

“Incoming volunteers are excited and ready to change the world, and then find themselves disillusioned when roadblocks go up.”

INTRODUCTION

You are preparing to participate in a medical mission. With that in mind, you develop certain expectations – either from previous experiences or from the stories you have heard or read - hoping to make a difference or gain personal development and/or achievement.

Volunteer expectations and experiences are a significant part of a mission and its outcomes. It is therefore crucial to address. This pamphlet is meant to guide you as you gain insight into your personal expectations of a CardioStart mission and how to deal with these expectations on site.

CARDIOSTARTS' MISSION AND VISION

In setting expectations, it is important to be aware of CardioStart’s mission and vision prior to going on a mission. CardioStart differs from many organizations in that it works to gain consistency and sustainability through three strategies. First, patient selection is done based on local and culturally appropriate considerations. A pre-visit to the sites ensures each hospital has the means to support a cardiac surgery mission. Second, CardioStart provides education and training geared at promoting a sustainable program and improved processes. Third, CardioStart usually re-visits the same locations, sometimes over several years to ensure follow up and that support is adequate for these patients.

VOLUNTEERING FOR CARDIOSTART: DIFFERENT MISSIONS HAVE DIFFERENT ROLES & GOALS

Each CardioStart mission is unique with varied roles for the volunteers and specific goals of the overall mission. Before participating in a mission, it is important to have a clear idea of what your specific CardioStart mission entails:

- ❖ Learn which kind of mission you will be going on:
 - Mission to set up a Cardiac Surgery Program
 - Mission with an educational priority (presentations/bedside teaching)
 - A “performance only” mission, in which CardioStart volunteers conduct and are primarily responsible for managing all the cases.
- ❖ Gain insight into your expected role during the mission by obtaining a ‘job description’ from your Mission Director.



SETTING EXPECTATIONS BEFORE HEADING OUT ON A CARDIOSTART MISSION

Before you head out, know that you will be challenged. Try to consider the following:

- ❖ *Expect to encounter things you won’t be able to change or control*

As CardioStart missions last no more than two weeks, it is not our role to change the system, but to provide help and assistance in a very specific area of a current system already in place. It is therefore important to acknowledge the capabilities of the local hospital by putting in perspective how the hospital functions with extremely limited resources. Cultural differences, including male/female and doctor/nurse roles, highly influence how hospital systems differ from country to country. It is crucial to remember to try to follow and respect these cultural differences and with these the local physicians’ orders. The local physicians know best the limitations of the hospital and the staff within the context of the local culture. Consider this philosophy from Seed Global Health: “leading from behind”.

- ❖ **Expect resistance to learning and changing practices**
Improving patient care and the implementation of change in low resource healthcare settings takes time and requires trust and respect. Small steps *can* be made in order to establish and maintain improvements. Local medical personnel are often eager to learn when teaching is offered in the classroom, however, bringing lessons and behavioral change to the bedside often involves overcoming complex barriers. These are embedded within local contextual differences (professional, social, organizational and economic).
- ❖ **Expect miscommunication**
Miscommunications are more often caused by cultural differences rather than language barriers. For example, the concept of 'time' is often perceived differently by different cultures. By having patience and by being open to learning the local culture (asking questions without judgment), most miscommunications can be dealt with, though sometimes not as quickly or as easily as preferred.
- ❖ **Whatever your expectations may be, be prepared to encounter frustrations and/or disappointments**
Factors leading to frustration and unsatisfactory results include differences in cultural understandings of quality and quantity of life, lack of communication within a situation, limited resources and services and lack of education. Do your best to be empathetic to local staff to deal with these frustrations.

HOW TO DEAL WITH (FALSE) EXPECTATIONS AND (INSTITUTIONAL) CULTURAL DIFFERENCES?

Don't let frustration and cultural differences discourage you! See the mission as a learning experience both for you and for the local people. Maintain a flexible and open attitude to make it a more professional and enjoyable experience for both you and those around you.

Sometimes it takes a bit of creativity and "putting yourself in their shoes". Think, "how would I like if someone from another country walked into my ICU/OR and told me what I was doing is wrong". We sometimes have to check our current thinking at the door and find out why people do things a certain way – it may be what they *have* to do because of their limited equipment/resources, cultural roles, or a 'lesson learned' from a past experience. It is important to show respect while trying to make a change.

- ❖ Examples that have worked:

- On one mission, we were unable to get the approval of the local nurses to offer suggestions or participate in the care of patients. A creative change in teaching style led to a CardioStart nurse dressed as a patient in order to demonstrate 'our way' of doing patient care. Using this strategy broke the barrier between 'us and them'. The local team loved it, laughed, AND learned. It provided hands on learning in the ICU without attacking the patient care models the local team held onto so firmly. It allowed the local team an opportunity to see new techniques, and *make the decision for themselves* to change their own patient care practices.



- On another CardioStart mission, we observed that patients were not ambulated due to a previous incident which instilled fear into the local team. It was forbidden to move or turn a patient in bed until one week post-op. We used results from evidence based research, assisted by order sets (which included turns in the orders) and a lot of patience to introduce a change in practice. We also gave lectures and bedside support teaching which eventually led to a change in practice.

- On another mission, after years of trying to corroborate and create an impact in the ICU, we invited the nurses and doctors out to eat and drink at a favorite local spot. The result was very positive: we were now teaching the local team as friends, not just acquaintances.