MCN Students Visit Brazil for Experiential Learning Trip

Mennonite College of Nursing (MCN) at Illinois State University is embarking on a new transcultural nursing adventure to Universidad Estaduel de Londrina (UEL) in south-central Brazil.

Five juniors and one senior nursing student are visiting Londrina from May 14–29 to learn about the health care delivery system in Brazil, about the nursing curriculum at UEL, and about the people and culture of this Latin American country. Instructional Assistant Professor Lynn Kennell and Dr. Regina Rosa are accompanying the students.

The group is being hosted by professors and nursing students at the Brazilian university for two weeks of experiential learning in hospitals, community clinics, and classroom. UEL nursing professors have been working diligently with MCN to provide a memorable learning experience to increase MCN students’ cultural sensitivity.

Here are some journal entries about their trip:
Journal 1: The University Hospital
By Jenn Nehls, Rachel Raymond, Jamie Maher, Kelsey Schluntz, Brianna Lampe, and Karina Ruiz

Today we visited the University Hospital of UEL. Brazil has a health care delivery system they call SUS, which is a socialized system that provides health care to all Brazilian citizens. We toured the ER, also known as Pronto Socorro, and were surprised by what we saw.

Due to the free access to care in this socialized system, there is an overflow of patients throughout the hospital. HIPPA is not taken into consideration while patients are receiving treatment, and privacy is not a priority due to the number of patients. In the ER, patients were being treated in the hallway and wherever they could find room. Even though the staff and facility were overwhelmed, the facility was kept in good conditions with a clean environment. We also toured the Burn Unit, a significant unit to the University Hospital. Burns are a problem in Brazil due to numerous barbecues with large fires.

We also toured the Human Milk Bank, a unique feature of the Brazilian health care system. Breastfeeding is highly recommended in Brazil and is a critical feature in decreasing the infant (birth to 5 years) mortality rate of this country. The infant mortality rate is Brazil is lower than the rate in the United States, despite the longer time frame in defining “infant mortality.” The mother wishing to donate to the Human Milk Bank must have the following four qualities: a clean bill of health, no financial benefit by donating, she must produce more milk than her infant needs, and she must pass the required drug tests. The milk donated to the milk bank is pasteurized, and first distributed to premature infants during their hospital stays, and next to individuals who need breast milk for other health reasons. It is against Brazilian law to pay money to the mothers that donate, so they have to educate their citizens on the benefits of donation. The U.S. could learn much from Brazil and use it as a role model for promoting breastfeeding to increase the percentage of breastfeeding moms.

Journal 2: The farm
By Kelsey Schluntz, Karina Ruiz, Jamie Maher, Jenn Nehls, Brianna Lampe, Rachel Raymond, and Lynn Kennell.

When we chose to spend a weekend at Regina’s family farm, we were not expecting the experience we encountered. We were greeted with an amazing Brazilian dinner cooked by Regina’s family, who are some of the most generous people we have met. After dinner, we spent time talking, singing, and dancing with our new family, learning the Samba along the way. We also saw the most brilliant stars including the Southern Cross, Alpha and Beta Centauri, the Milky Way, Scorpio, and the bright start Sirius.
It was a marvel of nature. In the morning, we woke up to the spectacular beauty of the Brazilian countryside. We had to pinch ourselves to make sure we weren’t dreaming because we were in paradise.

We drove into the small town of Santo Antonio and participated in the local farmers’ market. When we returned home to the farm, we were treated to a three-course meal prepared by family friends. After lunch we discussed the pros and cons of the American and Brazilian health care systems with Regina’s oldest brother, John, who is a cardiologist. He works at a local hospital and explained the nursing realities of Brazil. The nurse to patient ratio is 1:30, and they only receive $500-$1,000 a month. There are nursing technicians (like LPNs) who provide much of the direct patient care.

During the afternoon, we went on an adventure around the lake through the jungles of the farm, capturing unique photos along the way. The next day we had a Brazilian barbeque, also known as a Churrasco, which is a common event on Sunday’s for families. We had over seven types of meat and the food just kept coming. We may exceed the weight limit on the plane due to the large amount of food we had consumed! After lunch, we had talked with a registered nurse currently in school to complete her master’s degree.

She explained to us how she had graduated with a degree in nursing and has never worked as a nurse in a hospital. She currently works teaching Brazilian children how to speak English, due to the lack of positions for RNs in Brazil. After taking so much in from this experience, it was a bittersweet feeling knowing we won’t be returning to the farm anytime soon. We left with the gift of lifelong friends, and we know that we are welcome whenever we stay in Brazil.

Journal 3: Mental health and health care

By Kelsey Schluntz and Brianna Lampe

Today we took a trip to the Community Mental Health Center, called CAPS for short in Brazil. This is a facility that offers multidisciplinary services—psychologist, social worker, nurse, and physician for the entire spectrum of patients with mental health disorders here in Brazil. The facility offers a daytime service where patients can come in the morning and spend the day eating, creating crafts, socializing, and interacting with other patients. This provides a safe place for them to interact, practice social skills, and learn how to integrate themselves into society.

They also provide a six-bed in-patient service for those with more severe needs. CAPS also helps patients that are well enough to live at home by providing consultation services to keep track of progress and check on medication compliance.
We were able to split up into two groups. One observed consultations and the nurse’s interactions with patients. The second group visited with the patients during their group chat.

After, both groups got together and watched the patients participate in crafts and other activities. It was a great experience in a great facility which had an amazingly dedicated staff.

Journal 4: Class and visit to Municipal Maternity Hospital  
By Lynn Kennell

We had the opportunity to participate in a Parasitology class with first-year nursing students of UEL. We learned about Schistosoma mansoni, a microscopic worm that gets under the human skin in contaminated lakes and can settle in the liver causing dysfunction. This was a lab class, so we looked in the microscope and learned about the life cycle of this worm. It is endemic to the Paraná region where we are. The students from UEL interacted with us, and it was very interesting.

In the afternoon, Lynn had the opportunity to visit the Maternidade Municipal Hospital, which is a birthing center supported by SUS (Brazil’s health insurance program). The mothers come to this hospital when they are in labor. All rooms have two or three beds, women can have fluids and food, and all labor using natural psychoprophylactic techniques like the birthing ball, hot shower, a “rocking apparatus,” and relaxation and breathing. No epidurals are used at this center. Mothers move from the “preparto” (labor) room, to the delivery room, where an obstetrician and pediatrician are always present for every delivery—natural and cesarean, and then move to the “postparto” room where there might be three moms in a room. They have around 450 deliveries per month.

One other very unique practice in bathing the baby soon after birth is a special cloth-lined “bucket.” No need to wait for the umbilical cord to fall off! While Lynn toured this hospital, students attended a histology class and reported that no translator was needed since they knew all the content on WBCs! Great learning was had by all.

Journal 5: Home visits  
By Lynn Kennell and Rachel Raymond

Today we had the opportunity to participate in home visits with some multidisciplinary medical teams. The students, Lynn, and Regina split into 3 groups each going to a different location in Londrina to view how a home visit is performed and the type of patients that are seen. In Brazil home visits are used for patients with chronic conditions such as those who are paraplegic, who have suffered from strokes, or who have tracheostomies that require frequent medical monitoring – because the hospitals are so crowded it is not possible to keep these patients as in-patients and
At the airport waiting to return home – delayed 2 days due to the storms.

they must remain in their own homes, most of these individuals live in impoverished areas. During the home visits the medical team, usually consisting of a nurse, nutritionist and physical therapist, assess the patient from head to toe, take vital signs, ask questions about the patient’s recent actions and health, and also provide teaching for the patient and their family. During the home visit the medical team provides many of the medical services that are performed in the hospital including catheterization, IV therapy and wound care. Overall the home visits were very interesting, students got to experience first-hand the benefits and difficulties in providing in home care to the patients.

Journal 6: TB and HIV Clinics
By Lynn Kennell and Rachel Raymond

Today we visited the CIDI in Londrina. This clinic specializes in monitoring and providing medication and testing to patients with infectious diseases, specifically HIV/AIDS and Tuberculosis. During the visitation we were able to tour the facility and view some of the teaching materials used to educate patients on safe sex practices and how to prevent the spread of the disease.

Brazil’s healthcare system, SUS, provides medication at no cost to individuals infected with HIV/AIDS or Tuberculosis. The patients come to the clinic on a monthly basis to receive their medication against HIV, but they come daily for TB medication because evidence-based practice supports careful observation of medication administration to increase the cure rate for TB. A nationwide computer program for HIV tracks the patients receiving medication to ensure that patients are receiving their required medication. If a patient does not come to pick up his or her medication CIDI tries to find the patient and ensure that they receive their medication. With TB it is still a paper chart without a large computer database.

During our tour we were permitted to view an HIV screening of a patient. The center uses 2 tests to confirm HIV infection, a rapid exam and another that takes about 15 minutes. If the tests come back positive the patients must return every 6 months to get blood testing to track the progress and severity of the disease. The clinic is very supportive to families using multidisciplinary resources like social services, nutrition, and psychological counseling. The emphasis on a ‘humanitarian approach’ for these patients is evident in the relationships between the patients and the health care providers.

We have learned so much in 10 days, and have only 4 more to go! The impact of these experiences is something that cannot be measured right now, but will be ongoing. The MCN-ISU students have represented their college and the university in a very positive way. Today, we had the opportunity to have an interview with the Provost (President) of the UEL University. She was welcoming and thankful for the relationship that has been formed between UEL and ISU. We, in turn, are extremely grateful for this experience.