This Guatemala PT outreach trip was truly an amazing experience. I recall feeling slightly overwhelmed during my first full day in Antigua. I had not practiced Spanish in a while and quickly realized that I had not retained nearly as much of the language from high school and college as I had hoped. This, in addition to treating real (and complex) patients for the first time in nearly a year, contributed to some of that first day stress. I am extremely proud of the gains I made during this trip when looking back on that first day. I progressed my Spanish speaking skills from barely remembering the verb for “walk” to being able to order for my table at dinner, giving simple commands to patients at Las Obras, and providing information regarding low back pain and nutrition for patients at health fairs. I think the two factors that contributed most to this learning curve were immersion in a Spanish speaking culture and three sessions at Spanish language school. Furthermore, two of my goals for this trip involved improved levels of comfort for working with pediatrics and adults.

I was actually surprised at how much I enjoyed working in the pediatrics section, and I definitely feel as though my confidence with this population has improved. I progressed from sitting on a mat staring like a deer in headlights at the PT I was working with, to being more confident in my clinical reasoning and manual and transfer techniques. I think part of my initial trepidation stemmed from these patients seeming so small and fragile—but I now feel that I could at least start to treat any child who presents to my clinic after seeing that these complex patients can often be handled similarly to an adult. My mentor, Sadye, explained this in a way that stuck with me throughout the trip: Kids are just like tiny adults who don’t always know how to express what they want. They still have goals, likes, dislikes, and impairments just like any other patient. The same goes for my confidence with adults. I was not accustomed to working with such involved patients, and feel that I will have more confidence when presented with similar patients in the future. As a side note, one issue that I am still not completely confident with (for pediatrics and adults alike) is the treatment of tone. This is something that I will continue to work on throughout my upcoming clinical rotation and future career.

I think my comfort with working through cultural and language barriers with adults in particular was significantly improved due to the health fairs at Alotenango and Pastores. The most surprising and challenging part of the health fairs was the moment when a couple told me they could not afford to purchase fruits, or even milk, for themselves. I had discussed nutrition with my Spanish language teacher that morning, and she was confident that regular milk was inexpensive—it was when you began to purchase almond and soy milk that the price was increased. So, this is the moment when the socioeconomic situation of many individuals and families in Guatemala really sank in. I think that I hid my surprise fairly well during this discussion with the health fair couple, but I was still at a loss for what to say. What does one suggest to replace milk? Or fruit? One of the most difficult parts about this was realizing that I had to say, “Fruit is important for nutrition but if it is not possible for you to purchase fruit, that’s okay.” It isn’t okay, but there is no reason to pursue the discussion if it is not a possible outcome in that situation. One aspect of the nutrition health fair that I really enjoyed was educating people on eating well-balanced meals, for all meals. This was especially important for lunch, when many individuals simply consume stacks of corn tortillas as a meal. Many of the people we spoke with did not realize that they should be adding proteins and vegetables to the tortillas for a complete meal, and I think that some of them will act on this new advice in the future.

One other issue that resonated with me during this trip was the amount of love and care that all of the staff at Las Obras showed the residents. The majority of my clinical experience thus far has been with soldiers in an Army hospital. Their jobs required them to do as I said, with consequences for noncompliance. As awful as it sounds, at the time I did not feel as though I had the time or need to show a lot of care and consideration for my patients. We had a job to do and I did not particularly care if they did not enjoy what I told them, as long as we achieved desirable results together. I now feel like I can find some sort of happy medium with my future patients, after witnessing a very different situation at Las Obras (with more involved patients than I have ever seen).

I wish I had gotten to discuss healthcare in Guatemala with the PT staff and students a bit more. One issue that really stuck out to me was the lack of documentation in Las Obras, and I am curious to know whether or not this is the norm for PT across the country. It was definitely nice to have the opportunity to treat patients and try new things without worrying how I would document each interaction, especially in pediatrics and in the pool. I was able to focus more on impairments and trying out treatments that might work, rather than maintaining an ongoing checklist in my head for what specific goal I was addressing and how I would word it in a SOAP note. I did get to read some notes on patients, but many of them were most detailed in the beginning (e.g. personal patient characteristics, possible diagnosis, fairly generic goals), rather than continuing to be updated after each treatment session. It was amazing to me that the one pediatrics note I have written recently for my final mock was four pages typed, and part of my feedback was that it was good but not detailed enough. In contrast, the pediatrics session notes were often three lines that were quickly jotted down. It makes me wonder if the patients would progress more (or not) if they had detailed documentation.

I think my PT clinical skills most benefited from the lack of patient information during this trip. Our patients in the U.S. frequently present with prior diagnoses that we typically double check and rule out or confirm if possible, but such was not the case in Guatemala. I either saw very generic diagnoses (autism, dementia, CP), or none at all. This made PT sessions impairment driven, rather than diagnosis driven, which I feel is a better way of treating patients. I guess I look at this similarly to culture: Two individuals might share cultural beliefs and practices, but they are still two individuals who can present to PT with very different goals, limitations, and environmental factors. The same goes for two individuals with the same diagnosis, so I found that a focus on impairments contributes to a focus on the individual. It almost prevents the mistake of lumping a patient with a diagnosis of CP into a group of all patients with CP. I prefer this way of treating patients, and expect that I will view each patient in the future differently and more clearly because of it.

This trip to Guatemala was ultimately the perfect combination of challenges, surprises, culture, language, fun, and physical therapy. It changed the way I view patients in general to include culture and individual factors. I also feel more confident with treating patients of different ages, impairments, languages, and cultures, and know that I will apply these new outlooks in my future as a student and physical therapist.