

# Care without Judgement – *The HeART of Nursing: Meggin's Story*

[VIDEO TRANSCRIPT]

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I'm a pediatric ICU nurse is my primary role. At Children's of Alabama in a typical day I may have one to two critically ill pediatric patients. I work night shift and so I usually come on, assess my patient, depending on what their illness is. It could be sepsis, respiratory failure, trauma and you know, I kind of get their meds rolling, check my orders. I have a very strange hobby of like researching people who are doing good in the world, basically nonprofits and charities and things like that. And I came across this 60 Minutes expose on Mercy Ships like at 11 o'clock at night and I watched it and was like mind blown that they can run a hospital on a ship and serve the amount of people that they serve. And so applied and ended up in Madagascar. Each year Mercy Ships has approximately 1,300 volunteers that come and serve with us from around 40 nations. At any given time we have about 400 volunteers on board the hospital ship, approximately 50% of which are medical and that equates to usually several hundred nurses per year. Mercy Ship stays in one port for ten months providing surgery and training to the country that we're serving. Everyone on the ship is 100% volunteer, from the people who clean the bathrooms to the surgeons. On the ship it's completely different than here, it's more of the art of Nursing versus the science of Nursing. On Mercy Ships I may have between two and six patients. At home I have a maximum of two patients. So it's interesting that I guess staffing shortage affects me more at home than abroad. But my patients at home are on hemodynamic stabilization meds and they're intubated and sedated and paralyzed. And my patients abroad, we play Uno and I change their wounds and I give them tylenol for pain. Of course in developing countries people obviously have comorbidities as well.

Particularly on Mercy Ships they're surgical patients at the time. We're not focused on treating their diabetes or hypertension or anything like that. Whereas at home there's a lot more that goes into treating a critically ill patient. It is very much science, it's very much hemodynamic monitoring and quality improvement bundles and things like that. And I think a lot of times that art of Nursing gets forgotten.

Usually my patient is sedated, intubated and paralyzed. They don't really know but the parents know and so that's a big part of where I try to bring that art in. I started working overseas having just been a brand-new nurse. One year out of nursing school working in trauma I got the opportunity to go overseas for my first time. I was working at a local hospital in Togo and I was working with practitioners who hadn't studied a basic ACLS in the last 15 years they had been overseas. And you know I was running codes as you know I would be a nurse practitioner or a doctor would do. I was giving recommendations for medication dosages for children and things like that and it just really hit me heavily, you know if I went back to school there's so much more I can do. Mercy Ships has five wards and they provide plastic surgeries, orthopedic surgeries, maxillofacial surgeries and then some general surgeries and some ophthalmology surgeries. I work on D ward which is the maxillofacial ward. I think most people when they hear maxillofacial they think cleft lip cleft palate which we do work on a lot but we also have large facial tumors of either the mandible or the maxilla. And then we have really unique patients that are afflicted with something called Noma which is a gangrenous infection of the face. In the developing world it's rampant that's actually also known as the disease of the poor. A lot of these patients have been ostracized from their families, from their villages, they've lived in seclusion. They've never had people show them love the way that we do on the ship. And so that's like a huge part of our nursing. Of course we give meds and do wound changes but a huge part is just loving our patients and letting them know that it's okay, whatever you know, we're not even acknowledging the fact that you have a tumor, you have a cleft lip. On the ship, we play games, we sing songs, we dance. It's very important that we treat everyone the same, we are all part of the human race. Meghan is atypical, she's always looking for something else that can make things better. A lot of nurses do that especially in the pediatric world but Meghan just always has this purpose when she comes to work and she is a great team player and you know she takes such good care of her patients. I've been a nurse 39 years, I've seen a lot of different types of Nursing. I've worked all over the United States. I've held different roles and one of the biggest things about nursing is the changes I've seen. I think Nursing is one of the best professions anyone can go into because you can decide like after 36 years you want to be a pediatric nurse or you want to do labor and delivery or you want to travel. I think the future of Nursing is allowing all these nurses, whether they're brand new nurses or even some experienced nurses to have different opportunities to learn and to grow and to give. The thing that I

noticed is I kept going and I kept coming back and being in the southeast I kept getting responses like “why in the world would you ever do that?”, or “why would you go there to help those people?” and now I thought wait, they're not any different than us. And so I started educating on that and then I started to see people's minds open and go “oh actually they're not that different”. I drive two hours to work because there is no pediatric ICU where I live. I live in an underserved area and thinking about that and considering whether or not I would work in a developing country long term, I started thinking where can I do the most good? I hope to open a clinic in my underserved area and serve the underserved and marginalized, the homeless, the immigrants, the low socioeconomic status, who literally have no access to health care where I live, right in my own backyard. Thinking extremely long term, I finished my nurse practitioner and then I would love to find an underserved area that could use a partner clinic and use my clinic here to partner with a clinic on the ground in a developing country and do both. My advice to anyone considering nursing young or old would be to do it. It's the best job in the world. I'm biased but you get to affect lives every day even if you're not at the bedside doing patient care. Nursing is so broad and there's so many ways that you can affect people's lives. It is an investment to work 12 and 16 hours shifts for critically ill dying children. It's an investment to go overseas and work in the same field but with significantly less resources but the return is astronomical. You can't calculate it. Overseas we see so many success stories thankfully. Where one simple surgery, probably not simple, but one surgery literally just changed the course of this three month old baby's entire life. And their village told their mom to bury it alive. You know like and now they have an entire full life just by fixing a cleft lip. That just fills the heart so much. When I start to get burnout it's time to go back to Africa.

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