

# PODEMOS

Partnership for Ongoing Developmental Educational and Medical Outreach Solutions

Winter 2010 Newsletter

- PODEMOS COMPLETES TWO SUCCESSFUL CLINICAL TRIPS IN 2009!
- PLEASE VISIT [WWW.PODEMOSU.ORG](http://WWW.PODEMOSU.ORG) FOR MORE INFORMATION



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## Winter 2009: By Andrea Speelman, C.N.P.

So, what do you do with approximately 10 medical students, 1 law student, 2 pharmacy students, 2 nurse practitioner students, a pediatrician, a nurse practitioner, several translators, a nun and a crazy Honduran cab driver? You provide care and relief to the poorest of the poor, you collect significant data for current and future research and you develop relationships with the community to assist in future endeavors, and along the way you have an incredible, unforgettable experience.



This past December, I was privileged to be part of the PODEMOS group that went to Honduras. We visited and provided medical care and education to the people of three different villages. I was taken aback by the level of poverty I saw and that each village was poorer than the next. These people have been displaced from their homes, living in corrugated steel and cardboard shacks that they have built themselves yet I don't think I saw a single person in a bad mood. They were so grateful for our presence. I was touched by their gratitude. They freely offered you whatever they had. They brought out tables and chairs from their homes to help us set up an area for a clinic or triage area, they provided us with their blankets to hang up in order to provide privacy, they even stopped cooking when they realized the smoke from their fire was causing some of us to cough and our eyes to tear.



The medical students and nurse practitioner students practiced basic assessment skills such as vital signs, assessment, and

documentation. The pharmacy students ran a tight ship and made sure the providers and students knew what medications we had on hand at all times. As a provider, I had to improvise when deciding how to care for the people we were seeing. I'm use to having access to any medication, any supplies, ordering tests to help with diagnosis or requesting a consult from another service if needed. This was not an option. You learn to make due with what you have and still provide excellent care.

I have to admit, I didn't know what to expect. Who knew a "typical" clinic day in Honduras would involve the basic well checkups, follow up with chronic care patients, diagnosis and treatment of hypertension, diabetes, asthma and pelvic exams in addition to machete injuries, a lot of infected bug bites, wounds to the feet because they didn't own a pair of shoes and something called "gripe" that seems to occur whenever it rains. At the end of the day, I had never been so tired, dirty, dehydrated or happy. I would like to tell you I slept like a baby at night, but there was a particular rooster who felt the need to crow from 9pm to 5am every day. I was hoping to eventually see him on my dinner plate but alas he was still crowing when we left.

For anyone wondering if this type of thing is for you, I assure you it is. You can't really prepare yourself for a trip like this, you just have to be open and experience it. I promise you, it will change your life and more importantly the lives of many grateful Hondurans.

Reflection on Summer '09: By Howard Werman, M.D.



Brad McIntyre (Pharm1) explains medications to a patient in Monte de Olivios during winter '09

**RELATIONSHIPS**

“I think one of the best parts of this trip is the feeling that the people really appreciate the work we are doing for them.”



Renee Schnug C.N.P. precepts with students Andrea Robinson (second year NP student) and Jarin Levitt (Med3) during clinic at Monte de Olivios, Summer'09

I had the pleasure and privilege of accompanying 11 medical students and nurse practitioner students along with Renee Schnug to serve the people of Siete de Abril and Monte de Olivios in Honduras. The organizers of PODEMOS have identified these two communities near El Progreso as having a need for basic medical care. Our mission was to provide primary care to these communities, focusing on patients with hypertension and diabetes along with children with malnutrition.

Unlike the typical setting in which most of us are used to providing medical care, PODEMOS provided care directly in the community. This meant setting up a triage area, treatment stations, private exami-

nation area and pharmacy equipped with a full complement of medications each day in either an enclosed community center or in an open space within each neighborhood. This practice setting presented a unique set of challenges including crowd control, environmental conditions (heat, humidity and rain) and privacy issues.

A team including an experienced translator and health care practitioner questioned each patient, provided a brief examination and treatment plan. Each encounter was reviewed by the licensed practitioner (Renee or myself). Patients were sent to

the pharmacy where simplified prescription instructions (written and oral) were provided. The clinics provided the students with valuable lessons in history taking and physical diagnosis, treatment plan development, teamwork and Spanish translation. Most importantly, however, was the opportunity to interface with some truly remarkable people in the communities we served.



I am certain that I speak for both Renee and myself when I say that I personally gained far more from the experience than I could have ever given. I would be happy to discuss PODEMOS and the Honduras experience with any interested student or faculty.

**Underwater: Summer 2009 clinic conditions build teamwork**

The most memorable experience this trip was running the clinic despite the severe downpour that was occurring outside. We all worked as a team and had the shared attitude of not giving up. The pharmacy kept packaging up meds and a local Honduran ran behind the flooding clinic to dig a trench and save our medication bags from the rising water. The students continued to take histories and present patients to the providers despite the chaotic environment. Due to our united effort to keep the clinic running we were able to see patients that had been waiting all day in

the heat and not turn them away from care. That was rewarding. ~ anonymous

One of my favorite experiences was in Monte at the clinic. A rainstorm flooded the clinic and drowned the intake tent. Everyone worked together and amazingly finished seeing all of the remaining patients! Some people helped to keep the water from flooding the pharmacy, some saw patients, some grabbed medications, but miraculously everything seemed to come together. Furthermore, many people in the village helped to keep the pharmacy dry and organize the rush of patients. Impressive! ~ anonymous

**Other reflections from PODEMOS participants:**

The most memorable experience was the children...they were so interested in what we were doing in the clinic. They would sneak beyond the barriers we had set up just to gander at what their friend was going through in clinic. One young boy we had to do a glucose test on and he was so brave about it but of course angry that we pricked him; however, once we finished he ran out to play and show off his cool band aid that the "gringos" gave him. Their curiosity was just so amazing. ~ anonymous

I think one of the best parts of this trip is the feeling that the people really appreciate the work we are doing for them. On several occasions a representative from the communities would come and express their gratitude and thank us for coming out to help them. It was rewarding to feel appreciated! ~ anonymous

## PODEMOS collects nutrition data: By Ben Reiss (Med 2)

During this past winter trip PO-DEMOS successfully executed survey research on nutrition. The team was able to interview 23 mothers located in 3 different villages about the nutritional and health habits of their families. Female heads of households were chosen for interviews because previous studies



indicate they are the gatekeepers to both the health and nutritional status of their children. The study sought to elucidate associations between behavioral and social variables and various health outcomes. The interviews consisted of a thirty-minute questionnaire along with a complete 24 hour food recall and

height, weight, and mid-upper arm circumference of the mother and her children. We plan to use this data in order to structure an approach to reverse the previously documented malnutrition of the villages. Over the coming months students will be working together with faculty to analyze the data and design any appropriate intervention steps.

## GHEC Regional Conference

On November 7, 2009, the University of Cincinnati College of Medicine hosted the First Annual Regional Global Health Education Consortium Conference. PODEMOS members spoke on how to develop a global health initiative and attended presentations by accomplished global health leaders including Dr. Mark Steinhoff, Dr. Parminder Suchdeve, and Dr. Andrew Bazemore.

## PODEMOS Wins Lancet Award!

While attending the Global Health Education Consortium Annual Meeting in Seattle, Washington last March to present research, Matthew Imm was honoured for his work with PODEMOS. The then Med 2 received the Lancet Award for an Outstanding Community Service Project.



## Brad and Liz Go to Honduras: By Brad McIntyre (Pharm 1)

When we received the application to go on the trip in our first couple weeks of Pharmacy school it seemed like a great way to do what we love and give back at the same time. As all good things in life, however, it turned out to be so much more. PODEMOS does an amazing job taking care of the group, treating the patients, teaching the students, and having a lot of fun.



Being first years, prior to the trip we were definitely a bit anxious about level of drug knowledge and our ability to communicate it to the patients. Thus, when we were dispensing medications from

our make-shift chicken coop pharmacy, we had a lot of on the spot training. Our responsibilities included keeping inventory of medications and consulting with doctors about which drugs and dosages were appropriate. We learned an enormous amount about the medications we dispensed. In addition, the ability to work with the physicians and problem solve in Honduras is similar to a clinical environment found in hospitals in the U.S. In the end, whether it was trying to give some medicine to a fussy baby, or the occasional chicken walking into the phar-

macy, there really was not a dull moment! Still, what really stood out was definitely the tangible progress that PODEMOS has had in such a short period of time. There were times when chronic care patients would interrupt during our patient counseling to tell us when and why they take all of their medication. Seeing this progress and hearing other first hand testimonials of patients who feel and live better due to this care spoke volumes to the on going work of the group. We both look forward to returning to Honduras on future trips, and continue to carry the experience we had there with us in our practice back here in the U.S.

## RESEARCH



Tyler Reese (Med 1) and Sarwat Ahmad (Med3) measure a child's arm circumference in order to collect data for the PODEMOS nutrition research.

## RELIEF

*"...receiving the lab results from our chronic care patients and seeing that for the first time in probably years, their glucose levels were being maintained at an acceptable level was very rewarding. This was actual physical evidence that what we are doing is working and making a difference in these patients lives."*

~ anonymous



Lem Smith (Med1) does a physical exam in Monte de Olivios

## SUMMER TEAM

Howard Werman, M.D., Renee Schnug, CNP, Stephen Morrical, Amy Maier, Matthew Imm, Jarin Levitt, Kendra Clemons, Bryn Trogdon, Emily Nurre, Rachel Bensman, Nathan Holman, Chelsey Baughard



## WINTER TEAM

Monika Chaudhari, M.D., Andrea Speelman, CNP, Ben Reiss, Jan Esker, Sara Brummel, Andrea Robinson, Anne Siegel, Brad McIntyre, Britney Payton, Gagan Khaira, Lem Smith, Rachael Sullivan, Sarah Perlman, Sarwat Ahmad, Tyler Reese, Liz Hess

### *Special Thanks!*

PODEMOS would like to recognize our financial supporters and affiliates:

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[www.podemOSU.org](http://www.podemOSU.org)

**Support our  
trip in June!**

**Trip dates:**

**June 13-23, 2010**

**Application and  
more information  
on how to get  
involved can be  
found on our  
website:**

**[www.podemosu.org](http://www.podemosu.org)**

### PODEMOS has a new Leadership structure

To best support a growing organization PODEMOS has transitioned into a new leadership structure. The organization will remain largely student run by a yearly elected Executive Board. However, to ensure continuity in the future and guide future expansion PODEMOS has established an Advisory Board composed of administrators, past providers, and the original founding student leadership. Current and future providers as well as graduated executive board members will also be offered the opportunity to join the Advisory Board

#### **Advisory Board Members:**

Paul Nanda, M.D., Howard Werman, M.D., Renee Schnug, CNP, Pamela Potter, Eileen Mehl, Matthew Imm (Med3), Stephen Morrical (Med3), Rein Lambrecht (Med3), Jan Esker (Med3), Sara Brummel (Law2)

#### **2009/2010 Executive Board:**

Ben Reiss (Med2), Reena Patel (Med2), Andrea Robinson (Grad Entry NP2), Rachael Sullivan (Med4), Bryn Trogdon (Grad Entry NP), Jan Esker (Med3)



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