients' passivity that shocked me the most throughout my rotations. Cases were discussed from the end of the bed, with few words shared with the patients.

Privacy was almost non-existent; vaginal examinations were regularly conducted with multiple interns and students present, and despite ushering out family members, there were still six women in each room and no curtains. At times one room would have a couple of newborns with their mothers next to others being investigated for ectopic pregnancies or miscarriages. I did get an opportunity to practice basic skills in obstetrics: for example, the Hospital only had one or two CTG machines, so one job was to rest a hand on each labouring patient to feel and count every contraction over a ten-minute period. Also, no wheels or apps were allowed to calculate gestational age: each consult involved a race to calculate the exact day using pen and paper, which the consultant usually confirmed using his smartphone app.

My days in the 'Sala de Parto' or labour ward were certainly the most confronting of medical school to date. I'd been confused for the first week about where the women were taken when their contractions were increasing. It turned out that everyone gave birth in the obstetric centre which was a part of the surgical theatres. Here, everyone I saw gave birth without analgesia or anaesthesia (excluding the caesareans), apart from a bit of local injected for episiotomies, which everyone had. Many were girls under the age of 20, and no family or friends were allowed into the centre; everyone laboured alone, in a flimsy gown and surgical cap, without pain relief or someone's hand to hold, until they were taken into the theatre for delivery by a gloved-and-gowned doctor. This whole procedure was so foreign to me after the midwife-based, patient-focussed birth centre of my Australian obstetrics and gynaecology term. As a result, I spent much of my time here comforting the terrified sixteen year olds, who were left alone, crying in pain, practically ignored by the nurses and doctors.

I also spent some time in a 'Centro de Salud', similar to a GP practice - Ecuador's relatively new approach to family medicine. This clinic mostly dealt with adolescents, in an attempt to deal with the high rates of pregnant girls, but also the usual mix of ailments like children with viruses and adults with hypertension. The most interesting part was the doctors' involvement in the public health of the surrounding community - we spent one day knocking on every door in the neighbourhood, asking if any pregnant women lived there, or if they knew of anyone else. This was all in an attempt to reduce maternal mortality; if we found a pregnant woman, we would place a big sticker detailing warning signs on her door, with instructions to go to hospital immediately if any occurred.

The health care team servicing Cacha is meant to consist of a doctor, dentist, nurse, and a couple of 'technicians in primary care' (TAPS) students. There are 4 or 5 'Subcentros de Salud' throughout the Cacha parish, the largest in Cacha itself. The team normally spend each day of the week in a different clinic, driving up from the city in the bitter cold every morning to find a line of people already waiting. I was looking forward to spending a couple of weeks in these clinics, however unfortunately my time was cut short when the government decided to send the only doctor on an early Christmas holiday. By the time of my departure, there was no word as to whether anyone was coming in the New Year to replace her. Nevertheless, I enjoyed all of my time in Cacha, and had several days split between working in the clinic, doing home visits for those unable to travel, and generally meeting a lot of people and learning about the health problems they face. We were lucky to have the TAPS students with us on the home visits to translate from Quechua into Spanish; they are an essential part of a medical team that otherwise couldn't communicate with their patients!

It was a wonderful opportunity to meet and work with the people of Cacha, and then be able to give the Medical Support Grant from MIGA directly to the community. Cachamsi are incredibly grateful for the support, and looking forward to using the funds to improve the health of the local children. Micronutrient deficiencies, and their consequences such as iron deficiency anaemia, are a significant problem here, as are the effects of contaminated water and its parasites. The Grant will be used to provide water filters and micronutrient supplementation. A big thank you to both Cachamsi and MIGA for all the opportunities this elective provided and everything that I learnt. It was a challenging, stimulating, diverse, and overall incredibly enriching program that has furthered my interest in clinical medicine and public health in resource-poor communities.

Each year MIGA's Elective Grants Program offers 6 Grants of \$3,500 to medical students undertaking electives in developing communities. Each Grant includes \$2,000 to cover the student's personal elective costs and \$1,500 to provide medicine or other aid to the local community. To be inspired by other past recipients and find out more about applying, visit our website!

MIGA's free Protection Package for medical students provides automatic cover for your elective and Clinical placements. Insure with MIGA and undertake your elective with confidence - complete our simple online Application Form for immediate confirmation of your cover.

If you have any questions, simply contact our expert team.

General Enquiries and Client Service 1800 777 156

Claims and Legal Services 1800 839 280

Website www.miga.com.au

Email miga@miga.com.au

