Hospital Nacional Cayetano Heredia
Lima, Peru

Jerrica L Werner
SoM Class of 2019
• Hospital Nacional Cayetano Heredia
• Team Medicine B3
• Administered by Peru Ministry of Health
• Universidad Peruana Cayetano Heredia
• Serves population of around 3 million
Basic System Structure

Med School/Residency
- 6 year med school
- Last year intern
- International elective requirement
- 1 year rural medicine care

Our Team
- 3 Residents
- 2 Interns
- 2 Attendings / week
- 1-2 Externs
- Sometimes 2 lower med students
- 2 Daily Lectures: 12-1 and 2-3
Access to Care

- Decentralized health care system
- MINSA – Ministry of health – provides healthcare for 60% of the population
  - Funded by tax revenues, external loans, and user fees
- Universal Health Insurance Law (2009)
  - 80% of Peruvian population covered by insurance
- Allocates less of its GDP to health care than its Latin American counterparts
- Significant inequitable geographic distribution
  - SERUMS plan – every Peruvian medical student spend year as PCP
- Relatively high maternal mortality rate
  - Rural areas: less than half of women had skilled attendants with them during delivery, compared to 90% of urban women

Medical Pluralism

- 47% population is indigenous
- Many communities rely on mix of traditional and modern medicine
  - Use of Curanderos, or traditional healers
  - Ritual and herbal remedies
  - Extreme biodiversity of organisms
  - Rich in medicinal plants and “shamanic lore”
  - Lack of harmony between body and soul and its relationship to the environment and community
- Jardín Botánico de Plantas Medicinales adjacent to the Peruvian Ministry of Health in Lima

Differences in Systems

I am an engineer by training and at heart, and I spend a lot of time considering the efficiency of systems. And at Cayetano, there was a lot to consider. As my mentor said, “the science [was] the same, it [was] the organization where the biggest differences [were]”

There were many ways in which my team was very organized – They had a single sheet of paper where they recorded major changes and orders made for all of the patients on the team so they could be followed up on, and they kept a large whiteboard in the team room with each patient’s basic info and problem list. However, many things seemed to fall through the cracks of the paper chart. Tests mentioned in a progress note would never get ordered, or would never be drawn, and since a new resident had the patient every day, no one could say which had happened. Consultant notes were often illegible. Things got lost, and patients suffered for it.
Differences in Systems

However, there were a few areas where I noticed the science, or at least the method of care, weren’t quite the same. One of the major examples was the widespread use of Meropenem. It seemed as if every patient of mine with a suspected bacterial infection used it. When I asked why, the only answer I received was “it has good coverage”.

Some of the reasons I suspected were the following: A one stop shop drug might lead to lower costs of care, if culture results were wrong from the lab, which at least the residents suspected they often were, then the patient might still be covered.
Access to Information

• When asked what the national cancer institute’s greatest need was, one of the attendings responded that they severely lacked access to information.

• Their institution was able to pay for UpToDate, but couldn’t afford or justify paying for all of the journal subscriptions that we have available at KU.

• The attending was trying to use evidence based medicine when creating new guidelines, but he didn’t have access to the newest evidence.
My Greatest Challenge

I know language is important. Communication is the cornerstone to how we function as people and as a society. It’s how we build bonds and connect with each other. I think of myself as someone who communicates very well, even when a language barrier exists. My Spanish is passable, but not great. I knew I could persevere and get my point across, and have my questions answered.

However, I didn’t fully appreciate how absolutely exhausting it would be to constantly be communicating in a language that wasn’t my own. I was surprised how many times I was silent because it was just easier. I’m not a shy student - but even when I was pretty confident I knew what question was being asked as well as the answer, it took a lot more effort to speak up.
Pre-Columbian Clay Figures from Museo Larco

- Conjoined Twins
- Quad Amputee
- Physical Exam of a Child
- Leprosy
- Bell’s Palsy
Poster Presentations

Students should prepare their poster independently. For example, students going to the same international site should not present duplicate documents – all of your work must be individually prepared.

Posters are limited to **10 slides**

Deadline: **March 25, 2019** Please submit to Blackboard

Poster Presentations should include:

- **Title slide (1 slide)**
  - Poster title
  - Your name
- **Background information (1-2 slides)**
  - Introduction to the country and city (include a map)
  - Description of site and hospital/clinic
- **Topic of Interest (5 slides):**
  - Description of the topic of interest
  - Rationale for choosing your topic of interest - why this particular issue?
  - Highlight the primary information you learned specific to the topic of interest. Include strategies or interventions at the individual, community, and system level.
  - Conclusions/Suggestions – Summary points regarding the identified topic. Include issues or problems raised and how the clinical issue may be better addressed or improved.
- **Most profound clinical/academic experience (1-2 slides)**
- **Most profound cultural experience (1-2 slides)**
- Additional pictures as space allows
- References (1 slide)
- Include captions with your photos!