1. **Flexibility is paramount**

Clinic is scheduled to open at 8 am SHARP. You get there early, prep for the day, and are ready to see patients, deliver a health education session, meet with the village health council, and dispense medications. The only problem is that no one’s there. People start to trickle in at around 8:30 am and by 9:30 am you see a steady flow of people. All your plans have gone haywire- you had the day mapped out perfectly! Now you don’t know how to organize your day because everyone seems to have shown up at the same time. What do you do? Be flexible. Remember that your sense of time and organization may not match those of the community you have set out to serve. That does not mean that they do not respect and appreciate you or the work that you do. It is just a way of life. Learn to respect that and work on their schedule, not yours. This may mean that you will have to...

2. **Be resourceful**

Since you may have to juggle multiple duties or wear multiple hats while on the brigade, compounded by the fact that there will most likely be delays in the schedule, you may have to be resourceful. Using the supply room to conduct an adolescent sexual and reproductive health counseling session while using a makeshift screen to divide the examination room into two to accommodate two patients are examples of what was done to protect individual privacy and also provide timely services to the community.

3. **Buy-in is important**

Without buy-in from stakeholders you cannot expect to work successfully in your own community, let alone someone else’s. This is a given. Most of us know to meet with the key stakeholders, form connections, garner support, and inquire about needs before we set out to work in a community culturally and geographically different from where we are accustomed to working. However, keep in mind that buy-in from even seemingly “non-key” personnel may be important as well, as was learned on one brigade where the root cause for low recruitment rates into a health education program were traced to a part-time nurse’s aide’s bias about the program. This individual was not looped in prior to launch of the program and was erroneously not considered to wield influence in the community. Once the root cause was discovered, and the nurse’s aide was “bought-in” by explaining the benefits of the program, the recruitment rates went up.
4. **Everyone is capable**

Just because a community has limited infrastructure or means to promote and protect their health and well-being, does not mean they are incapable of doing so. With a little bit of creativity and innovation, and the wealth of information that you have at your disposal, you can educate people from resource-limited communities on how to promote a healthy lifestyle and thereby build their capacity to take care of themselves and generations to come. Do not assume that because such communities do not have as many resources as the one you are accustomed to working in, that they are not as smart, resourceful, concerned, and invested in their health and future. Always aim to provide some kind of capacity building assistance apart from clinical care. This will help to sustain the clinical work that you have done.

5. **A smile can go a long way**

A medical brigade is not only about the work, getting credits, building your resume or doing “good”. It is also and perhaps more so about building connections. Be friendly and open and try to learn about the community and the people. You may have a language barrier which precludes you from interacting without an interpreter. But guess what does not need translation? A smile! Trust takes time to build, amongst brigade members, and between the brigade and the community. But if you are open, honest, and sincere in your efforts, trust will be established and you will have a fulfilling experience and most likely form meaningful connections that will last a lifetime.