

1. First, be respectful of all patients. This, along with a smile, goes a long way.
2. Focus on one patient at a time. For example, tell an excited mother...
 - a. "We need to talk about this child first, and then the other three."
 - b. "Your aunt in Loja needs to see the doctor herself."
3. Focus on one problem at a time.
 - a. "Tell us about the child's knee. We can talk about her ear later."
 - b. "We need to talk about the child's knee, and then your shoulder."
4. Let the doctor be the doctor, not you or the patient. Examples:
 - a. "Dolor de riñones" (kidney pain) might really be lower back pain.
 - b. "Gastritis" (gastritis) might be a different stomach ailment.
 - c. Let the doctor decide if a child is bajo de peso (underweight), not the distraught mother.
5. If you don't understand rapid Spanish, ask the patient to speak s-l-o-w-l-y. Try to find a more proficient speaker to help out occasionally (even an Ecuadorian who speaks no English!) to condense the fast dialect or slang into simple Spanish (or English).
6. When there is confusion, ask the question again, perhaps in another way.
7. Don't be afraid to use the pronouns: yo, tú, él, ella, nosotros, ellos, etc., no matter what your teacher said. If you're not certain of the verb endings, the pronouns will clarify the meaning.
8. Try not to ask leading questions. These can influence the response.

Don't ask: "Does it hurt here?"

Ask: "Where does it hurt?" Let the patient tell you. *

* Remember that some patients are interested in obtaining medications for future ailments, or to give to relatives - and may tell you what they think you want to hear in order to get them. Don't lead them into temptation.
9. If the doctor directs you to ask a leading question, then by all means do so. Quite often a doctor will give a patient choices such as, "Does it hurt all the time, or only at night?" (¿Le duele todo el tiempo, o solamente de noche?)
10. Remember that the doctor is one step ahead of you, even though he or she doesn't speak Spanish. The doctor knows the human body, and probably anticipates a certain answer from the patient before you ask the question. The doctor is also reading facial expressions and body language, and may have the answer before you translate it.

11. Occasionally, a patient's answers don't match the questions. You might feel like you are in a "Who's On First?" routine. Does the patient seem evasive? Tell the doctor if you suspect something wrong. The patient may be hiding something. Is there alcoholism? physical or sexual abuse? fear of sexually transmitted disease (STD)? desire for medications? pregnancy? The doctor should know these things.

12. Keep in mind that the cause of the patient's problem may be waiting outside in the hallway, or sitting beside her. Be cautious and discreet. The patient's reputation or physical safety may be at stake.

13. Set realistic, practical goals for yourself and for the mission. Realize that we are not going to heal all of the sick, feed all of the poor, or revolutionize Ecuador's medical system in a two-week mission. We will turn away long lines of people toward the end of our time there. This can be heartbreaking, but by setting practical goals we can avoid feelings of guilt, failure or frustration. Don't be afraid to let your heart be broken, but within certain limits.

14. Also realize that you might benefit someone's life beyond your expectations and long after you leave, without ever knowing it. Your presence and your friendship mean a lot to the people you'll meet, perhaps more than the medical treatment you offer. Letting people know that you care for them, or that God loves them, can be worth more than medicine.