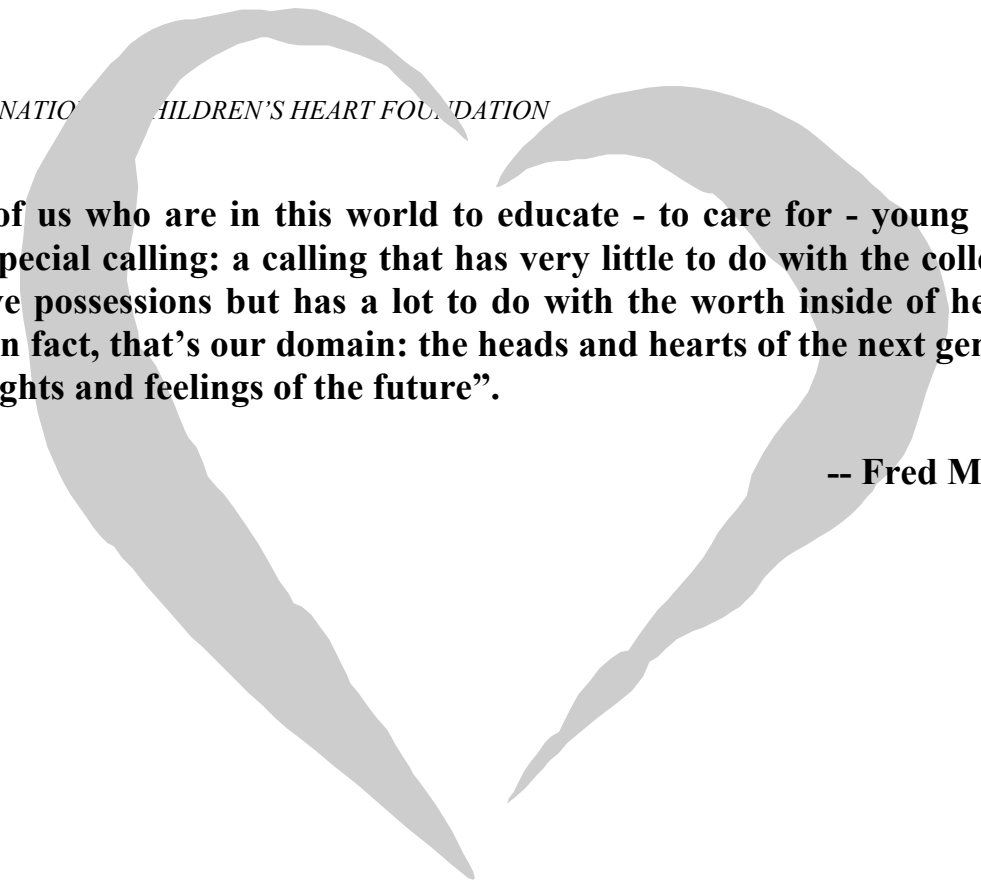




# HEARTS TO HEARTS



**A HANDBOOK FOR MEDICAL VOLUNTEERS  
OF THE INTERNATIONAL CHILDREN'S  
HEART FOUNDATION**



**“Those of us who are in this world to educate - to care for - young children have a special calling: a calling that has very little to do with the collection of expensive possessions but has a lot to do with the worth inside of heads and hearts. In fact, that’s our domain: the heads and hearts of the next generation, the thoughts and feelings of the future”.**

**-- Fred M. Rogers**

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I would like to thank the following staff members of the International Children’s Heart Foundation for their input into this project:

Mathew Davis: Chief perfusionist  
Sandy McMahan: Administrative director  
Mary Meredith: Development director  
Elizabeth Novick: RN: Mission and volunteer coordinator  
Dr William Novick: Medical director  
Martina Pavanic: RN: Surgical coordinator  
Dr. Robert Reid: Director of Research and Web Design  
Christy Ripley: Outreach coordinator

Front-page photo: ICHF nurse volunteer Paula Davis with a cardiac patient in Peru

Designed by Joanne Price, RN, MN  
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**WELCOME TO THE ICHF**

Welcome to the International Children's Heart Foundation (ICHF). Each year approximately one out of every 100 children is born with a heart defect and nearly one-third of these children need surgery in the first year of life. Thousands of young patients are waiting for open-heart surgery so that they can live a normal life. These children born with congenital heart disease are one group of indirect victims in countries that have economic, civil, political or external strife. The ICHF is committed to giving these children a chance of life by correcting their cardiac defects.

Medical volunteers are the life force of ICHF. Your training, experience and dedication are vital ingredients in this fight to save a child's life. ICHF medical volunteers work on site: traveling to hospitals throughout the world, interacting directly with children, their families and their health professionals, and working with them in their own environment. This is an opportunity to pass on your own knowledge and skills to benefit not just one child but many more. The education you provide to the health professionals will influence the care of future children with heart defects.

We have designed this handbook to make your first trip with ICHF as stress free as possible. It outlines not just the overall mission of ICHF, but also gives some practical pointers such as packing and how not to get lost on your time off! So please, take some time prior to departure and read this handbook. It is a work in progress. We would appreciate any ideas on how it could better serve you would be greatly appreciated. Once again, welcome to ICHF. It is a pleasure having another great health professional join our team.

**MISSION OF THE INTERNATIONAL CHILDREN'S HEART FOUNDATION**

The International Children's Heart Foundation is a non-profit 501(c)-(3) charitable organization based in Memphis, Tennessee that is committed to improving the heart health of children with congenital or acquired heart disease throughout the developing world. The ICHF serves all children regardless of their race, religion or gender.

The ICHF has a multi-factorial mission. ICHF sends teams of experts to provide clinical services abroad to countries that cannot provide surgeries to their children secondary to infrastructure, economic and political problems or lack of training. A priority during these trips is education of the health professionals to enhance their skills to a point where they can effectively care for their own children. Secondly, ICHF assists in the assessment and evaluation of current operational activities and subsequently assists in the acquisition of perceived needs in medical hardware, intensive care or operating room supplies and medications.

Thirdly, ICHF works with local funding agencies in the countries it travels to with the aim of increasing the public level of awareness for the in-country pediatric heart surgery program and to mobilize support for this program.

With the combination of the resources provided by generous donors with both the expertise of the international medical volunteers and the dedication and aspirations of the host hospitals, ICHF's goal of treating as many children born with heart defects as possible becomes a realistic one.

## **HISTORY OF ICHF**

Early in his career as a pediatric cardiac surgeon, Dr. William Novick made a personal commitment to serve children with heart defects in third world or even industrialized countries that did not have access to surgery. In April of 1993, Dr. William Novick put together a team to travel to Croatia and provided 14 lifesaving pediatric cardiac surgical operations. Following the success of this trip, in 1994, Dr. Novick founded the ICHF in Memphis, Tennessee. What started as one man's vision has grown into an organization that has provided surgical procedures to over 1400 children during more than 70 trips in 14 foreign countries. To date ICHF has worked in the following countries: Belarus, Bosnia, China, Columbia, Croatia, Jamaica, Kazakhstan, Nicaragua, Palestine, Peru, Serbia, Ukraine, Uzbekistan, and Venezuela.

Initially, along with overseas missions, ICHF reached an agreement with the LeBonheur Children's Medical Center in Memphis to bring international children to the facility for surgery at reduced cost. The ICHF also offered scholarships and internships to foreign staff to train at LeBonheur. However, since the late 1990's as the costs to bring children to the USA soared, the emphasis has changed to providing onsite clinical services and instruction. "Saving needy children is our short-term goal," says Novick. "Empowering doctors in these countries to save their own children is our long term goal. I always say our mission is to make ourselves obsolete in the countries that we serve."

To this end, ICHF created a core medical-surgical staff that consists of a surgeon, perfusionist, mission coordinator and scrub-nurse. We recruit medical, surgical and nursing volunteers from around the world to complement this core team for each two-week trip. Recent additions to the core staff include a director of critical care and a director of research to ensure that there is both an international consistency to ICHF's missions and empirical evidence to support ICHF's postoperative standards of care.

## **ICHF MEDICAL STAFF BIOGRAPHIES**

The following staff are current employees of ICHF. During a trip, any or all of these staff members may be present.

### **Mathew Davis: Perfusionist:**

Matt originally trained as a perfusionist at the City of Westminster University in London. He worked his way through the ranks to chief perfusionist of the Hospital for Sick Children, Great Ormond Street in London, England. Matt started volunteering with ICHF in 1998, and in 2000, he came on board as chief perfusionist responsible for the provision and training of perfusion services. Matt's specialty area in perfusion is modified ultra-filtration, and he has been a perfusion advisor and consultant in China, Denmark and Italy. Matt is also currently responsible for maintaining the database for ICHF's fast tracking program.

### **Dr. Karen Guillory: Director of Critical Care Medicine:**

Karen is originally from Houston, TX and attended medical school at the University of Texas Medical Branch. Karen completed her residency in pediatrics at the University of Chicago, before pursuing her fellowship in Pediatric Critical Care at Denver Children's Hospital. Karen then moved to San Antonio, Texas where she was an attending physician for 5 years and medical director of pediatric transport for 4 years at the Methodist Children's Hospital. Karen first started traveling with ICHF as a medical volunteer in 1997, on an inaugural trip to Serbia. Karen signed on with ICHF as the critical care director in 2002 while also commuting from San Antonio to Kansas where she is an attending physician at Wesley Medical Center, Wichita, Kansas.

**Elizabeth Novick, RN: Mission and Medical Volunteer Coordinator:**

Elizabeth received her registered nurse degree in 1988 from the University of Michigan. She has worked in pediatric intensive care for her entire career. Elizabeth transferred to Memphis in early 1993 where she worked at LeBonheur Children's Hospital. Elizabeth has been involved with ICHF from the beginning, initially as a volunteer, working in the overseas units and assisting with the coordination of the trips and volunteers in addition to her work at LeBonheur. In 1999, Elizabeth officially signed on with ICHF full time as the mission and volunteer coordinator.

**Dr. William Novick: Founder and Medical Director/Pediatric Cardiac Surgeon:**

William Novick is originally from Alabama. He completed both medical school and his cardiac surgical residency at the University of Alabama. He then started a private practice in Orlando, Florida. It was here that he first established contacts with patients from Nicaragua and Jamaica, and made his first international surgical trip to Columbia. In 1993, he assembled his first team, and traveled to Zagreb, Croatia. During this time, he moved to Memphis, taking a faculty position at the University of Tennessee-Memphis, and performing surgeries at the LeBonheur Children's Medical Center. In 1994, he founded the International Children's Heart Foundation. He is an honorary member of the Croatian and Kazakhstan Academies of Medicine, the Ukrainian Association of Cardiovascular surgeons, and the Croatian Cardiac and Pediatric Societies. In 1999, Dr. Novick received the honor of becoming the Paul Nemir, Jr., MD. Endowed Professor of International Child Health and consequently in 2001 left LeBonheur to concentrate on developing the ICHF into the most active international cardiac surgical program in the world.

**Martina Pavanic, RN: Surgical Coordinator:**

Martina is originally from the small town of Ivanic Grad in Croatia. Martina started her nursing training in 1996 at the University Hospital KBC Zagreb, Rebro Hospital. After working in the general surgical OR for one year, Martina transferred to the cardiovascular department for a further three and a half years. After working with Dr. Novick in Croatia, Martina was invited to transfer to Memphis in June of 2000 to work with the ICHF as the surgical coordinator and primary scrub nurse. Martina's role includes organizing surgical supplies, soliciting surgical donations and training operating room staff. She is fluent in Croatian/Serbian and English.

**Dr. Robert Reid: Director of Research**

Robert is originally from Norman, Oklahoma. He attended medical school at the University of Iowa, and went on to complete his anesthesia residency and fellowship in 1993. Rob subsequently completed fellowship training at Boston Children's Hospital and Harvard Medical School in pediatric cardiac anesthesia and was faculty staff from 1994 to 1996. Dr. Reid was an attending pediatric anesthesiologist at Children's Mercy Hospital in Kansas City (1997-1999). Dr. Reid made his first ICHF trip in 1997, and came on board as the Director of Research in 2002 to assist in the academic endeavors of the Foundation. A digital enthusiast, Rob has been maintaining the ICHF website and developing promotional and educational multimedia CD-ROM presentations for the foundation. Clinically, Dr. Reid has moved from the operating room to the intensive care unit as an intensivist. Rob now lives in Overland Park, Kansas.

### **FAST TRACKING: THE POST-OPERATIVE STANDARD OF ICHF**

Central to ICHF's program is the "fast track" pathway of early extubation from ventilation support with aggressive postoperative rehabilitation and early mobilization, with the objective of reducing postoperative complications and a decreasing length of stay in both the ICU and hospital. This ultimately decreases hospital costs and has the added benefit of freeing up equipment, beds and nursing personnel for additional cases.

However, in order for fast-tracking to be practiced effectively, there needs to be both an understanding of the rationale behind fast tracking by all ICHF team members along with effective communication among the surgeon, anesthesiologist and intensive care staff. ICHF believes strongly in appropriate and effective analgesia post-operatively, but suggests this does not require prolonged intubation to do so.

#### **Definition of early extubation:**

Extubated in the operating room or within four hours of arrival in the ICU.

#### **Criteria for Tracheal Extubation**

- ♥ There is complete reversal of neuromuscular blockade
- ♥ Hemodynamically stable without arrhythmia
- ♥ FiO<sub>2</sub> ≤ 0.6 with good gas exchange
- ♥ Surgeon and anesthesiologist in agreement with extubation
- ♥ Patient is awake
- ♥ Core body temperature ≥ 36.5 C
- ♥ Minimal inotropic support
- ♥ No bleeding

#### **Type of Anesthesia:**

Can be achieved with either general anesthesia or regional anesthesia. The neuraxial anesthesia may be epidural by lumbar injection, epidural by caudal injection, intrathecal (spinal or combination epidural/spinal). You may find some Eastern European hospitals leaving in a catheter in the epidural space during both the surgery and/or the immediate postoperative period for the administration of analgesia. Find out from the ICHF anesthesiologist what he/she uses and what the local teams are using.

#### **"Fast-tracking" research by ICHF:**

A prospective study was done during the period of February 1999 to June 2001, enrolling all children into a program of early tracheal extubation following cardiac surgery at the Clinical Hospital REBRO, in Zagreb, Croatia in collaboration with ICHF. Two hundred and thirty-six (236) children were enrolled with 14 excluded. The conclusions from this study were:

- Early tracheal extubation following pediatric cardiac surgery can be performed safely.
- In ICHF's initial experience, children less than 3 months of age and those undergoing closed procedures were less likely to be extubated early.
- Children with longer cardio-pulmonary bypass and aortic cross clamp time were less likely to be extubated early.
- Children undergoing cavo-pulmonary shunt procedures, Tetralogy and Tetralogy-like repairs and biventricular repair of Endocardial cushion defect were more likely to be extubated early.
- Death following reintubation after early extubation was not related to early extubation, but to other life threatening issues.

This study was presented at the 2002 ISCTS conference in Lucerne, Switzerland.

## YOU'VE VOLUNTEERED. NOW WHAT?

### Packing tips:

The following is a checklist of things to consider including while packing for an ICHF trip.

### One week before you leave:

- Passport and tickets. If not in your hands at this time, check with the mission coordinator as to when you should expect them. Put them in your carry-on bag.
- Make a copy of the front pages of your passport and keep separate from your passport.
- Money: around \$200-300/credit card/cash flow card. Be aware that traveler's checks may not be cashed in some countries. Keep a copy of the numbers on your traveler's checks separate.
- Order/pick up two weeks worth of your prescription medications. Put in your carry-on.
- If you wear glasses/contacts, consider ordering/packing a second pair in your carry-on.
- Check on the Internet the weather on the city to which you are traveling. This will help you decide how warmly you may need to pack.
- Give ICHF contact phone number to a family member or an emergency contact person.  
1 (877) 869-4243 office (toll free) or 1 (901) 869-4243 office (from outside the United States).

### Packing for a two-week trip:

- 4-6 pairs of socks/ underwear (if you are willing to hand wash, otherwise bring 10 to 12)
- Scrub sets x 3 to 6
- Work shoes/clogs and work instruments: stethoscope, calculator, hemostats etc
- T-shirts or tops x 3 to 4 (for under scrub tops or to go with trousers)
- Trousers 2 to 3 pair
- Walking shoes
- One "go any where" outfit (casually dressy). Take clothes that don't require special care.
- One or two jerseys/sweatshirts. If winter destination, try polypropylene or smart wool to layer.
- Swimsuit (you never know: may be a team-building thing).
- Toilet bag/personal items/ feminine hygiene products/PJs.

### Optional:

- Work out gear/running shoes if you are so inclined. (Often hotel has small gym)
- Camera with film and back up batteries. (Batteries sometimes hard to find)
- Toilet paper. (Especially if you are a 2-ply person). Kleenex packets work too.
- Money belt.
- Voltage adapter/converter. (Check out voltage of a specific country from travel book or web)
- Woolite or sunlight soap for your clothes. (Hotel laundry can eat up your cash)
- Phrase book and your must have reference book
- Energy bars/ decaffeinated teabags (good luck getting decaffeinated anything overseas)
- Alarm clock/hairdryer (a small travel hairdryer with voltage converter works well).
- Over the counter medications: Ibuprofen, Tylenol, Benadryl, Imodium, sinus medications etc
- Towel. (Some hotel ones are a wee bit small, not to mention a bit harsh).

*ICHF is not responsible for any of your personal items while away. Please use careful judgment when taking any jewelry, electronics, cameras etc on a mission.*



**Pre-trip preparation:**

Volunteering is not for everyone, and there are traits that make some more suitable to international volunteer work than others. A little bit of soul searching prior to embarking on an ICHF trip can help make you an effective volunteer, rather than just an enthusiastic one.

**Traits of a successful medical volunteer:**

Flexibility, patience, openness, dependability and humility are all traits that have been identified as important traits of effective volunteers in a literature and web review done for this handbook.

*Flexibility:* When it comes down to it, being a good volunteer is about doing what is necessary. Being flexible involves adapting to what is going on around you, even if it is dramatically different than what you are used to. Remember, you may not have the resources you are used to, so improvise as necessary as long as you maintain patient safety.

*Patience:* You did not learn your skills overnight. Don't expect your host staff to be able to. Remember, the trip you are on may be one of several scheduled for that country. Try not to reinvent the wheel. Ask the staff what they have learned before, or what further education they would like. Try to be systematic and collaborate with the other ICHF staff.

*Openness:* Be aware that these trips may strain the resources of the host hospital. Sometimes the parents pitch in with food or treats. It may not be what you are used to, however please be gracious and respectful about what is offered to you. There are also cultural differences, especially about death and dying issues. Try not to judge what is right or wrong. Try to explore what is behind the actions by talking with the staff. Don't forget that the other ICHF volunteers are probably experiencing the same thing. Support each other.

*Dependability:* Due to budget constraints, ICHF bring only necessary personal. We rely on each and every volunteer to pull his or her weight. This involves being on time for shifts and turning up for events sponsored by the host hospital or organization; dinners or outings if possible.

*Humility:* Remember, your hosts are professionals as well. The staff also knows the lay out and location of equipment better than you do. Interact and ask the staff questions. Remember that when you get frustrated with the language barrier, they are probably feeling the same thing.

Based on previous ICHF trips, an appreciation of the absurd can also be helpful.

***There is one characteristic that is vitally important to ICHF***  
**COMMITMENT**

Volunteering for an ICHF mission entails giving a commitment to ICHF for a two-week period. In return, ICHF gives you a commitment that they will arrange your visa, travel and hotel plans. If you live outside of the United States and there is an embassy in your home country, ICHF may direct you on how to obtain your own visa. At this time, your air ticket has most likely been purchased. Due to the non-refundable policies in place by many airlines, ICHF can no longer “absorb” these costs if you decide to pull out at this time. ICHF will be instituting a volunteer contract, which will be issued to everyone who volunteers for a trip and that will have to be signed before their plane ticket is purchased. Be very sure that an ICHF trip is the right choice for you. If not, we thank you for your interest and wish you the best.

**Things to consider while packing and traveling:**

Whether you are a seasoned traveler, or this is your first time out of the country, traveling can be stressful. Having your luggage go to Frankfurt when you are going to Serbia can make it very tempting to have a temper tantrum. Here are some ideas that may make the trip smoother.

- Make sure you fully understand from the volunteer coordinator what traveling visa you need. If you have not been asked to send your passport in to an embassy, then any other visa will be issued on arrival to the country. If the airport check-in person tells you otherwise, ask for the supervisor and/or immediately call (901) 351-1278 (Liz’s cell phone) or (901) 869-4243 (office).

- Discuss with your family ahead of time ways of keeping in contact with them; by email, phone or fax. Phone calls can be expensive in some countries. Consider getting a travel phone card or rent a phone to use overseas from your long distance carrier. Find out about worldwide Internet cafés at [www.cybercafes.com](http://www.cybercafes.com). Alternatively most hotels ICHF uses have a business center.



- For those with children at home, perhaps involve them in your preparations: putting together care packages for the children or collecting and packing medical supplies.

- Consider taking a small carry on that fits in the overhead plane compartment. You should include in it anything that is vital for your first couple of days: important documents, addresses, contact information, your prescription medications, your second pair of glasses, or your epi pen if you have a history of serious allergies.

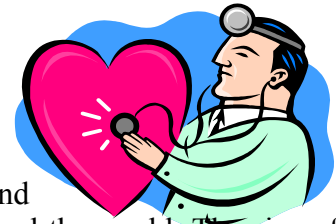
- During check in at the airport, visually check the destination luggage tags before they are put on your bag. It helps to know the name of the airport and the three-letter destination code. They are not always self-explanatory. For example PVG stands for one of Shanghai’s two airports. Check luggage to your final destination.

- If you exercise regularly, plan ahead so you can continue to do so on your trip. If you normally use free weights, perhaps bring resistance bands instead. Often hotels have a small exercise facility/swimming pool. Of course, that doesn’t guarantee the equipment will work!

- Educate yourself about the country before you go. Travel books or websites are very useful. Try [www.lonelyplanet.com](http://www.lonelyplanet.com). Bring a phrasebook or a medical phrase cheat sheet that you can use. If nothing else, it gives the host team a bit of a laugh.

- If you are bringing medical supplies, either bring in a duffle bag to make it easier to get through customs, or send a box ahead of time to ICHF. ICHF will let you know if there is something specific that the host ICU or OR are short of, but generally respiratory supplies, IV catheters, T-pieces, foleys, gloves, liquid or chewable Tylenol and Ibuprofen are useful.
- Identify one or two things ahead of time that you want to get out of the trip, then go for it: whether it be getting your Xmas shopping done, putting together a slide show for the staff in your home unit, or learning to say “get me adrenaline” in Russian, Spanish or Serbian.

## YOU'RE THERE. NOW WHAT?



### What to expect on a trip.

#### The team:

The teams are comprised of a core ICHF team (see staff biographies) and supplemented by volunteer medical and surgical specialists from around the world. The size of the team can be as small as 6 and as large as 30, depending on the destination country, local infrastructure, support offered and length of stay.

#### Expenses:

There are no travel costs incurred by team members. Airfare and hotel rooms are covered by donations or by the host country. Meals during your shifts are usually provided by the hospital. Meals on your down time with the exception of breakfast are usually your own responsibility. Telephone, taxis, laundry costs, and bar tabs are also your own responsibility.

#### Hours of work:

*Surgeons, anesthesiologists, perfusionists, scrub nurses, operating room technicians:*

Usually arrive at hospital by 8am. Usually two cases a day, so finish at completion of second case. Usually only one case on Saturday (or none). Off Sunday.

*Nurses:*

Usually work in teams of two. If there are at least 6 nurses, shifts are normally 12 hours on, 24 hours off. (Example, work 8am-8pm Monday, 24 hours off, work 8pm-8am Tuesday, 24 hours off, 8am-8pm Thursday etc). Hours are negotiable, as long as shifts are covered. Please be aware that just because you may have traveled with some one (from same hospital) unless one of you has worked with ICHF before, you will probably not be working together. Every attempt is made to partner previous trip members with new team members to ensure a smooth transfer of experience. Working with nurses from different hospitals and/or countries can also give you valuable insight into different styles of nursing. Weekend work will depend on the acuity of the children, and the experience level of the host staff.

*Intensivists:*

If there are two intensivists, usually you will work opposing shifts. If only one, your hours will be based on your comfort level with the experience of both the ICHF nurses and the host doctors and on the acuity of the patients. Weekend coverage will depend on the acuity of the patients.

*Cardiologists:*

Normally go in with day team. Cardiologists will negotiate role and hours with the host cardiology team.

*Respiratory therapists:*

Respiratory therapist hours and time off will be based on their comfort level with ICHF nurses and host doctors' ventilator knowledge.

*Medical students:*

Discuss hours with ICHF staff; will be based on your goals and service you want to work with.

**Roles of ICHF medical volunteers:**

The official term for what ICHF does is “technical assistance”; the provision, on a temporary basis, of qualified outside personnel to help with tasks for which local people either do not have the necessary skills, or where they are not available in sufficient numbers. From ICHF’s perspective, the following is expected of ICHF personnel: Role models, educators, advocates, facilitators, supervisors, hands on caregivers or any combination of the above.

Role models:

Three areas in particular are worth mentioning:

*1. Role modeling respect, teamwork and communication between the ICHF doctors and nurses.*

Regardless of the fact that ICHF medical volunteers may not have worked together before, there is a sense of teamwork that comes through, based on an underlying professional respect. This is vital for building capacity within a heart team. This type of teamwork or open communication often does not exist in some countries. Although it may not be realistic to expect host nurses to practice at the level of a “western” nurse without a complete overhaul of their nursing education, we can teach skills, model safety practices and encourage autonomy in thinking.

*2. Role modeling universal precautions.*

Many of the countries ICHF work in do not have precautionary measures in place to limit cross contamination or blood-exposure. Practicing and teaching universal precautions is the first step in improving work habits and promoting the safety of overseas health care workers and patients. It is important for your personal safety that you don’t change your safety practices, including hand washing just because you are working overseas.

*3. Role modeling patient and family advocacy.*

Patient advocacy can run the gauntlet of fighting to include a Downs child on the surgical list, trying to persuade staff to allow parents into the unit or simply ensuring parents are kept updated on their child’s condition. Demonstrating how parent involvement does not interfere with patient care may be one of the most important things you can do on these trips.

Educator/ facilitator:

At all times education is key with the ultimate goal being obsolescence of the ICHF team.

Training and educating others can have a greater long-term impact than just providing direct care. It is not enough just to transfer skills, but also to facilitate actions and decisions.

It is also vital for all ICHF team members, regardless of role, to be familiar with the ICHF philosophy of fast tracking, and early mobilization, as this is important for the success of the mission. There is a lot of literature available on fast tracking specific to the pediatric population in the pub-med database.

Hands on caregivers:

*Nurses:* ICHF nurses are expected to practice at an advanced level and be comfortable in caring for and teaching about the following: congenital heart defects, the repairs and post operative complications, weaning ventilators, titrating inotropes, interpreting ABGs/labs and treating accordingly, adjusting temporary pacemakers, removing central and heart lines, removing pacing wires and chest-tubes. (The last two are negotiable, often done by host doctors).

*Respiratory Therapists:* Expected to operate and trouble shoot several types of ventilators, and be comfortable in autonomous practice assessing and instituting respiratory interventions as necessary. Being handy in trouble shooting other medical equipment is also helpful.

*Intensivists and Cardiologists:* Should be prepared to either work in consultation with host unit doctors, or take a leadership role as necessary.

Supervisor:

The degree to which you supervise versus hands on care is to a certain extent influenced by whether this is a first ICHF trip to the host country, or one of a series of trips. With first trips, there is usually more hands on work, particularly in the first few days, with a gradual relinquishing of care and decision making to the host team as their experience level dictates and our comfort level increases. This is often the most difficult task for the ICHF worker: stepping back. Empowerment can only happen if there is a relinquishment of “power” by the ICHF workers, and of course if the host team wants to pick it up and run with it. When this happens, don't stand in their way!

### **Objectives of the trip**

*1. Safe and efficient care of as many children as possible within a specified time frame.*

ICHF medical volunteers will demonstrate safe surgical, medical and nursing care on a planned number of children, optimizing the staff and equipment available.

*2. Staff training as an ongoing objective:*

ICHF medical volunteers will train their counterparts over the two-week in all aspects of pediatric open-heart surgery and recovery. Priority is given to processes for enhancing local skills, identifying new skills needed, developing them, and implanting processes to carry this on.

*3. Identification of unit or operating room weak-spots/inadequacies:*

ICHF medical volunteers will collaborate with host staff to identify areas of weakness, and identify ways of addressing these areas. The goal here is capacity building.

*4. Communication/team collaboration/partnership:*

ICHF medical volunteers will promote and advance host nurse and host doctor decision-making, autonomy and patient advocacy within the context of their culture. ICHF will aim for an effective, mutually satisfying working relationship with the host team and local supporters.

### **Outputs/measures of success**

*1. Two cases per day with early extubation and mobilization if patients meet extubation criteria.*

Number of children operated on in a two-week period with successful outcome is one measure of outcome. Others include; age of children, type of defect and repair, extubation time and length of stay in the ICU and hospital.

*2. Host ICU/OR/Intensivist staff will demonstrate specialized knowledge specific to their area.*

Team-wide measure of success includes the host staff demonstrating increased capacity in decision-making, and can clearly verbalize a rationale behind actions. Each ICHF specialist should identify his or her own outputs or measures of success. Examples for the nursing staff: Host ICU nurse can verbalize the actions and potential complications of inotropes.

*3. ICHF staff in collaboration with the host team will identify one or more area of weakness and assist host staff in identifying a solution.*

Example from previous trips: no emergency cart/ non-functioning intubation equipment.

No airway equipment at bedside. Solutions: set up of emergency cart with daily checks of equipment. Ambu bag at each bedside as equipment availability allows.

*4. Tricky!*

This area is very subjective but vitally important. Success may be the nurse approaching the ICHF nurse or doctor with abnormal labs/vitals and suggesting treatment or the host nurses instituting nursing rounds/presentations. Be aware that the unit doctors or the hospital may dictate nursing roles. An example is that in some countries the nurses are not taught how to auscultate lungs or anything. Identifying who sets the nurses' role is an important step in moving toward increasing nurse education and autonomy. At times it is more important to take on "advisory" or advocacy roles rather than a decision-making role. Be very cautious about "dictating" what you think they should be doing, without taking in to consideration the context. A "top-down" approach; expecting the host staff to adjust to our style instead of trying to

enhance the skills they already have and perhaps even working within their boundaries can be unsuccessful.

If the host program does not buy into what we are teaching or take ownership of it due to a lack of collaboration or feelings of imposition, changes will not be sustainable. A good working relationship with both host teams and local groups is critical for success.





**RISK MANAGEMENT ISSUES**

*UNIVERSAL PRECAUTIONS UNIVERSAL PRECAUTIONS UNIVERSAL PRECAUTIONS UNIVERSAL PRECAUTIONS UNIVERSAL PRECAUTIONS UNIVERSAL PRECAUTIONS*

Regardless of location, all health professions should be practicing universal precautions. Hand washing, gloves, and careful disposal of sharps should all be practiced and role modeled by ICHF staff.

**ICHF Immunization Recommendations:**

ICHF recommends that you have received the current immunizations:

Hepatitis A

Hepatitis B

Tetanus shot (within last 10 years)

ICHF medical volunteers will be notified of any further vaccination requirements for specific countries. If you still have questions or concerns, one resource is [www.CDC.gov](http://www.CDC.gov) under the traveler's health section. You may also try the International Association for Medical Assistance to Travelers ([www.iamat.org](http://www.iamat.org)) for information about health challenges and care abroad. One final option is to visit a travel clinic staffed by specialists in international travel services.

**In the event of an overseas injury or illness:**

All volunteers must be aware of possible illness or injury when traveling. All volunteers should understand that they have no claim against ICHF for any injury or illness acquired while participating in any travel or activity conducted by, or under the auspices of ICHF. ICHF does not maintain insurance coverage on behalf of its volunteers. Travel and health insurance is the responsibility of the volunteer. If you have health insurance, find out if your health insurance policy provides coverage outside of your country of residence. Travel insurance can be purchased from a travel agent or at the airport. See the excellent website [www.insurancequest.com](http://www.insurancequest.com) for a list of international health insurance providers and a variety of coverage options. If this interests you, consider policies that include medical evacuation.

**Emergency contact for families:**

In the event of a family emergency, ensure your family has the ICHF office number:

1 (877) 869-4243 (toll free) or 1 (901) 869-4243 (from outside USA). Alternatively, if you have the hotel phone # from a website, leave with a family member, however be aware of possible language barriers. Some messages don't get through immediately by this route.

**External elements:**

ICHF will keep you apprised of any internal or external geo-political problems that may affect you on a trip prior to your ticket being issued. It is fully your decision on whether you feel comfortable to go or not, however, please notify ICHF earlier rather than later if you decide not to travel (see page 8 under "commitment"). Any events that may unexpectedly happen during a mission; severe weather/flooding, civil unrest, death or sickness of a family member, etc, ICHF will assist in any way possible to get you home safely.

**Looking after yourself on a trip. Tips learned the hard way:**

Adjusting to new time zones, hotel rooms, new food, and working with staff you do not know, in a country you are not familiar with can be stressful emotionally and physically. Suggestions on how to avoid the pain:

- Prior to exploring the city, get a hotel business/address card (preferably in both native language and English) so that if you are lost, you can show card to taxi driver and get home.
- Consider getting into the habit of jotting down the taxicab company and/or number (or license plate) when you ride in one. Then if you leave a package, or your passport slips out of your pocket if for some strange reason you are carrying it around, the hotel staff can track it down.
- Keep hydrated. Usually hotel water is drinkable, and hospital water is a bit doubtful. Bottled water is always available (although often with bubbles).
- In many hotels, breakfast is the best meal of the day. Take advantage of it; an extra bread roll or orange discreetly placed in your workbag can be a lifesaver when the mystery lunch arrives. Besides, there is always McDonalds, or an “ex-pat” pub or bar in most cities.
- You are going to look like a tourist, but at least be a smart one. Leave expensive jewelry, extra bankcards or important business cards at home. Remember backpacks can be pick-pocked with out you knowing someone is behind you. If you have to look at a map, try to do so in a café, or bar, not out on the street. Carry only the amount of cash you think you will need for the day.
- There are no “shrinking violets” anywhere near ICHF. Never has been, probably never will be, or at least, not twice! However assertiveness is not an excuse for rudeness. Some personality conflicts are bound to happen. Try and deal with them in a professional manner, and remember, it is only two weeks. You can put up with any one for two weeks. It would be a shame if the only thing you remember about your experience is that “so in so” you worked with. The ICHF wants you to have positive memories of what you have achieved as a team member of one of the most active international cardiac surgical programs in the world.
- An evaluation process is in the works. In the mean time, if you notice a problem, speak up. ICHF believes in open communication, although preferably not in front of God and country. Any of the ICHF staff are good resources; well traveled, thick-skinned, and always happy to help.
- Be flexible. At this time there are no set ICU protocols outside of fast tracking. Remember there is more than one way of doing things. The overall goal is patient safety. Rely on and learn from other ICHF team members. They will let you know about any specific “Novickisms.”
- Above all, interact with those around you. Remember that learning is not in one direction. There are things to learn from the host staff. The host units have managed situations that you could probably not even imagine. The staff often employs imaginative solutions and knows the meaning of prioritization. Make the most of this opportunity.

## YOU'RE HOME. NOW WHAT?

### **More Trips:**

If you are interested in joining ICHF on future trips, e-mail the mission and volunteer coordinator with your availability.

### **Other involvement:**

There are many ways you can contribute to assisting ICHF in achieving its mission of heart health for children that does not require you to travel overseas again:

- *Share your story publicly:*

Public education is the basis of social change. Raise the awareness of congenital heart disease and the work done by ICHF by contacting your local newspaper to share your experience. Alternatively, call your local Rotarian or church and inquire if they are looking for new health programs or medical missions to sponsor. A power-point/slide show of your trip can be shown to demonstrate the work being done by ICHF.

- *Recruitment:*

Many medical volunteers are recruited by word of mouth. Giving a slide presentation in your unit on your return may encourage others to sign up.

- *Collect medical or pharmaceutical supplies:*

Most hospitals dispose of thousands of dollars of unused “disposables” a month. Contact your CSSD department or hospital administrator and ask if any disposables could be set-aside for ICHF. A tax ID number for their records is available upon request from ICHF. The next time a pharmaceutical representative passes your way, ask what their company’s policy is on non-profit donations. Have a copy of the ICHF website page to give them for reference.

- *Fundraisers:*

Some former ICHF medical volunteers host “fun runs” to help raise money for ICHF. There are many types of events that lend themselves well to fundraising, such as fashion shows, dinners, dances, art auctions, wine tasting and more. The ICHF Outreach Coordinator can give you suggestions on other kinds of events and how they might be most effectively organized.

- *Organize an ICHF chapter:*

Current and former ICHF team participants make ideal candidates for forming an ICHF chapter in their hometowns. This would enable an organized and supportive group to routinely host fundraising event(s) and/or solicit corporate sponsorships to help defray the cost of the ICHF trips. Please contact the ICHF office if interested in starting a chapter.

- *Advanced degrees/research or internships with ICHF:*

ICHF medical director Dr. William Novick has been very supportive of health professionals furthering their education. A trip with ICHF may count toward academic credit if you are pursuing an advanced degree. Masters projects/ research in nursing/public or community health or public administration that follow the ethical standards of your local university system would be of interest to ICHF, and could be coordinated with the ICHF research director Dr. Rob Reid.

## **ICHF CODE OF ETHICAL CONDUCT**

It is the intent of the International Children's Heart Foundation to conduct its mission fairly, impartially, and in an ethical and proper manner. Conduct that may raise questions as to the foundation's integrity, reputation or activities that could cause embarrassment and damage to the foundation is prohibited.

To this end, it is our plan to provide each medical volunteer guidance and understanding of proper conduct while on a mission. Any team member who acts in a manner that discredits the ICHF may be relieved of duty, at the discretion of the medical director/surgeon.

Prohibited activities are, but not limited to:

- Use of alcohol during scheduled work hours.
- Use of illegal drugs.
- Trading or selling of team or personal equipment.
- Practicing without a valid and current license from your country of residence or origin.

All team members will respect the customs and laws of its host country. ICHF is committed to upholding the highest professional standards on all trips. All medical volunteer staff is expected to practice within their professional code of ethics and practice.

It is the responsibility of each team member to encourage each other to ask questions and express their concerns regarding compliance of conduct, which includes the safety of others.

It will be at the discretion of the ICHF surgeon and/or Intensivist to make on-site decisions to allow free time for members or non-coverage of the unit based on the acuity of the patients.

**INFORMATION FORM FOR ICHF MEDICAL VOLUNTEERS**

**This form will be kept confidential and available only to the volunteer coordinator.**

Name: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Position: \_\_\_\_\_ Nationality: \_\_\_\_\_

Work Information	Personal information
Title: _____	Address: _____
Organization: _____	City: _____
Address: _____	Country: _____
City: _____	Phone: _____
Country: _____	E-mail contact: _____
Phone: _____	Fax number: _____
Professionnel licence #: _____	Passport number: _____
Expiration date (mm/dd/yyyy): _____	Expiration date (mm/dd/yyyy): _____
Previous overseas work: _____ _____	Type of passport (country): _____

Emergency Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Alternative contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you wear a medical alert bracelet?      No      Yes \_\_\_\_\_

Year of your Hepatitis A vaccine? \_\_\_\_\_

Year of your last tetanus shot? \_\_\_\_\_

Year of your Hepatitis B vaccine? \_\_\_\_\_

Allergies?      No      Yes \_\_\_\_\_

Pertinent health issues? \_\_\_\_\_

Current medications for above health issues? \_\_\_\_\_

Do you have any dietary restrictions?      No      Yes \_\_\_\_\_

**STATEMENT OF ETHICAL CONDUCT**

I agree to abide by the rules of conduct set by the International Children's Heart Foundation and will respect the guidelines of the host unit and hospital.

I have read and understood the information contained in this handbook, and agree to abide by its guidelines.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name (Please Print)** \_\_\_\_\_

Please send these two forms by postal mail, fax, or email to:

International Children's Heart Foundation  
Attention: Elizabeth Novick  
1750 Madison, Suite 100  
Memphis, TN 38104 USA  
+1 (901) 432 4243 fax  
[ichf@aol.com](mailto:ichf@aol.com)

**Hearts to Hearts: A Handbook for Medical Volunteers  
of the International Children's Heart Foundation**

The content of this manual was designed to assist ICHF medical volunteers in their work during an ICHF surgical mission.

This manual was written by Joanne Price with the approval of the ICHF medical director and edited by the ICHF medical director and mission and volunteer coordinator. The Bibliography for this publication is on file with ICHF. The author has made every effort to trace and list in the Bibliography the copyright holders for borrowed materials. If the author has inadvertently overlooked any, the author will be pleased to make the necessary arrangements at the first opportunity.

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Joanne Price RN  
October 2002

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