

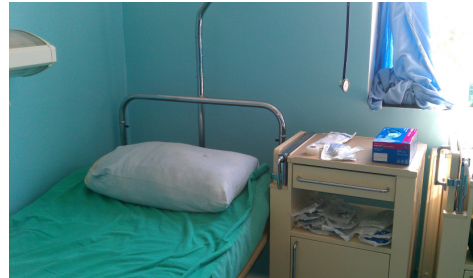
Humanitarian Mission to Romania

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I would like to thank ASPAN and the Scholarship selection committee for choosing me as a recipient of the Humanitarian Scholarship. Through the ASPAN scholarship program, I was able to participate on a medical mission with less of a financial strain. It is my hope that you will learn a little something while I tell you about my journey with Medical Missions Foundation to Botosani, Romania.

Medical Missions Foundation is a non-profit organization that sends medical teams to underserved areas throughout the world. On July 6-15, 2012, more than 30 people traveled together to Romania. This group made up 2 surgical teams, a clinic team, and a team that worked at a local orphanage, Deb's House. During our time there we performed more than 50 surgeries and saw nearly 500 clinic patients. While our days were long, even the medical teams were able to spend time with the children at Deb's House. ¹

On this journey I learned that standard equipment is taken for granted. When I was planning my trip to Romania (my very 1st mission trip ever), I asked the mission coordinator what I would need to bring with me to care for my perioperative patients. I was told everything. It was hard for me to imagine a room with a bed, an empty table, a sink but no soap or towels. There was a pipe that came out of the wall with a knob but no Flow meter...I was assured that this was the oxygen supply. Just outside the door to the hospital was a well that the community shared for "fresh" drinking water. The weather was sunny, humid and above 90 F and there was no air conditioning...not even at the hospital. This was the beginning of my reminder of basic assessment skills and how to take care of patients safely in a low tech atmosphere.



In my mind I had to quickly travel to my 1st day of nursing school, August 1983. Engel's theory that humans are a biopsychosocial being was taught.² I kept in mind that it is through the complexities of human nature that I needed to quickly change my thought process from "what does the monitor say" to "what does the patient say."

I was assigned to a team that performed corrective surgeries for strabismus. Once a patient made it through the Romanian government red tape and was told they would be able to have surgery, I then had to quickly prepare them. I usually had about 15 minutes to perform an assessment that normally would take me 30 minutes in the preoperative assessment and testing clinic. Plus I needed to communicate to them and their family any post-operative teaching that was necessary for a safe recovery.



Most of the patients were children. The surgeon I worked with wanted the patients and their families to understand the importance of hand washing. So prior to getting their IV started the entire family was taken to wash their hands. They were instructed that after surgery there would be eye drops that they needed to use, how often and that they should wash their hands before and after each application.

My entire assessment with all the teaching and getting the IV started needed to be quick and seemingly professional. I could have accomplished none of this without the aid of my interpreters. Simple communication was necessary to make the patients feel comfortable and safe with the American strangers. We were promising them a new life and they had to trust us. It was free care that they would not have ever gotten even if they had the money to pay for the procedures.

On one day during this trip, I cared for a little girl that was very sad and withdrawn when she first came to me to get ready for her surgery. She wouldn't make eye contact, she was nervous, her mother appeared frightened. With the assistance of my interpreter I found out that she didn't want to have surgery. She thought that if she didn't have the surgery she could come back next year to see the blue eyed, blonde haired doctor that did her eye exam. I asked her if I could get him over to see her before surgery, would she be willing to go through with it. She doubted me but agreed. I sent my interpreter to the clinic and let him know about my patient and see if he could possibly come quickly.



When he walked through the door her eyes lit up like a Christmas tree. He was there less than 5 minutes but it made her day. She became cooperative, was listening to the instructions, walked back to surgery, went to sleep without so much as a small tear and woke up in PACU with this same smile on her face....in other words, she had safe care with no complications.

Holding a patient's hand in the public eye shows that nursing is a "caring" profession. But as the science of nursing, holding a patient's hand tells you volumes about their biopsychosocial status as a human being. Is their skin warm and dry or cold and clammy? Are their hands clean, well-manicured, or callused? Are they hydrated? Do you feel a "good" vein to start? Do they make eye contact when you speak to them? Are they well nourished?

Here in the United States we have tons of rules and regulations that are for the safety of the masses. Meeting a simple request, even if it forces you to be creative, can sometimes make a difference between a good surgical outcome and a bad one. Think about the difficult patient that you just can't seem to make happy. If you can find one thing that you can compromise on that makes them feel even a little autonomous, you can often win them over. They are more cooperative, listen more attentively to their instructions and are more willing to participate in their aftercare. With this you are more assured of a safe and satisfied patient.

By remembering basic nursing skills and understanding that you may not always have the technical equipment that we normally rely on, you can still give safe patient care. I plan to travel back to Romania in the next year to continue working with Medical Missions Foundation. It is my hope that I will continue to be reminded of the importance of simple assessment skills.

References

1. Medical Missions Foundation: www.mmfworld.org
2. Nursing Planet: http://nursingplanet.com/theory/biopsychosocial_model.html