

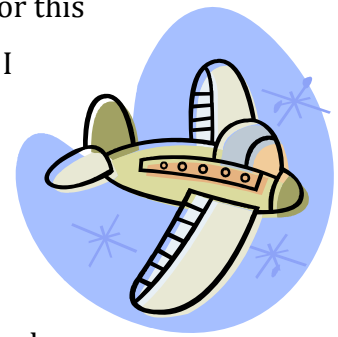
2012

Clinical Exemplar

*Amy Eubanks, RN
Per Diem ACU Staff Nurse
Mercy Hospital
Portland, ME*

Dominican Republic Mission Trip: A Rookie's Perspective

“I don’t want to go”. Those are the words I uttered to my husband as we pulled up to the Jet Blue Departure area at the Portland Jetport at 4am on daylight savings morning. After weeks of excitement and preparation for this opportunity I suddenly had a serious case of jitters. What was I thinking when I agreed to join this mission team? As a stay-at-home mom who had returned to nursing in the ACU just 3 years ago, was I really ready to leave the country to serve others? Would I be safe? Would my family survive at home without me? All of these thoughts bombarded my brain. Through sleepy eyes my husband looked at me and said, “It is too late for that now.” So I grabbed my carryon full of everything I would need for 8 days and stepped into the airport to wait for 8 team members, most of whom I barely knew.



After the first leg of our journey, a short flight to JFK, most of my fears had been replaced by wonder and anticipation. We easily boarded our plane to Santo Domingo, Dominican Republic and settled in for a 3.5 hours in the air. After a relatively easy process through customs with our 9 oversized duffle bags full of medical equipment and supplies, we found a bathroom and changed into our tropical attire. It was here that I first encountered the “don’t flush the paper” policy. Life as I knew it had just ended for the next 8 days.

Dan and Carrie, a couple from Solid Rock International who would serve as our hosts for the week, greeted our team. They offered a warm welcome with pizza



and bottled water before leading us outside to meet our van driver Bam Bam. We threw all of our bags into the back of Dan and Carrie's small pickup truck and packed ourselves into the vehicle to begin a 3 hour drive to our destination, San Juan de la Maguana. I was a wide-eyed tourist for the beginning of the ride, taking in first the

sites of the beautiful ocean, then the littered, overcrowded city. As we drove on we saw a remarkable countryside with mountains, interesting vegetation, and roaming cows and horses. For a moment, approximately 2 hours into the trip, I was nervous once again. Bam Bam eased his sputtering auto onto the side of the road in the middle of a small city and motioned us all to get out. As he peered under the passenger seat, we realized our van was overheating. My stomach lurched and I felt a slight sense of panic as the reality that I was in a foreign country, unable to speak the language, and at the mercy of a van driver named Bam Bam, hit me like a ton of bricks. As I found some shade in the doorway of an abandoned building, I talked myself down and made a conscious decision to surrender my need to control everything. Little did I know this would allow me to fully reap all the rewards of this medical mission.

We finally arrived at the San Juan Christian Clinic, our living and working quarters for the week. Exhausted and excited all at the same time, our group settled into our rooms, quickly toured the clinic, ate dinner and went to bed knowing that we had a full day ahead of us.

The roosters screeched me into consciousness at 4am that first morning. By 5am several of my fellow early birds had arrived in the dining area to find coffee and get the day started. Day 1 was our cleaning and preparation day. We scrubbed and reorganized the 2 OR's as well as the preoperative area and PACU space. Meanwhile, the two surgeons spent



the day in small consultation rooms determining which cases could be booked for surgery. As I emerged from cleaning, I was greeted by a hallway full of families that had travelled to the clinic to be seen by the orthopedic surgeons. It was loud, hot, buggy, and the anticipation was palpable. I slipped into one of the rooms to observe a consultation. The tiny space was crowded with an interpreter, the surgeon, a family of 3, and Nicole (the American nurse from Solid Rock). I listened and watched as the doctor asked the toddler to walk back and forth between the door and his mother. He appeared to be a normal, slightly bowlegged 2 year old to me. The doctor explained through the interpreter that very sentiment. He reassured the parents that their son's legs would naturally straighten as he grew. After the family left, the surgeon explained to me that in the Dominican culture, a child with a physical deformity places a stigma on the family. What we in America consider to be a cute gait for our diaper-clad toddlers has the potential to bring great shame to a Dominican family. This helped me begin to understand why orthopedic surgery is essential mission work in the Dominican Republic. Our purpose was a bit clearer to me.

By mid afternoon the OR's and PACU were ready, 3 days of surgery were booked and we had the opportunity to take a walk in the barrio. Armed with cameras, deet, and hand sanitizer, our group of 9 white folk followed our beloved translator Amari down a dirt road behind the mission grounds. Cramped shacks, trash, stray dogs, and many beautiful mocha skinned children greeted us. Before long, a gaggle of kids skipped along beside us, playfully holding our hands and startling us from behind. They were thin, some shoeless, and yet smiles dominated their faces. As I reflected later on the scene of the barrio, I realized that despite poverty, and conditions far below what we in America consider livable, the Dominican people exude a sense of contentment and happiness.



Day 2, our first day of surgery, proved to be the most exhausting and overwhelming of all the days. The unknown and unexpected were so foreign to me, a creature of habit and comfort. My role as ACU/PACU nurse was new to this veteran surgical team. It was mine to carve out and discover. The entire day's worth of patients had arrived in the preoperative area while I ate breakfast. I walked in, took a deep breath and jumped in double-gloved to insert IV's. The Dominican nurses stood back and watched, anxious to assist if needed but also happy to observe. Nicole encouraged me as I fumbled to find supplies and to make do with what we had. By the time Sandra, our CRNA, brought my 3rd patient to PACU, the room was buzzing and full. There were no more beds equipped with oxygen tanks so we settled for a location closest to the OR. She looked at me and said, "Are you ok?" I took a breath, smiled and said, "Yup!" By this time I had already decided to dive in headfirst and do what I knew I could do - care for people. Without all the trappings of our American systems I could roll up my sleeves and just do nursing care. How freeing!

I had already decided to dive in headfirst and do what I knew I could do - care for people.

Throughout that day and the two that followed I took advantage of an "all access pass" to the OR - the surgeons invited me to observe whenever I had down time in the PACU area. This was an opportunity I could only dream of at home. In addition to giving me invaluable exposure to the roles in the OR and a chance to see complex surgeries, it also provided me with an understanding of the challenges that the rest of the team was facing. They were repairing significant deformities with limited resources and less than ideal equipment. On several occasions, the town power went out and the team patiently counted to ten in the dark waiting for the generator to kick in. In an amazing act of ingenuity, our OR nurse Mikeal fashioned a plate in the mission workshop that allowed a patient to have a clavicle repair. In the absence of an xray light box, we used a cube shaped window with sunlight pouring in to view often poor-quality images. The obstacles were numerous but the determination to find a way to make it work was overpowering. The spirit of the

team equipped me to go back out of the OR ready to do the best I could with what I had to work with.

By the end of the day the PACU chaos had quieted and we were left with our last case, a man with a major tibia repair who had to spend the night for observation. There was also a grandmother and her grandson, quietly waiting for a way to get home. They were dropped off early that morning at the clinic in hopes of having the little boy's severely deformed legs surgically corrected. The doctor determined the work needed was too extensive and would need to be done in the United States. This was a case that would take resources and legwork to eventually facilitate back at home. The more immediate issue was that this family had no transportation back to their mountain village – 90 minutes away. Nicole worked all day to try to facilitate their return home. Meanwhile, the child quietly played with the beanie baby we gave him, ate a small snack of a granola bar and some water, and finally took a nap on one of the PACU beds. He never complained or whimpered all day long. When transport was finally arranged, Nicole asked me to take the journey with the family. Gulp. More discomfort, more unknown. Gulp. Nicole must have seen the fear in my eyes. She said, "You have been with them all day, and I need you to go with them so you can let me know if he is being loved and cared for." And so I jumped in the vehicle with several others from our team and we started on yet another journey.



The mountains were exquisite, the roads narrow, and the driving on the verge of insane. White knuckled but energized by this adventure I marveled at all that I saw. When we arrived at the boy's home his siblings (too many to count) were perched on the hill seemingly waiting for him. One brother carried him playfully back up the steep incline to their abode and I saw the young boy smile for the first

time all day. He clearly was glad to be back. This, I knew, was what Nicole sent me to observe. He was loved, cared for and content.



I was awake before the roosters the next day, restless and ready to work. I grabbed a cup of coffee and sat under the cabana with another teammate who was unable to sleep. I pondered out loud my concern with tokenism. Was I here in the Dominican being a do-gooder American so that I could go home and feel better about myself? Was the work being done in a few days really making a difference for the people on the receiving end of our care? There was no easy answer. The question lingered in me.

Meeting Lua a bright-eyed, 19 year old Dominican nurse was a highlight. She was eager to work by my side, to learn, and to help me attempt Spanish while she timidly practiced her English. By Day 3 she never left my side. I talked with Nicole over breakfast one morning about some of my observations of the nursing skills. I was hesitant to jump in with suggestions for fear of insulting the nurses who worked in this environment day in and day out. Who was I to show up and try to impact what they were doing? Nicole explained that they are eager to learn but not always given the chance by other teams. Unfortunately, they are made to feel cast aside and unworthy. She invited me to teach and share for the remainder of my time at the mission. That was the day I caught my stride. Suddenly this trip seemed too short! I had so much to learn, to share, and to give.

Using the time I had left, through the interpreters (thank goodness for them!) I explained each assessment and skill I performed. I worked directly with the nurses on their IV skills, and reiterated the importance of universal precautions until I was blue in the face. Thanks to a gracious anesthesia team, Lua was allowed to assist during our first popliteal nerve block. It was amazing to see her confidence grow as she was given opportunity and knowledge. The last morning proved to be

one of my favorite moments of the journey. Lua and two other nurses assisted me during a wet to dry dressing change on a patient that had had an I and D of the ankle on Day 2. He would be returning for dressing changes every 2 days for 2 weeks and Lua was responsible for these dressing changes. She was certainly up for the task and I had confidence that our patient would receive good care. I boarded the van for our departure with tears in my eyes after Lua asked me to promise to return.

The team spent the final 2 days of the mission at a resort. This was our time to recover from long workdays and to prepare for reentry to our lives at home. As we encountered a less than impressive resort, there was a piece of me that longed to go home. However, in staying I was able to realize the amazing bond that I had formed with these 8 strangers. We had come together with a common purpose, experienced emotional highs and lows, and worked as a cohesive team. In our work culture at home there is a constant emphasis on teamwork. Never, until this trip, had I encountered such a shining example of team.

The teaching opportunity put the purpose of our mission into perspective for me. No longer was our team arriving to change 16 people's quality of life through surgery. Our gift was bigger. By demonstrating a higher level of care with a humble spirit, we passed our knowledge onto the Dominican health care providers in hopes that it will have a far greater impact on countless lives. As for the tokenism, that fear has also subsided. In retrospect, I realize that while I embarked on this journey with a heart for giving, what I have received from spending 8 days in the Dominican Republic is far greater. The new perspective on nursing, on what we have here in America, and how little it can take to achieve contentment is life changing.

