

The Advanced Practice Clinician Quarterly Newsletter of TEAMHealth's Mid-Atlantic Region

## IN THE MIDDLE 2013 *Winter Edition*

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# On A Mission

by Todd Feltz, PA-C & Matt Brayton, NP



**MPOSI, ZIMBABWE-** The day was already long and nearing its end when a nurse asked Tim Kearns to see the patient who had arrived in a hand-made cart pulled by a donkey.

Kearns, a Physician Assistant who works for TEAMHealth in the Emergency Department at Bon Secours DePaul Medical Center in Norfolk, Va., was, on this day, among more than 50 medical professionals from eight different countries on a medical mission to southern Africa. Dentists, Ophthalmologists/Optometrists, Orthopedists, Obstetrician-Gynecologists, Primary Care and Emergency Medicine providers would work four and a half days to see 7,200 people. Some patients would walk 10 to 20 kilometers to be seen. Those who could not walk would arrive by cart or wheel barrow.

As Kearns stepped outside the makeshift clinic, he felt the wear of

intense preparations for this outreach. Obtaining the necessary equipment, medications, supplies and gear prior to departure was vital. Everything was inventoried and carefully packed to a maximum of 50-pound bags for the long journey. It began with a 5-hour drive to the airport in a rental truck with all the supplies, a 13-hour flight to Ethiopia, then a short flight to Harare, the capital city of Zimbabwe where they would spend the night. The next morning, they departed in small aircraft with limited seating for a 90-minute flight further south.



They landed on a dirt field that was “cleared” one month prior and were greeted by many smiling faces of local children who chased cattle off the “runway.”

After squeezing into small buses and traversing narrow, bumpy dirt roads they arrived at their destination of Mposi.

They quickly unpacked their supplies and assembled the tents they would be sleeping in before sundown. The May night in Zimbabwe would be a cold one this far south of the equator.

As Kearns stepped outside the clinic, the light of the late afternoon, African sun fell on a woman too sick to walk. Her name was Loveness. She became, at that moment, the reason he had traveled the globe. Kearns says:



*“She was so sick she could barely keep her eyes open and raise her head. What was I supposed to do with her?”*

Family had brought papers that showed she was 24 years old. Both she and her nine-month-old baby were HIV positive. She had recently been released from a local hospital where she was treated for dehydration. She had been released when her family could not afford her medications. She was in the latest stages of the disease and her blood pressure was low, her heart rate fast.

And it was getting late in that part of the world, where the sun sets before 5:30 p.m., and, without electricity, the only light source after dark is a flashlight. An IV was placed, fluids were started. Kearns walked to the pharmacy area where he gathered analgesics and

antibiotics. They offered Loveness a mixture of electrolytes with lemonade-flavored water and a protein bar. A local pastor found the patient shelter for the night, so they could recheck her in the morning. Prayers were lifted toward a star-filled sky. Kearns says:

**“We knew we could rehydrate her and provide comfort for the night, but we weren’t certain it would be enough.”**

Kearns has been a PA since 1995. In 2006, a friend called to see if he wanted to go on a medical mission trip to Ethiopia. It was Tuesday night when the call came. They were leaving on Saturday! In just three days, he was able to secure a passport that was expedited and hand delivered to him at the airport a few hours before departure. He quotes a bible verse from Matthew 9:26:

**“With God, all things are possible.”**

This was when he first volunteered with Jewish Voice Ministry International, an outreach program formed to bring medical care and the gospel to pockets of Jewish descendants throughout the world. Kearns, a Christian, was hooked on the mission experience from that first trip, and since then devotes time to gathering essential medical equipment, medications and supplies. He usually travels with the group twice a year.

The group typically encounters patients with the same problems as those seen at home, but they see the effects of conditions left untreated for long periods of time. It is not unusual to see children with otitis media that perforates the tympanic membranes and drains for a year or longer. They also see unusual skin diseases, tuberculosis, severe malnutrition and the effects of parasites, including schistosomiasis.



On a trip to Woliso, Ethiopia in 2011, Kearns treated an 8 year old boy with a non-healing wound that involved most of the scalp. The child apparently was bitten on his head by a donkey 5 years ago at the age of three. “I debrided the entire wound, battling a swarm of flies while the young boy sat motionless.” The wound was cleaned, covered with a topical antibiotic and dressed with a rolled gauze bandage. Two days later, the wound was much improved and a new bandage was applied along with a hat to keep the flies out.



Lab testing is limited and there is no X-Ray equipment, so clinicians typically rely on their skills. They work with a limited formulary because they have only the medications they bring with them. Transport to a local hospital is attempted for the most

severe cases. In Loveness’s dire situation, the decision to return home was made.

“The next morning she was doing much better,” Kearns says. . “She could sit up, smile and get back in her cart. We got her some more food and drink.” Her skin was found to be covered with ulcers and those were cleaned and dressed. When good-byes were in order, Kearns said he told her:

**“I hope to come back next year, but if I don’t see you then, I will see you one day in heaven.”**

“You don’t always know what kind of effect you have on patients, but I do know the impact that Loveness left on me. You may not have the same experience on other trips, but on this one, there was something that touched my heart deeply. This was my ‘God moment’ of the week. This is why we come. We are led to come. It is part of our ‘walk in faith’. We sacrifice in order to help the less fortunate, the needy and the sick. In these moments, you will find that you can make a difference. It may in fact make ALL the difference.”