

How to Survive Your Medical Mission to Jamaica

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Background Information about the Organization

Medicine In Action (MIA) is comprised of teams that provide free medical services to indigent patients, with an emphasis on women's health. MIA is a nonprofit volunteer organization consisting of physicians and other volunteers from across the United States, with occasional volunteers from other nations as well. Along with two Tanzania trips per year, MIA facilitates two annual trips to Jamaica, one in February and one in November.

Helpful Hints for a Smooth Trip

For some people who have not previously traveled to a developing country, seeing the poor sanitation, crowding, and severe illness caused by poverty can be disturbing and overwhelming. The apparent disorganization and chaos resulting from limited resources are almost always a challenge for volunteers. Things seldom go as planned. In fact, the one thing you can expect is the unexpected, particularly concerning practices that seem routine to you.

In the United States, we tend to place a premium on timeliness and orderliness, but this is not always the case in other cultures. Efficient scheduling is not as highly valued in Jamaica, and as visitors/guests, WE must be the flexible ones. If you are able to approach the mission work with flexibility, and adjust to the environment and culture as best you can, your experience promises to be extremely rewarding.

You must be aware that entering a resource-poor setting with a different culture & approach to medical care might be stressful to you as the visiting health care provider. This is important to keep in mind, even before leaving for your mission. Gear up for a meaningful experience, but try to prepare for the emotional challenges. It can often feel overwhelming as a health care provider when confronted with what you cannot provide in these situations. All things cannot be fixed. "Quality" can be relative and is not always comparable to your previous standards of "quality" at home. Replacing "quality" with "quantity" might be tempting at times in order to bolster feelings of accomplishment. However, you must remember that overstretching your capabilities and pushing yourself to physical and/or emotional exhaustion will make you less effective and will take the joy out of the work we do. Furthermore, pushing the system to

process more patients than it can accommodate increases the chance of error, which is detrimental to our mission.

Try to slow down, take a deep breath, and enjoy your mission. By taking care of yourself on a daily basis, you will be better equipped to give care to others – and that is where true accomplishment lies. We recommend that you be aware of any early signs of stress, and address those issues immediately. Seek out someone who has more experience with working in these settings. We are working not only to provide the best possible medical care to our patients, but also to support each other through difficult times. We are a team!

What to Bring

- headlight (bright) and batteries for pelvic exams and times when the electricity goes out
- hand sanitizer
- stethoscope and other medical equipment you might need
- flip flops/sandals (See “What to Wear” section.)
- sunglasses
- sunblock and lip protection
- hat with visor/brim
- mosquito repellent

What to Wear

You can wear scrubs in clinic and in the operating theater. If you choose to not wear scrubs in clinic, wear something loose & light, as it can get very hot (especially in the settings where no electrical fans are provided). Otherwise, Jamaican culture is fairly casual with respect to dress codes.

Permanent Licensure

This section is to be developed. 5 times in Jamaica? Consult ___? Regarding what to bring to Jamaica to secure permanent licensure?

CLINIC TOPICS

What to Expect in Clinic

Because there are very few health care providers in Jamaica, we are filling the gap. Clinics can be extremely chaotic at times, e.g., new patients arriving at the end of the workday when things are wrapping up, yet hoping to see a doctor.

Our clinic is mobile, and we bring our own supplies everywhere, including medications and general supplies. This requires the team to restock our supplies during each evening before the next day's clinic(s). (Note: During certain missions, there are days when the clinic team is divided into two teams, serving at separate clinics in one day.) Having to restock supplies can be tiring after a long, hot day of working. However, it is a short task if the work is divided and conquered. We also must often clean supplies after the day at clinic, using special solution (e.g., for the speculums, which are used the next day). See Appendix ___ regarding this; one of the trip leaders will show you how to do this.

Our clinics in the city are arranged by Sister Grace Yap and the Franciscan Ministries. Our team travels to various inner-city locations around Kingston. Each community is organized by a community leader who is in charge of spreading the word that there is a clinic for that assigned day. She or he is responsible for checking the patients in, and is also our point person in the community. (The community leader collects \$100 Jamaican for each patient, and this money is used to maintain each clinic.)

Usually, our team arrives to clinic around 9:30am, and the patients are waiting to see us. They sign up to see us with the community leader, who (ideally) knows the order in which the patients should be seen. Many questions can be addressed to them. For example, where to find the garbage, is there a copy machine, etc.

Some of the clinics are make-shift clinics and others are permanent. We can be assigned to see patients in a house, school, or church, for example. The MIA team visits some settings each February and November. On occasion, our team also travels to Port Maria, St. Mary, which is a rural part of the island on the north coast. Other rural settings are occasional MIA clinic sites. Whatever the setting, the clinics are part of the public health system, and MIA is a veritable part of that system.

Clinic Flow

Each clinic team is responsible for how they want to set up the clinic. This will vary day to day, based on the number and type of volunteers assigned to clinic. Along with having two or three “providers”, a possible pharmacist, and a possible health educator/counselor, it usually requires assigning one person to be the “triage/nurse” who does the intake, takes blood pressures, records chief physical complaints, etc. If time allows, this person can take a few picture of willing patients as they wait to see the doctor (or after their check-up). (See Appendix ___, regarding the MIA’s Jamaica mission photography/videography policy.) There should also be one person responsible each day for keeping track of the MIA database. (See the “Database” section later in this document, but also note that database duties might be pre-arranged, depending on the staffing for the particular mission. For example, the database was handled by one predetermined volunteer for the February 2011 mission.)

The volunteer assigned to “triage/nurse” should also be in charge of keeping track of how many people have checked in, how many have been seen by a provider, how many adults, how many youth/children, how many females and males. Patients are seen on a first-come, first-served basis...unless the community leader has some citizens arranged in a particular order other than that. It is up to the team to decide on how many patients can be seen for the day, then letting the community leader know so that she or he does not check in any “extra” patients.

Pointers for the Clinic

Go slowly and spend ample time with each patient. Quality over quantity is essential. Ask questions more than once in different ways, as the patient might not understand the first time around. For the "triage/nurse", you might need to be gently persistent in asking the patient regarding certain topics, e.g., drug use.

Important: Systems-based practices can be challenging. Trying to create and adhere to a "system" or "method" for seeing patients efficiently rarely works in our clinics. Oftentimes, not everyone will be "on board" with the system, resulting in everyone doing things their own way. It's best to go slowly to avoid missing anything, and remember to keep track of your own patients.

It is common for our patients to ask for medications that they don't actually need. Please try to limit the number of medications given out to patients unless they truly need them. It is often the case that they will have multiple chief complaints in an attempt to secure medicines. It can be difficult to tease out the real chief complaint(s) and treat accordingly.

Patient education is extremely important. Do not take for granted that patients realize things that some of our US patients know.

Prescription Discounts

When writing prescriptions, use the Lee's Drugstore Tx. Put your MD number on it, making sure it is stamped with the MIA stamp. Explain to the patient that she/he will receive a significant discount by bringing her/his prescription to Lee's Drugstore.

PAP Smears

We offer PAP Smears to our clinic patients. The requisition form must be filled out correctly and in duplicate. Remember, we don't often have nurses to assist us in clinic, and if the forms are not completed correctly, then the lab workers will not read the slides.

The correct procedure includes the following: The slide must be labeled on the frosted edge in pencil with the patient's name and DOB. Place on paper until it dries, then place in cardboard holder, label holder and wrap requisition form around holder and secure with an elastic band. The requisition form must be completed in its entirety, including the patient's phone number, so we can contact her.

1. "Triage/nurse" puts # on H.P. form that's given to patient.
2. Doctors collect # as patients are seen.
3. Doctors, please sign HP with your printed name, then your signature.
4. Return # to clinic bag at end of session.
5. Make sure all PAP Smears have Carbon and Rubberband

All PAP Smears must have the following

- * patient's name
- * patient's telephone number
- * patient's age
- * clinic site

Database

MIA tracks every patient on a computerized database. There are several purposes of for this database:

- to keep good medical records
- to keep track of the number of patients and types of illnesses treated
- to follow up on PAP Smears
- to ensure continued grants and donations to MIA

It is the responsibility of the entire team to ensure that the database has been completed by the end of the mission. The team itself can assign this task to one or two members while other members of the team are in charge of other aspects of patient care. As mentioned in the "Clinic Flow" section, database duties might be pre-arranged, depending on the staffing for the particular mission. For example, the database was handled by one predetermined volunteer for the February 2011 mission.

Evening Duties

Clinic Supplies for Each Day

See Appendix II for the list of what should be restocked every evening before the next day's clinic. There should be at least one such list kept with the clinic "triage/nurse" or in the clinic's suitcase to insure that nothing is forgotten. (Note: Ideally, this list would be laminated.) Keep in mind that you will be restocking supplies after a hard day of work, so having a written list of needs will prove to be helpful. When the team decides what all it still needs for the clinic, be sure to contact the person who is in charge of bringing those supplies from storage. Of course, if two clinics are planned for certain days, be sure to consider all the projected supply needs.

Cleaning of Speculums

Team leaders will assign cleaning and give instructions on this process at the time. Everyone is expected to do this job so that we have the supplies we need for clinic on the following day.

Medical Supplies Suggested to Be Brought from the US

See Appendix ____.

What to Expect in OR

We perform surgery at St. Joseph's Hospital (Kingston), which has a fully functioning operating theater. Our surgeries are scheduled based on OR availability, depending on the private physicians in the community. Blood is available, but the blood bank is not on-site; depending on the need, this must be organized hours or even a day or two before the actual surgery.

Our first day at the hospital consists of both the pre-op clinic and surgery. The following days are for surgery. We usually perform 3-4 cases per day. The team is expected to round on the patients before surgery and at the end of the day. Usually, 1-2 people will round while the others get ready for surgery. At the end of the day, whoever is not scrubbed will round.

Don't take anything for granted. Normal systems for patient safety that exist in the US might not be in place in Jamaica. It is our responsibility to make sure that everything is in order before AND after surgery. Here are some examples of this:

- Do we have blood? Is it here or still at the blood bank?
- Are the instruments we need all sterilized?
- Do we have the antibiotics we need?

Group Dynamics for Clinic and OR Volunteers

MIA is staffed by a diverse group of volunteers with various professional, educational, and ethnic backgrounds. Our volunteers range from first-timers to seasoned veterans, but we all share a serious commitment to providing urgently needed care to our patients in underdeveloped countries.

It is important to remember that we are a team. As our roles change, often depending on the needs of the day, it is essential to remain flexible. One can never be sure what to expect next, and the group can be an invaluable source of support in a challenging environment. It is crucial that each of us takes the responsibility of doing her or his part to enhance the group, whether it's by doing surgery or doing the dishes.

If this is your first MIA mission, please seek out a more experienced volunteer to whom you can address your concerns. If you are a veteran MIA volunteer, please take notice and extend a hand when you see someone struggling. If we all remember to think not only of our own needs, but also of the team's needs, the mission should prove to be a rewarding and even life-changing experience.

Reusing/Recycling Supplies

THINK BEFORE THROWING ANYTHING IN THE GARBAGE. Many things that we are accustomed to being considered as disposable are actually reusable and/or recyclable. (Note: While the clinic sites might not necessarily have recycling, e.g., for plastic water bottles, it seems that the convent has a recycling system set up.)

Reusable items include the following:

- blue paper sheets that are used for wrapping instruments for sterilization
- blue or green towels
- lap tapes (which are washed and bleached before reuse)
- some plastic items can be reused as well

When in doubt, ask any of the physicians. Any MIA board member should know what's reusable.

Daily Life for Volunteers

Room & Board

Our team members either stay in a private home or in a local convent/hostel when in Kingston. (Other arrangements will be made in the case of providing care in rural settings.) Where and how we are housed depends on the size of the team. We have had as many as 18 on a single mission, making it necessary to be flexible and accommodating.

The convent/hostels grounds are safe and beautiful, housing a girls school during the day. Other volunteer groups are likely to be at the hostel during your stay.

The convent/hostel charges a nominal fee. For February 2011, it was \$20.00 per adult per night, with the optional evening meals at \$8.00 each. This fee includes bedding, bathing facilities in your room, and use of swimming pool, jogging track, and tennis courts (available at particular hours). Payment occurs at the end of your stay; US or Jamaican currency is accepted.

The group usually makes breakfast together in the kitchen (in the convent's hostel wing). Our volunteers are responsible for packing their own lunches to take to the clinics and hospital.

Water/Showers

The water at the convent/hostel is safe. There is also bottled water available for purchase at the local store. There is water at the private home as well. Likewise, there is hot water for showers at both the convent/hostel and the private home.

Electricity

Electricity in Jamaica is 110V. As in the US, 3-pronged outlets are used. Power outages are rare, but can happen.

Internet and Cell Phones/iPhones/Etc.

Internet service is available on a very limited basis at both the convent/hostel and the private home. For usage at the convent/hostel, you will need to learn the Wi-Fi security code. Keep in mind that our non-mission time is limited, and with several team members attempting to access these computers, individual Internet time is minimal. (You may of course bring your own laptop for personal use.)

Cell phones/iPhones/etc. work in Jamaica, but check with your own company before traveling, as roaming charges usually apply. There is a pay phone at the convent/hostel, and there is an Internet phone at the Chong residence, as well as one that can be used to call back to the US.

Money

Bring US dollars and your ATM card. There are ATMs within 1 mi./1.6 km of the convent/hostel (not too far from the private home where you might be staying is located). Staff at the convent/hostel or veteran MIA volunteers can direct volunteers to the banks as well.

Buying Groceries & Souvenirs

There are grocery stores within 1 mi./1.6 km of the convent/hostel (not too far from the private home where you might be staying is located).

You can purchase a wide variety of souvenirs from local artisans in Jamaica. One of the team leaders will usually try to arrange some sort of outing for this during the mission if it is not too busy, though the focus of the mission is medical care, not shopping.

Nightlife/Going Out/Safety

There are some restaurants and bars around town. The team typically goes out once or twice as a group for a meal, even going out to a comedy play and more. The Devon House is a popular destination for picnicking, shopping, fine cuisine, and its ice cream!

It is strongly recommended that no one goes out at night on their own. Kingston can be dangerous in terms of thieves and such. It should be noted that some Jamaicans can be rather hostile toward those perceived to be homosexual, transgender, etc.

A Bit about Jamaican History and Culture

History

The following History text was largely borrowed from Wikipedia.

Christopher Columbus arrived in 1494, when Jamaica was an island nation of the Greater Antilles, 234 km (145 miles) in length and as much as 80 km (50 miles) in width, amounting to 11,100 km-squared. It is situated in the Caribbean Sea, about 145 km (90 miles) south of Cuba, and 190 km (120 miles) west of Hispaniola, the island harboring the nation-states Haiti and the Dominican Republic. Its indigenous Arawakan-speaking Taino inhabitants named the island Xaymaca, meaning "Land of Wood and Water", or the "Land of Springs".

Formerly a Spanish possession known as Santiago, it later became the British Crown colony of Jamaica. With 2.8 million people, it is the third most populous Anglophone country in North America, after the United States and Canada. It

remains a Commonwealth realm with Queen Elizabeth II as Head of State. Kingston is the largest city in Jamaica and the country's capital.

The Arawak and Taino indigenous people, originating from South America, settled on the island between 4,000 and 1,000 BC. When Columbus arrived in 1494, there were over 200 villages ruled by caciques (chiefs of villages).

In 1945, Sir Horace Hector Hearne became Chief Justice and Keeper of the Records in Jamaica. He headed the Supreme Court, Kingston between 1945 and 1950/1951. He then moved to Kenya where he was appointed Chief Justice of villages).

The south coast of Jamaica was the most populated, especially around the area now known as Old Harbour. The Tainos were still inhabiting Jamaica when the British took control of the island. The Jamaican National Heritage Trust is attempting to locate and document any evidence of the Taino/Arawaks.

Christopher Columbus claimed Jamaica for Spain after landing there in 1494. Columbus' probable landing point was Dry Harbour, now called Discovery Bay. St. Ann's Bay was the "Saint Gloria" of Columbus who first sighted Jamaica at this point. One mile west of St. Ann's Bay is the site of the first Spanish settlement on the island, Sevilla, which was abandoned in 1554 because of numerous pirate raids.

The capital was moved to Spanish Town, now located in the parish of St. Catherine, as early as 1534. It was then called "Villa de la Vega". Spanish Town has the oldest Cathedral in the British colonies. The Spanish were forcibly evicted by the English at Ocho Rios in St. Ann. However, it was not until 1655 that, at Tower Isle, the English took over the last Spanish fort in Jamaica. The Spaniard Don Cortez Arnoldo de Yassi kept Tower Hill (the site of Tower Isle) from the English for five years, before escaping to Cuba. The site of his departure was fittingly called "Runaway Bay", which is also in St. Ann. The name of Montego Bay, the capital of the parish of St. James, was derived from the Spanish name manteca bahía (or Bay of Lard) for the large quantity of boar used for the lard-making industry.

The English Admiral William Penn (father of William Penn of Pennsylvania) and General Robert Venables seized the island in 1655. In 1660 the population of

Jamaica was about 4,500 whites and some 1,500 blacks. As early as the 1670s, blacks formed a majority of the population. During its first 200 years of British rule, Jamaica became one of the world's leading sugar-exporting, slave-dependent nations, producing more than 77,000 tons of sugar annually between 1820 and 1824. After the abolition of the slave trade (but not slavery itself) in 1807, the British imported Indian and Chinese workers as indentured servants to supplement the labor pool. Descendants of indentured servants of Asian and Chinese origin continue to reside in Jamaica today.

In 1872, Kingston became the island's capital.

By the beginning of the 19th century, Jamaica's heavy reliance on slavery resulted in blacks (Africans) outnumbering whites (Europeans) by a ratio of almost 20 to 1. Even though England had outlawed the importation of slaves, some were still smuggled into the colonies. The British government drew-up laws regimenting the abolition of slavery, but they also included instructions for the improvement of the slaves' way of life. These instructions included a ban of the use of whips in the field, a ban on the flogging of women, notification that the slaves were to be allowed religious instruction, a requirement that slaves be given an extra free day during the week when they could sell their produce as well as a ban of Sunday markets

The Assembly claimed that the slaves were content and objected to Parliament's interference in island affairs, although many slave owners feared possible revolts.

Following a series of rebellions and changing attitudes in Great Britain, the nation formally abolished slavery in 1834, with full emancipation from chattel slavery declared in 1838. The population in 1834 was 371,070 of whom 15,000 were white, 5,000 free black, 40,000 coloured or mixed race, and 311,070 slaves.

In the 1800s, the British established a number of botanical gardens. These included the Castleton Garden, set up in 1862 to replace the Bath Garden (created in 1779) which was subject to flooding. Bath Garden was the site for planting breadfruit brought to Jamaica from the Pacific by Captain William Bligh. Other gardens were the Cinchona Plantation founded in 1868 and the Hope Garden.

Jamaican Prime Minister Michael Manley and his wife with US president Jimmy Carter in 1977. Jamaica slowly gained increasing independence from the United Kingdom and in 1958, it became a province in the Federation of the West Indies, a federation among the British West Indies. Jamaica attained full independence by leaving the federation in 1962.

Strong economic growth, averaging approximately 6% per annum, marked the first ten years of independence under conservative governments which were led successively by Prime Ministers Alexander Bustamante, Donald Sangster and Hugh Shearer. The growth was fueled by strong investments in bauxite/alumina, tourism, manufacturing industry and, to a lesser extent, the agricultural sector.

However, the optimism of the first decade was accompanied by a growing sense of inequality, and a sense that the benefits of growth were not being experienced by the urban poor. This, combined with the effects of a slowdown in the global economy in 1970, prompted the electorate to change government, electing the PNP (People's National Party) in 1972. However, despite efforts to create more socially equitable policies in education and health, Jamaica continued to lag economically, with its gross national product having fallen in 1980 to some 25% below the 1972 level. Rising foreign and local debt, accompanied by large fiscal deficits, resulted in the invitation of the International Monetary Fund (IMF) financing from the United States and others, and the imposition of IMF austerity measures (with a greater than 25% interest rate per year). Economic deterioration continued into the mid-1980s, exacerbated by a number of factors; The first and third largest alumina producers, Alpart and Alcoa, closed and there was a significant reduction in production by the second largest producer, Alcan. In addition, tourism decreased and Reynolds Jamaica Mines, Ltd. left the Jamaican industry.

Culture: Music, Rastafari Movement, Film, Sports, Food/Beverages, National Symbols

The following Culture text was largely borrowed from Wikipedia.

Music

Though a small nation, Jamaica is rich in culture and has a strong global presence. The musical genres reggae, ska, mento, rocksteady, dub, and, more recently, dancehall and ragga all originated in the island's vibrant, popular urban recording industry. Jamaica also played an important role in the development of punk rock, through reggae and ska. Reggae has also influenced American rap music, as they both share their roots as rhythmic, African styles of music.

Some rappers, such as The Notorious B.I.G. and Heavy D, are of Jamaican descent.

Internationally known reggae musician Bob Marley was born in Jamaica and is very respected there. Among Bob's many musical children, sons Ziggy, Stephen, and Damon have continued with his musical legacy.

Many other internationally known artists were born in Jamaica including Lee "Scratch" Perry, Peter Tosh, Bunny Wailer, Big Youth, Jimmy Cliff, Dennis Brown, Desmond Dekker, Beres Hammond, Beenie Man, Shaggy, Grace Jones, Shabba Ranks, Super Cat, Buju Banton, Sean Paul, I Wayne, Bounty Killer and many others. Famous band artist groups that came from Jamaica include Black Uhuru, Third World Band, Inner Circle, Chalice Reggae Band, Culture, Fab Five and Morgan Heritage. The genre jungle emerged from London's Jamaican diaspora. The birth of hip-hop in New York also owed much to the city's Jamaican community.

Rastafari Movement

The Rastafari Movement was founded in Jamaica. This Back to Africa movement believes that Haile Selassie of Ethiopia was God incarnate, the returned black messiah, come to take the lost Twelve Tribes of Israel back to live with him in Holy Mount Zion in a world of perfect peace, love and harmony. Bob Marley, a convert to the faith, spread the message of Rastafari to the world. There are now estimated to be more than a million Rastafarians throughout the world.

Film

Ian Fleming, who lived in Jamaica, repeatedly used the island as a setting in the James Bond novels, including "Live and Let Die," "Doctor No," "For Your Eyes Only," "The Man with the Golden Gun," and "Octopussy" (featuring Jamaican-American Grace Jones). In addition, James Bond used a Jamaica-based cover in "Casino Royale." So far, the only James Bond film adaptation to have been set in Jamaica is "Doctor No." Filming for the fictional island of San Monique in "Live and Let Die," however, took place in Jamaica.

The 1988 American film "Cocktail," starring Tom Cruise, is one of the most popular films to depict Jamaica. Another popular Jamaican-based film is the 1993 comedy "Cool Runnings," which is loosely based on the true story of Jamaica's first bobsled team trying to make it in the Winter Olympics. In the 1998 romantic comedy "How Stella Got Her Groove Back," it was in Jamaica where vacationing Angela Bassett met her young love Taye Diggs. Errol Flynn lived with his third wife Patrice Wymore in Port Antonio in the 1950s. He was responsible for developing tourism to this area, popularizing bamboo raft trips down rivers.

Sports

Along with the aforementioned bobsledding sports success, Jamaicans are proud of their athletic heritage featuring basketball, rugby, soccer ("football"), chess, boxing, netball, and horse-racing. But perhaps the two most popular sports are cricket and track & field. For example, sprinter Usain Bolt recently became a three-time World and Olympic gold medalist.

Food/Beverages

The island is famous for its Jamaican jerk spice which forms a popular part of Jamaican cuisine. Jamaica is also home to Red Stripe Beer and Jamaican Blue Mountain Coffee.

National Symbols

National fruit: Ackee

National tree: Blue Mahoe

National flower: Lignum vitae

National bird: Doctor Bird (type of hummingbird)

National motto: "Out of Many, One People."

Appendix i
POST OP ORDERS for St Joseph's Hospital, Kingston, Jamaica

EXAMPLE:

Bed rest, up in 6 hours

VS as per floor procedure

Foley to straight drainage out in am b/w 6-8 AM

I & O

Clear fluids as tolerated

Meds:

Voltarin suppository per rectum 100 mg q 24 hours, next dose in AM if not given post op

Pethidine 0.5- 1 mg/kg or 1-2 mg/kg IM q 4 – 6 hours prn, pain

Gravol 50 mg IM q 8 hr x 24 hours then prn

Baralgin 2 cc IV q 8 hr prn 2/7 d

Heparin 5,000 units SC BID 2/7 d starting 6-8 hours post op

IV fluid: 500cc LR q 4 hr to alternate

Appendix II
CLINIC SUITCASE CHECK LIST –JAMAICA

PAP supplies:

- Cytobrushes, spatulas
- Q-tips
- Glass slides
- Fixative
- Cardboard carriers
- PAP forms (write telephone # and clinic location on form)
- Carbon sheet
- Pencils- (write name and birth date on glass slide)
- Rubber Bands

Speculums- 20 plastic/ 20 metal

Headlamps/flashlights-2

Exam gloves- 2 boxes

Lubricant

BP cuff/stethoscope

MIA H&P forms-60

Paper roll for exam tables

Pt drape sheet

Paper towel-2 rolls/toilet paper

Garbage bags 2-3

Purell

Plastic med bags

Diabetic supplies:

- Glucometer
- Glucose strips
- Lancets
- Alcohol swabs
- Sharps container

Medicine in Action Photography Policy

Medicine in Action (MIA) has developed a photography and recording policy for all medical missions. The purpose of this policy is to promote cultural sensitivity, preserve the medical privacy of patients, and enhance interpersonal relations between MIA participants and the inhabitants of the countries the MIA organization visits. The following rules are to be adhered to by all MIA staff, volunteers, and participants:

1. MIA staff, volunteers, and participants should respect the privacy, dignity, culture, and customs of the individuals of the country being visited by the MIA organization, including, but not limited to, clinic patients, local residents, and inhabitants of the country being visited by the MIA organization:
 - i) MIA staff, volunteers, and participants should avoid taking a photograph or recording of an individual(s), without permission, in places where the individual(s) would expect privacy, for example, in or around private homes, apartments, dwellings, or residences.
 - ii) MIA staff, volunteers, and participants should avoid taking a photograph or recording of an individual(s) that portrays or would portray the individual(s) in a negative or offensive manner, for example, with a hopeless expression or in a painful state or situation.
 - iii) MIA staff, volunteers, and participants should avoid taking a photograph or recording of a clinic patient(s) for non-medical purposes within the clinic setting.
2. To the extent reasonably possible, before taking a photograph or recording of an individual(s), MIA staff, volunteers, and participants must obtain verbal permission from each individual that would be identifiable in or from the photograph or recording, including, but not limited to, clinic patients, local residents, and inhabitants of the country being visited by the MIA organization.
3. To the extent reasonably possible, it is advisable to offer to share photographs and recordings with the individual(s) that was photographed or recorded, for example, by showing the individual(s) the digital photograph or recording, or by using an instant camera that allows you to give the individual(s) the photograph or recording of the individual(s) for the individual(s) to keep.
4. In the event an individual(s) requests that a photograph or recording of the individual(s) be deleted, erased, disposed of, or otherwise surrendered, MIA staff, volunteers, and participants should, to the extent reasonably possible, delete, erase, dispose of, or otherwise surrender the photograph or recording.

5. Before utilizing any photograph or recording of any clinic patient in any public forum, including, but not limited to, educational materials and conferences, lectures, social media, and materials for advertising or promotions, MIA staff, volunteers, and participants must either:
 - i) Obtain written permission from each clinic patient identifiable in or from the photograph or recording. Written permission is to be obtained by using MIA's Visual Image Release Form; or
 - ii) Conceal the identity of each clinic patient identifiable in or from the photograph or recording. Concealing the identity includes, for example, taking such precautions as, blurring out faces, avoiding the use of the clinic patient's name, uploading and downloading photographs or recordings from missions to and from MIA's secure website, avoiding the use of defining phrases: for example, instead of saying, "Debbie with patient" say "Debbie at work in Jamaica", and other such precautions.

As used herein, photograph or recording includes, but is not limited to, the capturing or recording of an image, audio, video or any combination thereof by mechanical, digital, or other means, such as by 35 millimeter camera, digital camera, instant camera, disposable camera, cell phone, video recorder, digital video recorder, audio recorder, and digital audio recorder.

iv. Flickr Site Guide

We'd like to invite you to share any MIA-related photos or short videos displaying the work that occurred during your particular mission(s) as per above photo policy. MIA is especially interested in storing & using images of our volunteers helping the patients, e.g., monitoring someone's blood pressure reading, interacting with children while they wait for their check-up, etc. Scenes of what the clinics looked like are fine, too.

MIA has a Flickr picture/video website. The Flickr site is a centralized place for MIA board members and Suzanne Tindall (Director of Development & Communications) to find pictures from various missions, for example to include on the MIA website or to include in a newsletter or grant request. The Flickr website is **not** for unknown people to view our photos. In fact, only those with the site's username and password can access the site, comment on the photos, etc. Also it is essential that photographers & videographers comply with the Photo policy included above. (Regarding videos, Flickr limits the amount to time per video to 90 seconds.)

To share your photos (or short videos), please follow these steps to insure dignity of the patients and others captured in the images:

1) Let us know the town/country and month/year of your mission. Please include it by labeling the photos/videos appropriately.;

2) If labeling your pictures beyond location and date, use vague language that does not really identify people's illnesses or that they were even patients. For example, you would say in the caption "Volunteer Dr. Tim Meilner at work in Kingston, Jamaica (Feb. 2011)", rather than "Tim takes care of a patient after hysterectomy in Jamaica";

3) You are welcome to share images from other aspects of your trip, e.g., a sunset or a wild animal. Or maybe you have a great picture of a fruit tree, and you'd like to tie that in with the theme of better health for all. It is not guaranteed that such images would be stored on the Flickr site, however;

4) Regarding uploading your pictures, please follow these simple steps, you do not need to change your images' sizes; the site automatically converts them. If you have any questions about the following, please contact Pablo at <<pablond88@hotmail.com>>:

a) Go to <<www.flickr.com>>

b) username: medicineinaction (must all be lowercase to work, I think)

- c) password: JATZNOW (must all be CAPITALIZED FOR PASSWORD)
- d) Click on "You" (in blue, the second column from the left)
- e) Scroll down to "Upload Photos and Videos" (in blue, fourth line from the bottom of the "You" column), clicking that "Upload..." link
- f) Click "Choose photos and videos" (in blue)...Note: There's a 90-second limit per video link
- g) Select or "open" your photo from your desktop, one at a time. You'll note that in the bottom left portion of the "uploaded" box, it says "1 file"..."Add more". Click "Add more", continuing to upload images until you're done.
- h) Below the "uploaded" box, scroll down to "Upload Photos and Videos" (in pink), clicking that. Depending on the number of pictures/videos, you will wait 10 seconds to a few minutes for the process to be complete.
- i) Enjoy your successfully uploaded images. If you want to change you labels or add comments/captions, but you're not sure how, please ask.
- j) Remember to click the "sign out" link, following by signing out of "Yahoo! groups".