

2012

## A Closer look at mission nursing

Connie Herron

*IPFW*

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### Opus Citation

Connie Herron (2012). A Closer look at mission nursing. *Imprint*.

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The Professional Magazine for Student Nurses

# Imprint

National Student Nurses' Association, Inc.<sup>®</sup>  
January 2012

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## PUBLISHED BY THE NATIONAL STUDENT NURSES' ASSOCIATION, INC.®

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A CLOSER LOOK AT:

# Mission Nursing

Perspectives of an Experience Abroad

By **Connie Herron and Jane Dannhausen**

Many students talk about mission nursing, and many are eager to graduate so that they can participate in a mission experience. Can a graduate student in the final semester of a nurse practitioner program, with numerous commitments including papers and clinical hours, use a mission nursing experience as a final capstone project? My first response was, “No way!” Call it a desire to help others, create a memorable capstone project or a whim, but after hearing from other students planning to participate, I decided to join in.

Cien Fuegos, which means 100 fires, is located on the outskirts of Santiago, Dominican Republic. A community of 300,000 people live in the area with no electricity or running water, they were displaced from their homes after a string of fires in Santiago (Hinton, 2011). Most of these people have no permanent residence or birth certificate. Thousands of people survive solely on trash from the city (Hinton N. , 2011). The mission group, Barnabas Task, led by one of my classmates Nancy, and her husband, has led several previous short-term medical missions to this area.

Upon the recommendations of faculty members at Indiana University-Purdue University, Fort Wayne (IPFW) where I was in my final year of graduate school, I began investigating mission nursing and the population we were going to serve. Every article I read proclaimed the virtues of mission nursing, but I continued to fear the unknown. Would I be exposed to tropical diseases? What immunizations would be needed? Would our student group have difficulty going through customs with suitcases of pharmaceuticals? I had many questions and very few answers. My classmates and I were venturing into uncharted territory for our nursing school, but I made peace with my decision. The next few months were spent getting ready.

The goal of our trip was to provide short-term medical mission care in Dominican Republic and perform a community assessment. Data from the community assessment was to be utilized in our individual capstone projects to improve the long-term health of the area we served. Patient education brochures were created and interpreted to the local language. Community assessment questions were researched and compiled into questionnaires (one for the members of Cien Fuegos, and one for community leaders of the surrounding city, Santiago). We all received updated hepatitis immunizations and applied for passports. I was exhausted before I started.

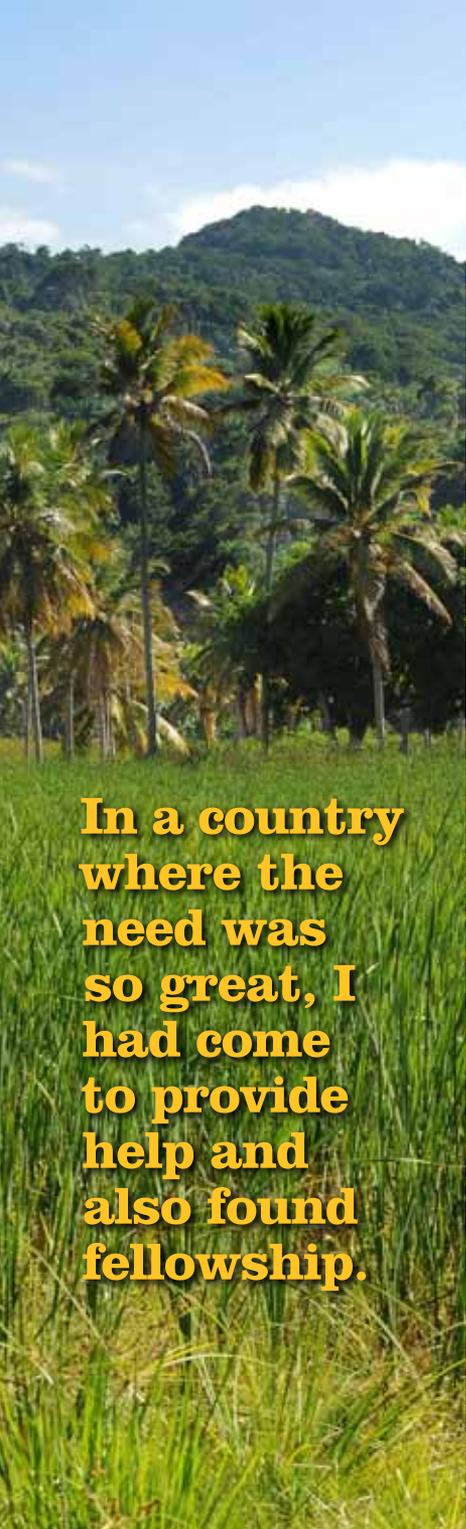


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Arriving in Santiago, our group consisted of nine graduate students (two nursing education, three adult nurse practitioner, and four women's health nurse practitioner students), and three faculty members along with other support personnel involved in the mission. Over the next 7 days, we would come to know each other much better as aspiring nurse educators, nurse practitioners, colleagues, and friends. Everyone had spent months preparing for the trip, collecting medications, supplies and money. Going through customs was easier than I had imagined, although they allowed no Benadryl or Tylenol brands to enter (generic acetaminophen and diphenhydramine were allowed).

Our clinic was setup in an empty business building with no running water. The walls of our exam rooms were sheets strung on clotheslines. These small cubicles allowed patients only minimal privacy but patients seemed unworried, glad for any attention we offered. The pharmacy was protected with a 24-hour guard.

Each morning we loaded into our bus for the trip to the Cien Fuegos area. We arrived to find lines of men, women, and children waiting patiently in the hot sun. Our system consisted of a triage area where we collected general information about the patient, vital signs, and health problems. Patients were then taken upstairs to treatment stations. In the treatment stations, patients described their ailments, which ranged from headache to infections to chronic diseases or anemia. Patients were usually treated in family groups. The last station was a pharmacy which consisted of medications we had collected filling 14 suitcases. Medications were taken from the suitcases and placed on shelving by category to make dispensing easier. *(Continued on page 78 ↔)*



**In a country where the need was so great, I had come to provide help and also found fellowship.**

The days went by quickly, systematically moving patients through our makeshift healthcare system. Late on the third day of the clinic, a local orphanage brought many small children to be seen. It was decided that a few nurses/students from our team would visit the orphanage the following day and provide treatment there. Three members of our group made the trip to the orphanage, where children were treated for various skin illnesses.

I recognize that our trip was only a short reprieve for those living in this poverty-stricken area. I am happy to report that Barnabas Task has since completed work on a water station to provide clean drinking water to many in this area. They will make sure that the missions continue to treat those in need and work to establish long-term solutions.

During one particular busy afternoon, I took a short break from the treatment station just to think and reflect. In the cubicle to my rear, Jane was treating a pregnant mom with a urinary tract infection, to my right Mary was treating a mother and her 3 young boys - all sick with gripe (flu), Lorelei was treating a young boy with an ear infection, Amanda was hugging a young child, while Rachel was busy trying to keep the triage area flowing smoothly and hugging an elderly woman. Further away in the pharmacy, Carol was trying to sort vitamins into labeled ziploc bags for distribution, while Candice and Katrina were filling medications and providing much needed education on its use. Deb was crying and hugging a young girl depressed with her life, while Katerina cleaned the wound of an elderly man. Everyone was working as a team and collaborating on treatments, dos-

ages and encouraging words. No one was complaining. Everyone was working hard and focused on those we were there to help. It was magical. Like most nurses I know, I entered the profession to make a difference and improve the lives of others. This mission trip brought that feeling back full force. It was a powerful reminder of the mission that is nursing, the calling that is nursing!

I was one of the lucky students on our trip. I knew everyone prior to departure having worked or taken class with each one. Several others had not met prior to beginning this project. We pulled together quickly, each supporting the other, offering a second opinion, encouraging words or a gentle touch. In a country where the need was so great, I had come to provide help and also found fellowship. Those articles I had read proclaiming the value of mission nursing were correct but I was unprepared for the magnitude of the feelings it roused.

Can a short-term medical mission trip be used as a capstone project for busy nurses in a graduate program? My resounding reply is not only yes, it can be done, but also YES, it should be done. Through this medical mission and capstone project, I have found the magic of caring and making a difference in the lives of others. I have found the fellowship of my classmates, making connections for the future of nursing. I cannot wait to see where my next mission trip takes me, because I know this experience has awakened in me a burning desire. ∞



**Connie Herron**, MS, RN-BC, NP-C, has over 26 years of nursing experience. Her experience in the Dominican Republic was during her education to be a masters prepared nurse practitioner. She is now pursuing a Doctor of Nursing Practice (DNP) at Purdue University.



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