

# MAXIMO NIVEL MEDICAL INTERNSHIP

♥ SITE - CASA HOGAR DE SAN ANTONIO DE PADUA ♥



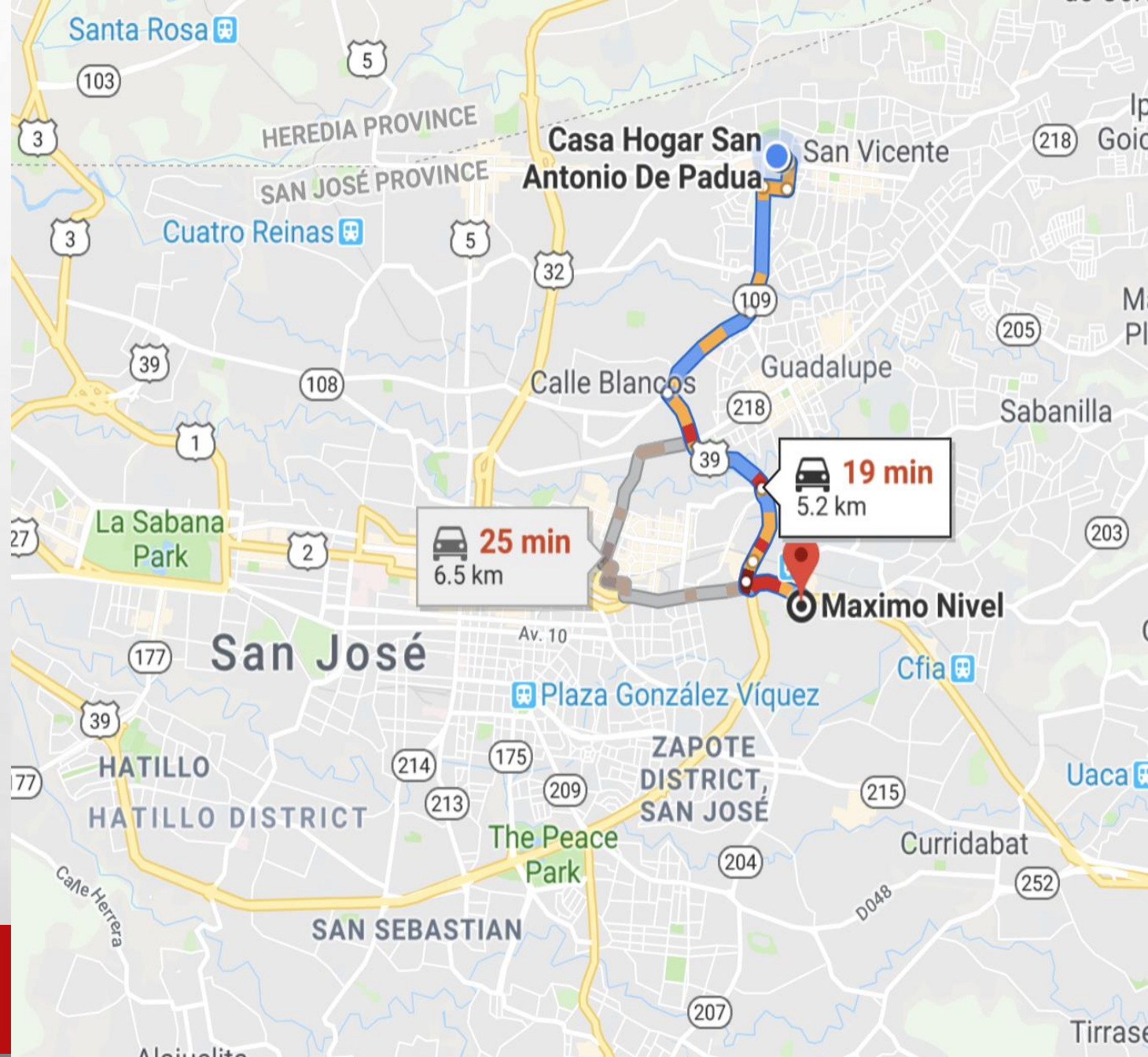
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- **LOCATION/**  
**COMMUTE TO**  
**MAXIMO**

- **10-15 MINUTE UBER ~\$4**

- **60 MINUTES BY BUS, 2  
ROUTE STOPS W/WALKING –  
DO NOT CARRY VALUABLES**

- **MY REC... JUST UBER !**



# CASA HOGAR DE SAN ANTONIO DE PADUA



**Neither inpatient, nor outpatient**



**US equivalent of nursing home,  
hospice and palliative care center**



**~22 patients**



**Age range: 55 – 96 years old !**



## **CASA HOGAR. THE SPACE – OUTSIDE**

**Grab some air, stretch your legs whenever needed. Make sure gates are closed at all times, however. Demented patients will try to escape regularly**

# INSIDE – COMMON ROOM



**Sicker patients incapable of PT and/or group activities reside in multiple rooms in the back with beds**

# GENERAL SCHEDULE

- **7AM : FREE BREAKFAST FOR STAFF**
- **9AM: SECOND BREAKFAST ( FOR REAL ! ) – COFFEE AND BREAD**
- **11AM: PATIENT ACTIVITIES (GAMES, CROSSWORDS, BOWLING, ETC)**
- **11:30-12:30: PATIENTS HAVE LUNCH**
- **1PM: STAFF LUNCH**
- **ALL DAY: PHYSICAL THERAPY, OCCUPATIONAL THERAPY, MEDICATION ADMINISTRATION**

# PATIENTS

- **MAJORITY HAVE MILD TO MODERATE DEMENTIA – SOME VERY SEVERE**
- **OTHER COMMON CONDITIONS - HTN, HYPOTENSION, DIABETES, CHF, ARRHYTHMIAS, ARTHRITIS, DEPRESSION/ANXIETY, LIPID ABNORMALITIES, ARTHRITIS, BIPOLAR D/O, SLEEP DISORDERS**
- **~75% CAPABLE OF ENGAGING IN SOME FORM OF COMMUNICATION**

**\*\*CULTURE – HIGH LEVEL OF RESPECT FOR AND TRUST IN DOCTORS – IN GENERAL, VERY GRATEFUL\*\***

# RESPONSIBILITIES – STARTING OUT



**YOUR SHARED WORKSPACE– One other licensed practitioner with you (doc or np) at all times. Shift change around 2PM**



# RESPONSIBILITIES – STARTING OUT



- **PATIENT CHARTS**
- **NAME, AGE, RECENT LABS, MEDICATION LISTS, DAILY VITALS, ETC**

# RESPONSIBILITIES – STARTING OUT



- **RECOMMENDATION FOR DAY ONE:**
- **IN OWN PERSONAL NOTEBOOK**
  - **MAKE SECTION FOR EACH PATIENT**
  - **RECORD AGE, MEDICAL CONDITIONS, MEDICATIONS, AND ANY RECENT ADVERSE EVENTS**

# RESPONSIBILITIES – DAY TO TO DAY

- **HERE, YOU ACT AS A DOCTOR *AND* A NURSE (YOU WILL TAKE VITALS YOURSELF, DO FINGERSTICKS, DRESSING CHANGES, ULCER CARE, ETC)**
- **TRY TO COMPLETE ROUNDS AND RECORD RELEVANT FINDINGS BY 11AM AFTERNOON NURSE WILL TAKE VITALS FOR PATIENTS IN THE BACKROOMS**
- **THERE ARE 20+ PATIENTS HERE. USE YOUR TIME WISELY. FOCUS ON THE SICKEST.**

**\* If concerned about a patient, inform team immediately \***

**(Recommend keeping one notebook strictly for vitals w/dates, so you can see trends w/o referencing chart)**

# RESPONSIBILITIES – (MORE ON VITALS)

- **BP, PULSE AND SPO2 ARE ENOUGH FOR HEALTHY PATIENTS**
- **IF SOMEONE IS TACHYCARDIC, FEELS ILL, OR UNABLE TO COMMUNICATE AT BASELINE, THEN TEMP AND RESP RATE AS WELL + FULL PE**
- **STOP ROUNDS/VITALS IF MORE IMPORTANT ISSUES ARISE OR YOU ARE ASKED TO HELP WITH OTHER TASKS**

**\* Understand many pts' BPs here run very low, but this may be normal for them (check trends)\***

**\*Can recommend doubling fluid intake for a given pt (dehydration most common culprit – it gets hot)\***

# RESPONSIBILITIES – YOUR ROLES

- **YOU *WILL* BE ASKED FOR YOUR MEDICAL OPINION WHEN ACUTE ISSUES ARISE – YOU ARE TREATED AS A DOCTOR HERE AND REGARDED HIGHLY BECAUSE OF YOUR U.S. TRAINING**
- **MAKE RECOMMENDATIONS AS YOU BELIEVE ARE FIT; HAVE CONFIDENCE IN YOUR EDUCATION AND REFERENCE UPTODATE AS NEEDED**
- **CLEARLY EXPLAIN YOUR REASONING AND YOUR WORD WILL BE TAKEN SERIOUSLY**

**In the chance of a serious emergency that requires a higher level of care, pts CAN be sent to the hospital**

# **LIMITATIONS**

- **NO DAILY LABS – LABS SITUATIONAL/AKA ORDERED ONLY WHEN DEEMED NECESSARY**
- **NO IV FLUIDS AVAILABLE IN-HOUSE (FLUIDS VIA NG TUBES OFTEN UTILIZED), AND LIMITED MEDICATIONS FOR EMERGENCIES**
- **HOWEVER, MOST PATIENTS ARE STABLE**

# **RESPONSIBILITIES – TAKE CARE OF YOSELF**

- **ASSIST WITH FEEDING DISABLED PATIENTS AT LUNCH IF YOU HAVE TIME – STAFF REALLY APPRECIATES IT**
- **MAKE SURE YOU EAT LUNCH BEFORE 1PM! (KITCHEN CLOSSES AT 1PM, AND REOPENS AT 1:45).**

**\*Recommend bringing GRAYL Purifier (buy off Amazon) and filling water from tap in Nursing Station\*  
Water is not the cleanest here TBH**

# **CASES/EXAMPLES – YOUR “CONSULTS”**

- **65 YO M HX OF GOUT, ALCOHOLISM (SOBER FOR 1 YEAR), ON HCTZ, C/O PAIN IN RIGHT KNEE. POINT TENDERNESS TO PALPATION ABOVE PATELLA. +MILD WARMTH TO TOUCH. +MILD ERYTHEMA. AFEBRILE/NORMAL VITALS... GOUT? SEPTIC JOINT?**
  - **ENGAGED IN PT DAILY, WHICH WORSENS PAIN; SAYS “THIS DOESN’T FEEL LIKE GOUT”**
  - **ASPIRATION NOT AN OPTION IN-HOUSE 2/2 LACK OF RESOURCES – YOU’RE ASKED IF LABS SHOULD BE ORDERED**

**Ordered labs including uric acid lvl– all results normal. Monitored for worsening of sx or change in vitals (fever). Sx resolved with NSAIDs and rest. Was simply pain 2/2 overuse. Patient resumed PT as tolerated**



# **CASE 2**

- **90+YR OLD F, 38.7 FEVER, HA, BODY ACHES, MALAISE, NO FOOD OR H2O INTAKE FOR ALMOST 24HRS+. LOW BP. PULSE ~80'S.**
  - **NO FLU SWAB AVAILABLE. I RECOMMENDED LABS AND URGED TO CONSIDER HOSPITALIZATION GIVEN AGE**
  - **PT WAS NOT SENT FOR HIGHER LEVEL OF CARE, BUT THANKFULLY ENDED UP FINE AND ACETAMINOPHEN RESOLVED HER SYMPTOMS**
  - **PHEW!**

# **CASE 3**

- **94 YR OLD F, FAMILY MEMBERS NOTICED CONFUSION+SEDATION DURING DAYTIME.**
  - **MEDS INCLUDED SEROQUEL 25MG AND ZOPICLONE 7.5MG NIGHTLY**
  - **REC'D WEANING OFF ZOPICLONE ENTIRELY DUE TO EXTREME AGE, F GENDER, AND HX OF DECREASED RENAL CLEARANCE (→3.5MG MAX ADJUSTED DOSE FOR RENAL PTS REGARDLESS OF AGE)**
  - **FAMILY AGREED TO PLAN; CONFUSION RESOLVED W/WEAN**

# SUGGESTIONS/MAIN POINTS:

- **YOU HAVE THE ABILITY TO MAKE A DIFFERENCE HERE; DON'T BE AFRAID TO EXERCISE THAT ABILITY**
- **TALK TO PATIENTS.** UNLIKE IN THE U.S, YOU WILL ACTUALLY HAVE SPARE TIME TO SIT DOWN AND ENJOY PATIENTS' COMPANY. THEY WILL ABSOLUTELY LOVE YOU FOR IT, AND YOU'LL GET TO PRACTICE YOUR SPANISH THIS WAY TOO.
- **SHARE YOUR KNOWLEDGE** – NURSES AND STAFF WILL OFTEN ASK YOU MEDICAL QUESTIONS AND TO TEACH THEM THINGS - HOW TO PERFORM CERTAIN EXAMS, INTERPRET LABS, ETC. THIS WAS ONE OF MY FAVORITE PARTS AND WAS EXTREMELY REWARDING.

# MY PERSONAL EXPERIENCE

**When I began my internship, I honestly had no idea what to do, what was expected of me, and I felt lost. I felt like my skills and knowledge were being wasted, while I spent every morning taking vitals/examining over 20 patients only to spend another 2+ hours writing down every recorded number chart by chart. I wasn't learning Spanish, using any of my medical knowledge, and I started to even regret coming to Costa Rica given how much time, effort, and money it cost me to set up my internship.**

**It was only until I changed my mindset and decided to be proactive that my experience transformed into a great one that would allow me to grow as both a human being and a doctor little by little, every day, with continued effort and practice.**

**Realize that everyone at Maximo and Internship sites are incredibly flexible, so don't be afraid to ask for help or voice your concerns if you are not 100% happy**

# SHAPE YOUR OWN EXPERIENCE

**Instead of just taking vitals and moving on to the next patient, I started sitting with each individual daily – we'd talk about various things such as why I was visiting, their past careers, our families, religion, food, cultural differences between CR and the US, and more.**

**Eventually, I came to know EVERY single patient in the home, formed close relationships with them and the other staff members, and let social interaction be as much a part of each day as my medical work was (I voiced to staff that I was capable of more than just rounding and shadowing... if you're not sure about something, just ask! )**

**A few patients actually know some English and are more than happy to help you practice your Spanish every day**

# A MONTH TO REMEMBER

**I began speaking Spanish with ease, and truly started being treated and consulted as one of “THE DOCTORS” of the clinic, because once I had established strong relationships, I had also established trust, which led to more responsibility and more learning.**

**At this point, I felt excited on my way to Hogar each AM, because I was going to work with a team of kind, loving people who respected one another, and taking care not of strangers, but of “MY patients” - people whose first and last names I knew...whose hometowns, past hobbies, and family members I had met and formed bonds with. I developed a strong sense of duty and attachment to the people here, and it truly tears a hole in my heart to have to leave now at a time that feels much too soon.**

**My time at Casa Hogar was a blessed one, and I will never forget the people who helped make it that way for me. Special thanks to the Hogar staff, and to Tatiana, Emmy, Meredith, and Teddi from Maximo. <3**

**ENDING  
NOTE:  
YOUR  
EXPERIENCE  
IS WHAT  
YOU MAKE  
OF IT**



**Presentation by Eric Antonio Arevalo, MD**