

Medical/Dental Team Report

Panama UMVIM

One form per medical team—information may be required by the College of Physicians/Dentists of Panama

Name of Team Leader: _____ Site in Panama: _____

Month & Year of your trip: _____

Team make-up: **Total number** on Health Related team: _____ # of non-medical helpers _____

Number of team physicians _____ dentists _____ nurses: _____

Special screening activities/#seen: Vision _____ Glass provided _____

OB-GYN _____ Well-baby _____

Health Promoter Education (# of days/topics covered) _____

Number of translators: team members _____ locally hired _____

Number of Panamanians who worked with the clinic (minus locally hired translators): _____

Total number of days the team offered medical/dental service: _____

Total number of medical patients seen: _____

Total number of dental patients seen: _____ # dental procedures performed _____

Total number of prescriptions filled, excluding vitamins: _____

30 day Vitamin packets distributed: _____

Procedures Performed: _____

List the most common illnesses you saw:

1. How was the overall communication with patients? Did you have enough translators?
2. Were you able to use local people to help in the clinic? If so, in what roles? How was the cooperation with the local personnel?
3. Was the information you received from Panama Personnel on preparing medical/dental teams before you arrived helpful to the team? Comments, please.
4. Did you have sufficient amounts of supplies and medications for the clinic? What did you have too much of? Too little of?
5. List any suggestions or advice you have for future medical teams to Panama, or for the Panama UMVIM coordinators and Personnel