

AMSF Travel Scholarship Report

Recipient: Sebastian Koblar

Destination: Guatemala



**ADELAIDE MEDICAL
STUDENTS' FOUNDATION**

This summer I was lucky enough to have the opportunity to volunteer in a tiny rural town in Guatemala. I went with my best friend Scott, a 1st year medical student from Flinders University who I have known since high school. We volunteered for seven weeks in a small medical clinic, which was run by only one general practitioner, Dr. Abby López Guillermo, and two nurses. The entire trip was a phenomenal experience that would not have been possible without the help of the Adelaide Medical Students' Foundation.



Guatemala

Guatemala is a country in Central America bordered by Mexico to the north and west, the Pacific Ocean to the southwest, Belize to the northeast, the Caribbean to the east, and Honduras and El Salvador to the southeast. It has a population of close to 15 millionⁱ.

During our time in Guatemala we lived with a host family in a town called Antigua. The town is rich in history and had many ancient Mayan sites worth visiting. We lived with a couple called Joaquin and Patsy and their two children. Joaquin and Patsy were wonderful to live with as they had a truly extensive knowledge of the history and culture of Guatemala. They ran a local café called El Rincon and were both phenomenal chefs. As a result, we were absolutely spoilt at meal times as they consistently cooked fabulous traditional Guatemalan meals.



Spanish is the official language of Guatemala although the indigenous people of Guatemala are descendents of the Mayan civilization. As a result there are over 20 indigenous languagesⁱⁱ, especially in the rural areas. English is taught in some schools, but is rarely spoken in communities. Fortunately, I had learnt Spanish from previous volunteering trips overseas. Just last year Scott and I had worked educating child laborers in the ferias (open-air markets) of Quito, Ecuador. I have also volunteered in hospitals in Cusco, Peru and Cochabamba, Bolivia and a child-care centre in Liberia, Costa Rica. I also was able to improve my Spanish while in Guatemala

by taking two-hour Spanish lessons every weekday after volunteering in the medical clinic. Joaquin and Patsy and the nursing staff at the clinic were also happy to tirelessly correct my poor grammar and increase my limited vocabulary!

The Elective

Our elective was in medical centre located in a rural town called Alotenango. To get there in the morning we would catch a bus known by locals as a “chicken bus” because they are so crowded that people are crammed in like caged chickens in the markets. We would arrive at the clinic at 8am and be greeted by a huge line of people hoping to see the doctor. The doctor would arrive at 9am to see patients but the patients themselves would arrive sometimes as early as 5am to make sure they had a chance to be seen. When the clinic opened the clinic’s receptionist would give each patient in the line a number as well as government forms to fill out. They would then go through triage, where either Scott or I would weigh them and take their temperature and blood pressure. They would then sit in the large, open-aided waiting room until the doctor was ready to see them.



One aspect of the elective that was obvious first Day 1 was how hard the staff worked to provide adequate medical care to the rural area. Dr. Guillermo would regularly see 50 patients in a day. She would have most patients in and out within ten minutes. She always performed a physical examination despite the time restraints. She believed it was a fundamental part of medicine and too important to leave out simply because of an overflowing waiting room.



The two nurses in the clinic ran obstetrics clinics, sexual health care, and provided vaccination for babies. They also provided basic emergency care for patients with minor wounds. They worked tirelessly despite having limited equipment. The nurses also acted as translators on occasion for patients that only spoke indigenous languages. Dr. Guillermo only spoke Spanish and she preferred to have a nurse present to translate for the patient rather than trust one of the patient’s family members.

After a month of working in Triage Dr. Guillermo allowed me to parallel consult with her. I would see a patient for five to ten minutes and make some notes on their patient card. The clinic only had one computer, so patient notes were written on cue cards that were stored in a huge room behind the receptionist. Dr. Guillermo would then come in to my room and quickly make sure that I hadn’t made any mistakes before having a discussion on the patient’s treatment and management plan. One memorable patient was a young man who came in with a huge machete wound across his forearm from an altercation with his best friend.

Adventure

When the clinic closed for Dr. Guillermo's annual holiday period, Scott and I spent a week traveling by bus around Central America. We went to a small island of Honduras to do an Open Water Scuba Diving Accreditation course. After that adventure we travelled to Belize for more scuba diving. This was my first time scuba diving and I absolutely loved it! The thrill of discovering the wonders present underwater was ridiculously enjoyable. The potent mixture of curiosity and relaxation that comes from the deep, controlled breathing was simply unlike anything I had experienced fore. Scuba diving had been something Scott had wanted to learn for a long time, and to have had the opportunity to share the experience with him was a great moment in our friendship.



Overall, the trip went by far too quickly. We were able to meet fascinating people, visit awe-inspiring locations, and experience a different way of life. The elective was hard work but it was immensely enjoyable working with such a dedicated group of professionals. I am incredibly grateful for the Adelaide Medical Students' Foundation for giving me the chance to go on an unforgettable journey. Thank you!

ⁱ <http://search.worldbank.org/all?qterm=guatemala>

ⁱⁱ <http://www.ethnologue.com/country/GT>