As I boarded the plane to the Dominican Republic, I recalled my introduction to that country with Los Medicos Valadores, when I was a third-year undergraduate nursing student. I wondered how this new journey with Intercultural Nursing Inc. (INI) would differ from my first trip, now that I am a registered nurse and nurse practitioner graduate student. The assessment skills I have gained over the years; the emotional lens through which I view the world, which changed significantly during my 20s; and the group with which I would be traveling are obvious differences.

On my previous visit, I worked on an interdisciplinary team of doctors, nurses, and dentists. This time, I would be part of a team comprised entirely of nurses.

As I anxiously passed through customs, I felt beads of sweat form on my brow. My heart and thoughts began racing: Would they pull me aside to question me? Would they check my baggage and find a single bottle of expired acetaminophen and confiscate all of my supplies? I had heard horror stories from the nursing group leaders about airport staff in Santo Domingo, but to my surprise the customs officers were pleasant. Soon, I passed through to the other side of the airport entrance, where I met several other traveling nurses.

We stayed that night in the capitol, waiting as more nurses trickled in from the states. Early the next morning, we set out to Cotui, the place we would call home for the next two weeks. After a five-hour bus ride along windy

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Once again, the Department of Nursing is pleased to announce the availability of an Advanced Practice Psychiatric Nursing Fellowship.

This award seeks a newly graduated Advanced Practice Psychiatric Nurse to participate in a mentored post graduate fellowship program. The intent of this fellowship is to support the transition of the newly graduated APN to professional practice.

The objectives of this fellowship are to:
• Enhance skills in psychiatric assessment, differential diagnosis formulation and treatment planning;
• Build upon skills in providing focused treatment to individuals and families;
• Participate in the development of psycho-educational programs/materials for patients and families; and
• Increase knowledge of the health care delivery system.

The program is 12 months in duration, full-time and benefits-eligible. There are two primary clinical sites in which the fellow will participate as a member of an interdisciplinary treatment team:
• First Episode Clinic
• Clinical Evaluation Center

The fellow will also have the opportunity to participate in the Partnership to Advance Nursing and Social Work Research committee and nursing educational programs.

Based on the fellow’s interest, additional opportunities may be available in geriatrics, addictions, or women’s health. The program provides unstructured time to support the educational interests of the fellow.

For more details, please see the announcement and the application posted on BrainWaves. Open the Education tab, drop down to Nursing and Social Work, then over to Career Development Resources and double-click to open.

Thank you.
Paula is a remarkably skilled clinician, educator and nurse leader. She maintains an active practice in her role as medical nurse practitioner, a role that gives her a great deal of satisfaction, particularly working with our adolescent patients. Her exceptional teaching skills are particularly evident in her role as lead infection control nurse. Her depth of knowledge on all sorts of “bugs” be they airborne or in beds, has calmed many highly anxious psychiatric staff members. In addition, she has mentored a number of novice nurse practitioners who have benefitted from her wisdom and skill. Paula is also the nurse director of a very busy, growing clinical service. Her ability to develop creative management strategies to meet the often changing and challenging clinical environment is appreciated by her staff, her colleagues, our patients and families. She also conducts nursing research and along with other colleagues will be presenting at the next APNA Annual conference. Linda Flaherty, Senior Vice President for Patient Care Services remarked “I cannot think of an individual more worthy of this award” Congratulations Paula!
This past February, we traveled to Managua, Nicaragua with a nine-member delegation led by Sandy Melius, then chairperson of the Nicaraguan Covenant, a long-standing partnership that supports programs of health, education, and self-sufficiency in the largest country in Central America, which is also one of the poorest in the Western Hemisphere.

Our seven-day mission trip included a variety of assignments: distributing vital medications in the isolated barrio of Casimo; hiking through the forest of Mercedes to visit a clean water and well installation site; delivering much-needed, brightly colored material to women learning a trade at the Nandasmo Sewing Program; painting and restoring the Maranatha Primary School; and serving hungry children at Las Flores Luncheon Program, which provides their only nutritious meal for the day.

An interesting characteristic of our team was the high number of mental health professionals who participated: three clinical psychologists, three psychiatric nurses, one special education teacher, and one counselor. Five are past or present McLean employees: Alicia Allen, RN, Night Supervisor; Nancy Gaulin, Case Manager, PH2; Bridget St. Pierre, Mental Health Specialist, PH2; Arielle Nelson, then an MGH Student Nurse, PH2; Sandy Melius, RN, PH2. Aptly, Sandy included a visit to Nicaragua’s National Psychiatric Hospital in our itinerary.

During our visit, we accompanied Dr. Martha onto some of the units. In the locked women’s section, the nurses’ station and office are partitioned off experimental” mode, since it has not adopted any set treatment orientation or approach. The director explained that many patients spend their entire lives there, and staff members have developed the philosophy that patients are to be treated as “family.” We would describe this approach, with its focus on acceptance and warmth, as humanistic.

The hospital shelters nearly two hundred patients. Most are chronically mentally ill. The standard treatment plan consists of a two-month stay, followed by integration back into the community. This rarely happens, however, because so many patients remain at the hospital as permanent residents. Sadly, most have been abandoned and stigmatized by their families and communities. There is little cultural understanding or acceptance of mental illness in Nicaragua.

During our visit, we accompanied Dr. Martha onto some of the units. In the locked women’s section, the nurses’ station and office are partitioned off

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acknowledged his presence, he said that he was well, and invited me to sit with him. He then ran into his house, which was made of branches and pieces of scrap tin, to get a second green plastic lawn chair for me. As we sat together, I asked why he was not going to the clinic.

“I don’t have money,” he responded.

The clinic costs approximately five cents, which is charged to families to maintain order. Past clinics in Cotui had been disorderly because of insufficient supplies and the urgent need for medical care. The man gave permission for me to do an assessment of his health. It quickly became apparent that his entire body was wasting. In broken Spanish, I asked if he thought he was healthy, and he told me that he was diabetic, did not eat daily, could not afford insulin, and felt dizzy, nauseous, and tremulous most days.

I persuaded the man to come with me to the campo to receive care. There, I explained to the nuns that the man needed medical attention. They understood and said that anyone who needed medical treatment but did not have money could be seen. I felt relieved, knowing that I would meet

Patients await treatment outside a makeshift hospital at a countryside “campo” in the Dominican Republic.

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other people in this man’s situation. Despite the hundreds of people we saw daily, my energy for the mission never subsided. Although I felt physically fatigued toward the end of the day, I felt mentally eager to continue. Each night I found myself lying awake, smiling underneath my mosquito net, thinking about the faces of the people I had encountered throughout the day. At times I wondered how I could smile about people who are surrounded by such destitution, but the thought quickly passed as I remembered the kind acts and conversations I had shared. It really was not until I met one of my last patients that I could conceptualize my conflicting emotional experience.

As the eighty-seven-year-old man limped towards the metal chair, he removed his sombrero and greeted me. I could see the gentleness in his light brown eyes and the genuineness in his smile. When I asked how he was feeling, he seemed reluctant to disclose how much pain he experienced, and said that he was very well. Eventually, I learned that two years ago he suffered a fall that caused significant damage to his left knee. While examining him, I realized that this man, who still worked in a pineapple field at the age of eighty-seven, needed a knee replacement. He had significant atrophy below his left knee, due to disuse from pain, and suffered severe swelling, crepitus, and stiffness in his joint.

In the United States, a man of this age would more than likely be retired, perhaps filling his days by reading newspapers or playing cards with friends. He would receive a knee replacement, without question, and Medicare would cover the majority of the cost. However, here in DR, I could help this man only minimally.

He did not have government assistance, he would never see a doctor about his condition, and he would not have surgery. My eyes filled with tears at the thought of telling him I could provide only Ibuprofen for the pain, muscular rub, and education. Although I felt extremely disappointed at what I could offer him, he looked back at me with joy and admiration.

“I think it’s working,” he said, referring to the muscular rub I had applied on his knee.

As I apologized for not being able to do more, he interrupted to explain how thankful he felt to have met me, and to receive my support, knowledge, and, most of all, care. At that moment, I realized that talking to a nurse, and receiving education, medications, and comfort was just as important to him as a surgical repair. These were the things that mattered; this interaction was what he valued.

As our bus left Cotui for the airport, I felt saddened. Yes, it would be nice to sit on a toilet again, rather than hover over a latrine or bucket. Of course, I would enjoy a warm shower and clean drinking water. However, I did not miss those comforts as much as I would miss the kindness, compassion, and strength of the Dominican people and the simplicity of their lifestyle.

Staff Highlights

Meredith Creeden, RN/NBII, Ashley Folgo, RN/STU, Jill Healey RN/PHII

Meredith, Ashley, and Jill are newly registered nurses and former McLean MHS’s. They are also enrolled in the Direct Entry Nursing, BSN-MSN program at The Massachusetts General Hospital Institute for Health Professions and are planning to become Psychiatric Mental Health Nurse Practitioners.