

Salta Summary  
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1. One of the most rewarding moments from my experience in Salta that continues to remain with me was at “Hospital Viejo Señor del Milagro.” We visited the “clinica medica” area of the hospital and came across a patient that had suffered a hemorrhagic stroke and remained in a coma. The patient had a tracheostomy and had recently been moved from the intensive care unit to this unit. The patient had developed necrotic pressure ulcers due to the lack of turning and edema was present throughout the extremities. There were first semester students performing hygiene on the patient and we emphasized the need to elevate the heels off the bed to prevent further skin breakdown and to elevate the arms to help decrease the swelling. Unfortunately, the patient could not be completely turned due to the lack of side rails. The daughter of the patient was present and we spent much time talking to her. She explained to us that she knew her father was suffering and she didn’t want to see him like this anymore, but her siblings wanted to continue treatment. We ended up spending the entire morning with her and her father. When it was time to leave, she hugged us and started crying, which brought tears to my eyes. It was at this moment that I realized there is a global understanding of the suffering of a patient and their family and solely the presence of a nurse can bring comfort of them. I realized that I didn’t need to be fluent in Spanish to understand this aspect of nursing.

In our debrief with the “Hospital Viejo Señor del Milagro” we described the Braden Scale which it not yet implemented in Argentina. We explained each aspect of the tool, scoring and interventions. Even though we just graduated from nursing school I felt we offered valuable and useful information to the hospital and the School of Nursing at the Universidad Nacional de Salta. They took our recommendations seriously and it was rewarding to think that someday the Braden Scale could be implemented in Salta.

2. One of the skills we got much practice with was manual vital signs. In our first semester of nursing school we learned how to perform them, but in the clinical rotations in the hospitals we realistically didn’t use them because of automatic vital sign machines. I can say now that I am confident in taking a manual blood pressure and reading a mercury thermometer! Some of the hospitals did not have IV pump machines and so the IV drips were calculated by a manual drop rate. This was another good experience because again it wasn’t a task we received much practice with due to the use of IV pump machines. When machines fail we need to know how to perform these kinds of tasks and my experience in the hospitals of Salta helped me to improve these skills. The lack of technology, for example absence of oxygen saturation readings, really brought us back to the basics of nursing. I think that in the U. S we get so caught up with technology and rely too much on the machines we forget to rely on our own assessment skills. Working without much technology in Salta allowed me to improve my assessment abilities and have helped make me a better nurse.

I was impressed with the resourcefulness of the staff in the hospitals in Salta. For example, we observed ketchup and mustard bottles being reused. They used supplies sparingly and conscientiously due to the lack of abundance of them. This was great to see because in San Diego we do have adequate supplies and in the United States in general we are wasteful. As I am currently working as a nurse I have a new awareness of being more resourceful and only using supplies I actually need.

3. The opportunity to participate in the Argentina international nursing internship allowed me to enhance my Spanish skills, especially medical terminology. I currently work in a hospital where the client population is predominantly Spanish speaking and many times the patients don't speak any English. Being able to communicate with the Spanish population allows me to provide better nursing care and has been invaluable. The experience enhanced my cultural competence and that without a doubt will be carried with me throughout my nursing career.

In the future I hope to be a part of a disaster relief team such as those who went to Haiti and I believe having experience with manual vital signs and using IV bags without a machine pump for example will make me a great candidate for such a team. Disaster events are perfect examples when there would be a lack of technology and being comfortable providing care without relying on technology is an asset.

I was very impressed with the "Centro de Salud" or public health clinic we visited. They are located all over Salta and provide non-emergent care. Without computers, the clinic was very organized in their epidemiology statistics and rates. The nurses traveled throughout the community to assess for public health issues such as violence or abuse in the home, low birth weight babies, children at nutritional risk etc. and they had great documentation including hand-made charts and graphs of these statistics. I can commend the medical personnel of Salta for their emphasis on primary prevention and it was an eye opener that we need better public health in the United States. I believe that due to our abundance of supplies and continuous evolution of technology we are always ready to treat a patient with drugs, tests and procedures once a disease has been diagnosed, but we lack emphasis on preventing the disease in the first place. Focusing on public health is a possible avenue my nursing career may take.