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Developing an Evidence-Based Clinical Resource for Registered Nurses Serving on Medical Missions

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Developing an Evidence-Based Clinical Resource for Registered Nurses Serving on Medical Missions

Abstract

The purpose of this poster is to summarize a clinical scholarship project in which needs of rural Zambians who seek healthcare at short-term medical clinics were identified. Using this information, a clinical resource guide was developed based on published best practice guidelines and available resources to educate medical mission nurses and assist in providing quality, culturally competent care. Implementation of educational materials specific to nurses and to the population served, has the ability to impact the quality of care provided through medical missions. This project has the potential to lead to a more all-inclusive resource for nurses who take part in the developing world.

Disciplines

Nursing

Comments

Poster presented at Faculty Scholarship Celebration, St. John Fisher College, October 25, 2012.

Background

Most developing nations report struggles with regard to health and wellness, as a result of poverty and lack of healthcare infrastructure. Healthcare professionals and resources are in limited supply. Therefore, these countries rely on the external support of non-governmental organizations (NGOs) and medical missions to provide needed health services.

Medical Missions: "Travel to a foreign country for the purpose of making a special study or of undertaking a special study of a short-term duration." (National Library of Medicine, 1999)

In 2007, an estimated 1.6 million Americans were sent on international short-term medical missions annually, by more than 40,000 sending entities, at an estimated cost of \$3 billion dollars. (Collins, 2007)

Despite the involvement and investment in medical missions, there remains a lack of both educational preparation and clinical resources for clinicians..

Purpose

To develop an evidence-based clinical resource for Registered Nurses who serve on medical missions, specifically to rural Zambia.

Methods

Review of current protocols, guidelines, and literature specific to the developing world.

Institutional Review Board approval obtained.

Medical Mission to Luanshya, Zambia

- Retrospective chart review to identify the most common diagnoses of those attending a short-term medical clinic

Inclusion Criteria

- Seen at the mission clinic and have had a chart generated with the following data collected:
 - Age ≥ 14 years
 - At least one medical diagnosis
 - At least one treatment documented
- N = 708 patients



Medical Priorities

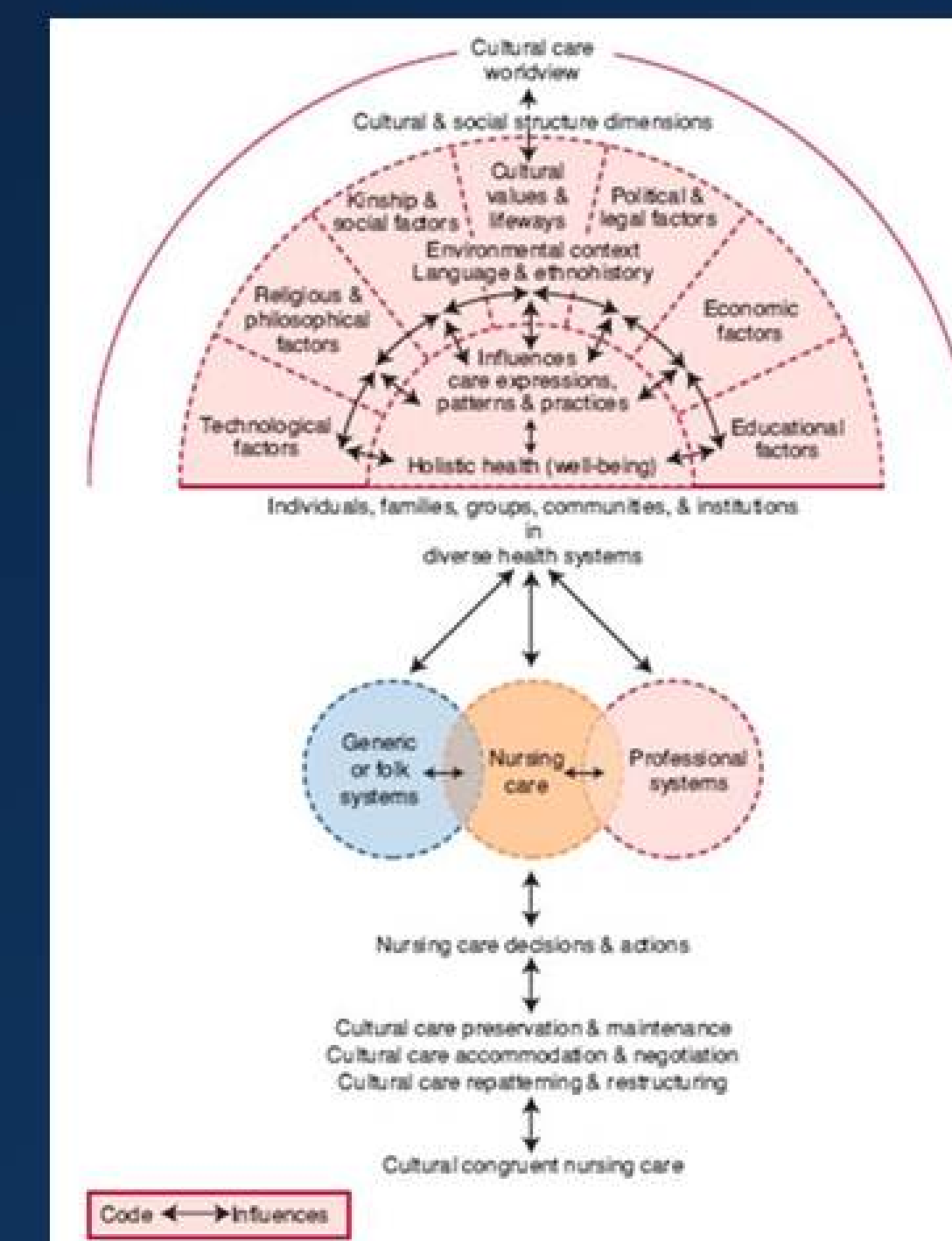
Total Number of Diagnoses = 1147

Musculoskeletal (30%)	Sprains/ Strains Arthritis
Infectious Disease (14%)	HIV/AIDS Tuberculosis Malaria
Gastrointestinal (11%)	Reflux/ GERD Gastritis Ulcers Intestinal parasites
Cardiovascular (9%)	Hypertension

Cultural Priorities

Cultural Concerns

- Societal roles
- Customs
- Stigma
- Language
- Availability of health resources



Current Evidence-Based Resources

- World Health Organization (WHO): World Malaria Report, Model List of Essential Medicines
- Zambia Ministry of Health
- International Standards for Tuberculosis Care
- International Federation of Infection Control
- Centers for Disease Control
- U.S. Agency for International Development (USAID)
- United Nations Millennium Development Goals
- Global Health Council
- Best Practices in Global Health Missions
- International Standards and Practice Guidelines and Health Missions
- Global Atlas on Cardiovascular Disease Prevention and Control

List of Citations Available Upon Request

Clinical Resource

Section 1: Introduction to Global Health

Section 2: Zambia

Section 3: Health Conditions

Chapter 1: Musculoskeletal Illnesses

Chapter 2: Hypertension

Chapter 3: Gastric upset

Chapter 4: HIV/AIDS

Chapter 5: Tuberculosis

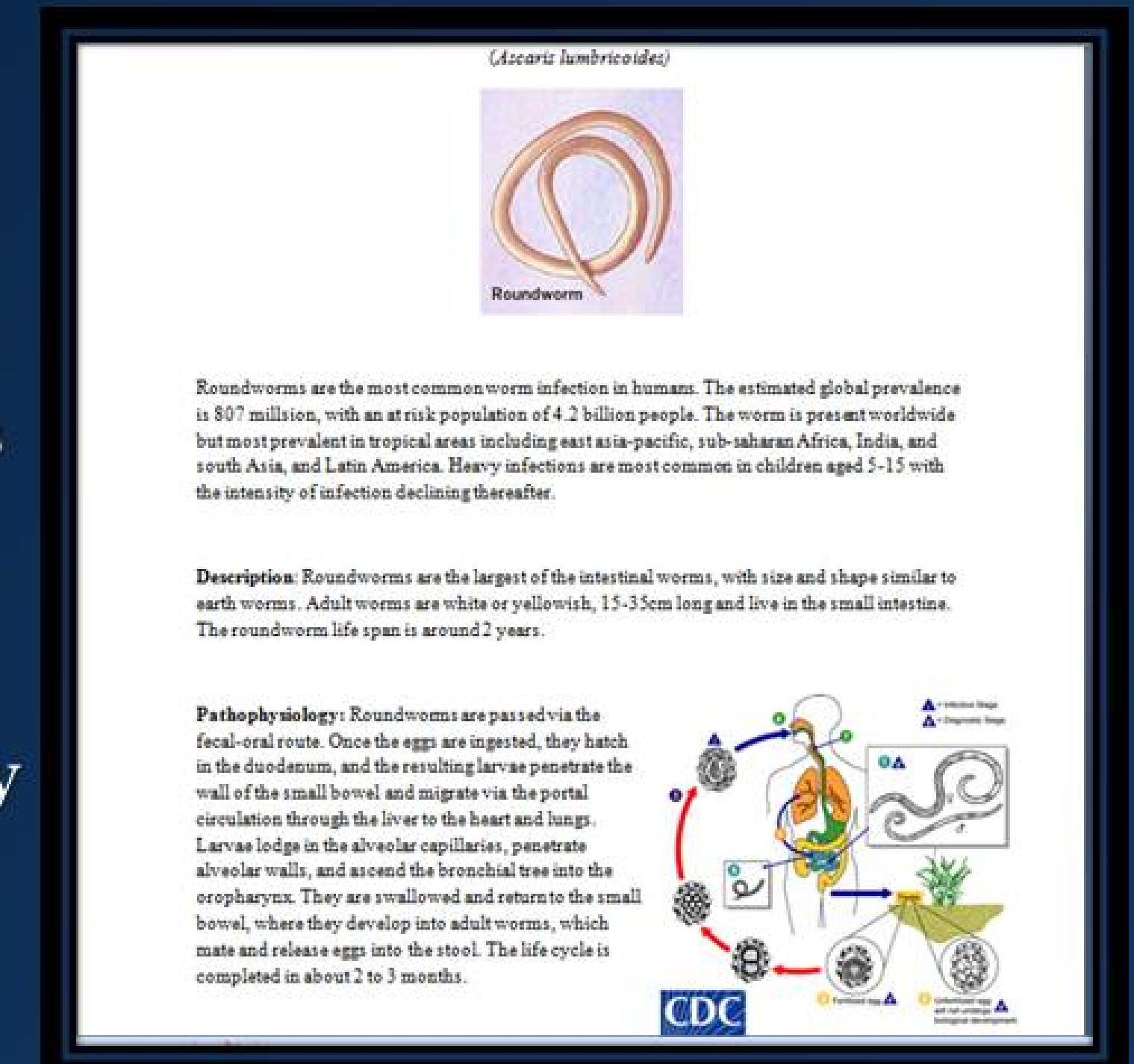
Chapter 6: Malaria

Chapter 7: Intestinal worms

Section 4: Sample formulary

Appendices:

- Patient Education Tools
- Bemba- English Dictionary
- Common measures and formulas



Evaluation

Review of guide by experienced interdisciplinary medical mission team

- Excitement
 - "Something new and different"
 - Ability to improve care provided
- Useful
 - "Excellent resource that should be available for all members of teams going to Zambia."

Trial use of nursing medical missions to Peru and Kenya (Summer, 2012)

- Usability of guide
- Practicality of information
- Implications for practice

Conclusions/Future Directions

- More must be done to ensure the quality of healthcare provided through medical missions to some of the world's most vulnerable populations.
- By making current practice guidelines accessible at the bedside in some of the most remote regions, nurses will have the resources needed to provide competent, quality health care.
- Through sharing of resources and mentorship, there is potential for a more knowledgeable global workforce and sustainability of evidence-based nursing care by national nurses, following completion of medical missions.