

Undergraduate Research & Creative Activities (URECA)

<http://stonybrook.edu/ureca>

Diana Gonzalez

Nursing & Women's Studies majors, Class of 2010

Research Mentor:

Dr. Françoise Cromer, Women's Studies

Researcher of the Month - November 2009

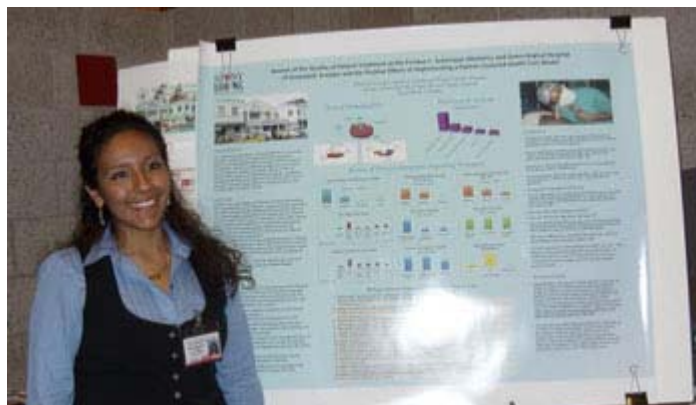
About Diana

If you want to meet someone passionate about her work, brimming with enthusiasm, initiative and drive—talk to the November 09 Researcher of the Month, Diana Gonzalez. *Does she ever deliver!*

Diana is a dual women's studies and nursing major, class of '10, whose independent research project under the mentorship of Prof. Françoise Cromer of Women's Studies involved data collected in June 2008 while doing a clinical internship at the Enrique C. Sotomayor Obstetrics and Gynecology Hospital in Guayaquil, Ecuador. For her study, Diana interviewed 41 patients and looked at how each patient classified the treatment she received during her stay, the demographics of the patient population and examined the effects of race and class on the treatment of



patients. Preliminary analysis suggests a need for improvements in health care delivery methods—e.g. better patient-provider communication; and a patient-centered health care policy approach specific to the needs of low socio-economic patients.



Diana originated the research project idea herself, contacting the hospital director on her own initiative to get permission to do the study and to make all necessary arrangements for her 4-week internship. Diana also worked with obstetric/surgical personnel there, including Dr. Peter Chedraui, Chief of the High Risk Pregnancy Labor and Delivery Unit, as well as her SB mentor, Prof. Cromer, on honing the interview tools/survey instruments she would use to collect data. Diana's obstetric medicine internship and

research project culminated not only in a 40+ paper which she later submitted for her women's studies major requirements; but in addition, Diana had primary responsibility to perform vaginal delivery to a patient and bring a healthy baby boy into the world on the last day of her internship!

Shortly after presenting a poster at URECA's Celebration last April, Diana's abstract on "Patient Population in the Labor Unit" was published in *Imprint*, a publication of the National Student Nurses Association; currently she is working on condensing her findings for future submission to a nursing research journal. Diana also presented her research at a lunchtime seminar last summer at Lenox Hill Hospital where she completed a clinical internship on orthopedics and neonatal intensive care. Diana will also soon have the opportunity to present her project to a new audience, in another part of the world entirely, while participating in "Discovering China", a special SUNY study abroad program where she will take part in a ceremonial showcase of student research (January 2010).

Diana aspires to become a certified nurse midwife and pediatric nurse practitioner, and eventually to pursue a doctorate in nursing practice. A pivotal experience for Diana Gonzalez at SB was taking—and later serving as a Teacher's Assistant for—Dr. Paul Ogburn's class in Maternal and Fetal Medicine / Women's Studies 401 (spring 2007). Born in Queens NY, Diana has had numerous opportunities to visit Ecuador (home to much of her extended family) and is a fluent Spanish speaker. During her volunteer experiences at Stony Brook Hospital, she has drawn on her bilingual skills to help facilitate many patients' quality of healthcare, making sure that patients understand what is happening during their hospital stay. Diana Gonzalez is a participant in the EOP-AIM program, and serves as an SB Student Ambassador. Diana is very positive about the experiences and opportunities she's had overall at SB, and is immensely appreciative of EOP counselors: "EOP has been a huge influence in how I am because of all the support and encouragement they give. I would not have accomplished so much if it wasn't for them!" Below are some excerpts of her interview with Karen Kernan, URECA Director.

The Interview

Karen: How did you first become involved in research?

Diana: I wanted to gain clinical experience before entering nursing school. So I had the idea to go to Ecuador. My family is from Ecuador. I researched the local hospitals in the area. And I contacted the director there. I told him that I wanted to be a nursing student in the future, and that my passion was the field of maternal fetal medicine. I had taken a class on this side of campus, a women's studies class, called maternal and fetal medicine. And I had TA'd the class. The director at the hospital accepted me; when I went to Ecuador, he put me in a group with obstetric / midwifery students. They knew so much ...everything I learned I really learned from them.

Together with the group of students, did you get the opportunity to observe a lot of patient care and hospital procedures?

I began by observing. The first 2 weeks I was mostly observing. I saw a lot of things— C-sections, tubal ligations, ectopic pregnancy surgeries. I went with the other students to their lectures too. I went once or twice on a night shift too to observe. It was great. By the second two weeks, I had proved that I learned a lot and they trusted me with more responsibility. I was able to listen to fetal heart rates with the bell [*the picture you see above*]... they taught me how to find the heart rate, how to count it ... The very last day, I was able to deliver a baby! They were with me but I did it all on my own. I have a video of the birth which I showed at the URECA Celebration.

Wow! Tell me more. What did you learn?

I used what I learned in the 4 weeks at the Obstetrics & Gynecology Hospital in Guayaquil, Ecuador as a basis for an independent project. I got credit for this to finish the major requirements for Women's Studies, working with Prof. Cromer. My mentor helped me figure out and develop a research project before I traveled there based on what my interests were. In particular, I was interested in examining whether race would be a variable in health care delivery to patients at this hospital. It was a low income hospital, with a mix of races. My research was aimed at identifying the demographics of the patient population : of the patients I surveyed for my study, it turned out that 78% were Mestizo or an ethnic mixture of European Spanish with native indigenous, 12% were of African origin (Afro-Ecuadorian), 7% of mixed Mestizo and African descent and 3% native indigenous.

What I found out, though, was that race was *not* a significant variable in health care delivery. It was really class that turned out to be a determining factor in the quality of patient care. The hospital was divided into 3 levels. There was a "pensioned" level for those that could pay for better treatment, a semi-pensioned level, and a general subsidized level where patients were paying \$80 for a delivery, and ~\$150 for a Caesarean. During my stay, I was in the general subsidized level patient area. When I interviewed midwives and doctors, who worked on other levels too, one midwife said to me directly: "There is a difference in treatment. When I work upstairs, you must treat the patient better because they pay for it." From my observations, although the medical treatment regimens and procedures were the same, and the medical care was consistently excellent...what wasn't the same was the patient treatment, the way the medical staff interacted with patients.

Was it difficult for you to collect data for this type of research project?

Prof. Cromer helped me so much. She's a wonderful mentor. Before I went, we would meet every week and talk about my project, what I was going to be looking for, etc.. I had a plan in place to interview midwives, doctors there. I made an interview protocol for them. Once I was in Ecuador, I connected also with one of the doctors at the high risk delivery areas, Dr. Peter Chedraui . He helped me work on developing the interview protocol for the patients. I would also email Prof. Cromer from Ecuador and get her advice about the interviews and what to do. I stored everything I needed for my project in a book. When I would go to the recovery room to interview a patient, I had my book with me. Starting with patient 1, I would ask all the questions that I had in my protocol. Then next, patient 2... in the two weeks I spent conducting interviews/surveys, I spoke with 41 patients!

What was the most surprising result you found?

I was there when the patients were delivering and I saw for myself what the treatment was. I anticipated that the patients would tell me honestly how they felt. I thought what they said would coincide with what I was seeing. But instead, a lot of patients responded : "everything was ok, there wasn't anything that could be improved." Only a few patients told me, for example: "when I had to go to the bathroom or change beds, I had to do it on my own. Nobody helped me.... I wish I could have had somebody with me during the labor. ...I really wish the hospital gave more feminine pads. ..." And that was a surprise to me. My real purpose for this project, besides the academics and getting the credit for my major was really to make a change for them. I thought the patients would take advantage of having the chance to speak. But I came to realize that patients there aren't really used to being asked the types of questions I was asking. Many had primary education only. Most were not used to being asked for their suggestions or opinions. They didn't want to get into trouble or appear to be complaining.

Do you think that the implications of your research –for ex., that there is a need for more patient-centered communication--will reach those who can make changes?

That's what my hopes are. The hospital is rebuilding and plans are already in place to make it bigger, and better. They deliver close to 30,000 babies a year now. They are trying to make improvements. I'm hoping that they'll consider this project, and improve not only the medical aspect but also the treatment of their patients. ...What I hope to see as an outcome from my project would be for the hospital to make improvements in patient care...and realizing the need and value of practicing a patient-centered care model—empowering the patient, giving them the right to have a say in their health care, making the patient a decision maker in their care. From the experiences I had there, and what I saw, the patients weren't really asked, they were told. They weren't given explanations about what was happening to them. The most dramatic example of this that I witnessed involved a patient who had an ectopic pregnancy and needed surgery. She had not been educated on the potential implications of her surgery...

What perspective did you gain from this experience?

Having worked in a third world health care setting. . . I could see that the implications of class not only on healthcare but on having your voice be heard. I've seen so much already. And realizing that I can actually make a difference for a patient—particular experiences I had that summer —motivates me and shapes what I can do now as a nursing student. When I'm at Stony Brook hospital, and I see immigrant patients here... I try to really make a difference in the care they receive. I make sure they understand what's going on. I make it my priority to explain and to empower them through education and making sure that all their questions are answered.

Just last week I had a teaching project to do as part of my clinical. My assignment was to teach breast-feeding. But my patient was Spanish-speaking only. I had prepared a brochure . . . but she wasn't going to be able to read it. So I went back and translated the entire brochure and lead the teaching session in Spanish so that the patient could have the information. Some patients, like her, can barely read and write. They have to fill out all legal forms to get the birth certificate, forms for Medicaid, things like that... from that, plus various other experiences I've had, I realize I really love working with underprivileged patients, working with immigrants... each time I am able to even do something so simple as translating I know that I have made a difference. I realized that I'm drawn to those patients who need the most help. Sometimes, I was the only Spanish speaking volunteer around.

Were you always drawn to nursing?

I always was so fascinated by pregnancy and fetal development--in high school, even elementary school. When I came to college, what drew me as a career path most was nursing because I wanted to be a nurse midwife. I wanted to do a double major, I chose women's studies so I'd could better understand my patients if I was to become a nurse midwife. Now at my second year in nursing school, I know that I could not have chosen a more wonderful and rewarding career.

You mentioned a women's studies class that had a significant impact on you. Did it involve out of the classroom experiences too?

The course was Womens Studies 401, Maternal & Fetal medicine with Dr. Ogburn. He's an OB/GYN at Stony Brook Hospital. He oversees the course, which is taught by undergraduate TAs to a group of ~12 students. Part of the class is going to labor & delivery at the hospital. You get to see a birth and a C-section. You can see as many as you want. When I was in the class, I saw 7 or 8. I was there all the time.

What are your long term goals?

Eventually I will go for a doctorate in nursing practice (DNP). In the more immediate future, after a few years of nursing experience, I would like to become a pediatric nurse practitioner and then also a certified nurse midwife. I did an internship at Lenox Hill hospital this past summer where I worked in the neonatal intensive care unit ... and I loved it! I absolutely loved it! Now, in my nursing clinicals this semester, I've rotated through pediatrics and I've found my new passion: I want to be a pediatrics nurse for my first job. It is a true blessing to work with children!

It's great that you've had the opportunity to experience a variety of internships and experiences.

Working at Lenox Hill was certainly much different from my experience in Ecuador. Although, I didn't encounter many patients of low income at Lenox Hill, it was a great learning experience ... I feel much more confident now when I am working with patients during clinicals. I had a wonderful time! Patient treatment was a priority. The nurses that precepted me were "super nurses" as I like to call them. They taught me the patient-centered approach--how to go beyond looking at the patient's list of medical problems, how to educate and give emotional support to the patient and to the patient's family.

So what's next for you, with regards to your research?

Several of my nursing professors are midwives and specialists in women's health. I've shared my research experience with them and they are encouraging me to publish the work. It can't be the 40 page paper I handed in to Prof. Cromer for my women's studies project but a shorter version. They have offered to help me through the process of condensing what I did for my independent research project into a nursing journal article. My goal is to publish the study and then send the article to the director of the hospital in Ecuador

Last April you presented at the URECA Celebration. Was that the first time you formally presented your research?

I presented it again this past summer, when I showed my poster at a lunchtime session at Lenox Hill Hospital. But yes, the URECA Celebration — that was the first time I presented and I loved it! I had gone to URECA's Celebrations before. I always said I want to present here one day. . Since my first year in college I wanted to do a research project and am so happy I did! Everyone who stopped by was so interested in the topic and excited to see the pictures, the videos. My purpose for the research was to expose the realities of third world healthcare. And I think people were able to capture that message. They saw how excited I was, that my goal was to give a voice to the patients. Nobody there had ever really looked at this area—only at the patients, what their wants and needs are. This project allowed me to focus on just that. Dean Stein, Sister Margaret, a lot of faculty, my academic advisors from EOP, they all came by. A lot of my friends came by as well. It was wonderful to be able to share this experience with them. It's so valuable for people to see how different health care is in third world countries and how fortunate we really are.

What was the hardest thing about doing your project?

Writing the paper— getting all of this together. Getting all that information on a spread sheet and making sure I had no errors , going through the interviews with the doctors and midwives... going through existing literature ...and then, really just compiling it into a paper. When I was in Ecuador, I remember saying to myself: how am I going to do this? I had so much information and had to find the best way of organizing it. Thankfully, with the help of Prof. Cromer, my paper turned out great.

What advice would you give to other students?

Quite honestly (and I've told many of the younger EOP students and my classmates too!), it's really not as hard as it seems. Things can be done. That's really my advice: things can be done, there is a way. Many students get overwhelmed with the idea of research. They feel it seems impossible to reach professors, find a topic, etc... But it really takes wanting to do it and most importantly having a purpose for it. In my case, I knew what my purpose was. And it all came together. I knew that completing this project would be rewarding and worthwhile. You can't allow yourself to be discouraged by the idea that this is too much for you to do. You have all the tools you need right at your fingertips. I had my professors' support at Stony Brook. Everything you need is here. You just have to be attentive, look for things...don't stay behind, don't feel overwhelmed. It's really up to you!