

Research A.N.T. Updates

The Research ANT continues to advance CNA's mission and promote nursing scholarship through monthly meetings and collaborative initiatives. Recent efforts include an examination of AI research and policies impacting nursing

and publication of an executive summary in Colorado Nurse entitled 'Ethical Concerns Regarding Integrating AI in Nursing Education'. Looking ahead, the Research ANT aims to continue expanding its initiatives and supporting the research and

evidence-based practice needs of nurses across the state. The Research A.N.T. meets on Zoom on the third Monday of each month at 10 am. Join us – no research experience needed! ■

An APRN's Mission Trip to Zambia

Justine Maedeker

I love being a nurse practitioner. I went to nursing school to learn to care for patients. When I went to nursing school, I actually learned about the art, science, ethics, and people within nursing; Carpers' ways of knowing shaped my early nursing school experiences. I went to graduate school to expand my nursing skills, broaden my scope of practice, and take advantage of the many opportunities to learn. In the US, opportunities are everywhere, or so I thought.

In August 2024, I took a trip to Zambia with the organization, "Hope's Doorway". The mission of Hope's Doorway, founded in Durango, CO, is: "To give every child the opportunity to live in a safe environment with access to education, healthcare and enhanced life skills, for a sustainable future". By partnering with a local organization, Hope's Doorway ethically provides help to Zambian children to attend school by providing financial support and scholarships for children. There are currently three nurses and two community members on the board of Hope's Doorway.

The purpose of the trip that I attended was threefold. First, to check on the children the groups sponsor to attend primary and secondary school. In Zambia the government has begun paying school fees but families must pay for the children's shoes, uniform, books and supplies. In the rural areas, this is difficult when a pair of shoes costs twenty dollars and a bag of food costs 12 dollars. Financial

support is necessary for children to attend school. Second, Hope's Doorway wanted to encourage the women building small businesses who were sponsored in their Women's Empowerment Program. Third, Hope's Doorway hoped to observe a rural nursing clinic and to cultivate a relationship for potential partnerships with this rural clinic in Zambia.

The rural clinic visit was the most educational for me. The clinic was actually a rural nursing post. In Zambia, registered nurse (general) training includes three years of training after the 12th grade. Further specialization is available after registered nurse training. The rural clinic was run by three registered nurses. The nurses were supported by five government employees and this help was supplemented by volunteers. The volunteers were typically new graduate nurses who had yet to be assigned a post and wanted to develop their skills. I was honored to shadow a registered (general) nurse. In the short two days I was at the clinic, I observed the circumcision of a 30+ year old male, several prenatal visits, vaccination of infants with the oral polio vaccine, and a well-child clinic. The general nurse did a little of everything. I was disappointed that I missed 2 births that had happened during the night prior to my visit. The nurse brought the two babies into the world without the benefit of a hospital staff, or comfort of a birthing suite, but working at the top of his scope.

The lack of comfortable surroundings was a cause of concern for my spoiled American disposition, but the Zambian mothers did not have complaints. The clinic structure had been donated by a non-governmental organization (NGO). My first impression was that the staff had outgrown the clinic, and that everything could use a good dusting. The country was in a drought and dust seemed to be everywhere. The rural clinic entrance led to a hallway where vitals were taken. To the left was a room where patients were seen for consultation and provided with medication. The medications were stored in a small closet inside the room. Medical records were scattered over the single desk in the consult room. The cart next to the desk contained multidose vials of lidocaine. The rural clinic staff noted that they had supply deliveries about every three months. When we arrived they had stocked antibiotics, Tylenol (paracetamol), and oral rehydration solution (ORS). The staff noted that they were nearly out of nifedipine (used for high blood pressure). To the right of the entry hallway was the HIV testing room and the room for receipt of antiretroviral therapy. On the floor, within the therapy room was a single yellow box-like object, which turned out to be the autoclave used to clean instruments.

Behind the clinic, was a second building, the maternity ward. The entrance to the maternity ward was a large room that

held several bicycles and a motorcycle. The bikes and motorcycles were used for home visits. The second clinic building also held another desk and a circle of benches for patient teaching encounters. At the desk were medications and prenatal vitamins, and the maternal and birth records of various patients. Each prenatal visit was meticulously recorded. The nurse measured the fundal height, the estimated gestational date, HIV status, deworming occurrence, blood pressure, heart rate, tuberculosis testing, and malarial testing. The woman's partner's HIV test and treatment status was also documented. Finally, the room also contained a large blue box. The box was a refrigerator for vaccines. It was attached to a solar panel for power. In Zambia, much of the electricity is hydroelectric. While we were visiting in August, the drought led to electric rationing. Electricity was provided via the grid eight to twelve hours per day. Refrigeration of the vaccine box was

achieved via solar panel the remainder of the day.

A second room of the back clinic building was the maternity ward. It contained a nightstand and two cholera tables (bed with a hole in them for diarrheal drainage). On the second day I was at the clinic, I walked into the room to meet a young woman in labor. I was told she was four cm dilated. She lay on the table in early labor during the prenatal exams conducted on the other table. The only other items in the room were three buckets for sanitization. Bleach and water mixtures were used for the cleaning. The mother of the woman and her doula (birthing assistant) were waiting in the large room on the benches. Although I did not get to see a baby born that day, my experience remained educational.

As I sit back in the United States and reflect on my trip, I think about the kindness of the clinic staff, and the friendliness of the people of Zambia. I think about the

nurses with three years of training, operating at the top of their scope with minimal supplies in a rural area. I contrast this to the United States, where we have a plethora of supplies, but where the scope and abilities of nurses with extensive training is quibbled over by nurses and other professionals alike. In both cases, with too few supplies and infrastructure or too many restrictions to practice, the practice of nursing suffers and the opportunities for effective healthcare decrease. In the case of the US, as well as in Zambia, the words of the nurse I shadowed apply, "We do the best we can with what we have". ■

About the Author: Justine Maedeker, DNP AGPCNP-BC, PMHNP-BC, BS is a member of the Board of Hope's Doorway. She loves the practice of nursing. She enjoys reading and traveling in her free time. To learn more about the non-profit "Hope's Doorway", please visit: <https://hopesdoorway.org> or find us on Facebook.

Nurses Furthering Knowledge (NFK)

Norma Tubman MScN, RN

Our August Board Meeting set the direction for NFK activities for 2025-26. We will focus on fundraising for our scholarship, hosting speakers at our monthly meetings and community outreach especially to SONs.

In lieu of a September meeting, members attended the CNA Annual Convention. Kathy Crisler was recognized as the NFK Nurse of the Year for her initiative in writing by laws to move former DNA 20 to a Constituent Association. As an NFK Board Member At Large, she is its legislative liaison along with Annette Cannon, President, keeping us unformed on legislation at the National and State levels affecting nurses.

Kudos to Rita Beam in obtaining a \$1000 grant from Colorado Nurse Foundation (CNF) to offset the cost of bringing

Amanda Skenandore, RN and award-winning author, to be a presenter at the CNA Annual Conference on September 26. Amanda spoke about how reading improves health and promotes self-care. Flyers and bookmarks were printed and distributed by members to promote the CNA presentation, as well as Amanda's appearances at the Aspen Grove Tattered Cover Book Store and Belmar Library in Lakewood. Members donated items for a drawing at the CNA Conference to raise money for our scholarship.

NFK was honored to have our 2024 scholarship recipient as our October speaker. Maya Lindgren, BSN, RN, presented on her research project for a course at Colorado Mesa University where she is completing her MSN-NP. Her presentation "Perioperative Guidance for Glucagon Like

Peptide-1 (GLP1) Receptor Agonist Medications" investigated recent literature surrounding when to hold GLP-1 medications in patients undergoing planned procedures under general anesthesia.

Members remained active with community outreach throughout the summer and fall. Annette Cannon attended the National Association of Hispanic Nurses (Colorado) summer get together on July 26. She continued outreach with the Colorado Nurses Council of Black Nurses Inc. Rita Beam attended its annual membership kickoff August 25 networking and sharing the benefit of CNA membership and participation in NFK meetings and activities. Members responded to an appeal from Rocky Mountain Children's Foundation for toys and infant clothing by donating needed items. Rita Beam, a