Valentina Podrez of Washougal checks an IV at Providence Portland Medical Center.

Immigrant nurse takes care

Program allows Belarus native to quit making artificial flowers, return to nursing

By TOM VOYNT
Columbian staff writer

Valentina Podrez is an experienced nurse who is an important health care provider for her community.

Podrez was making bouquets out of plastic flowers.

Now she is on track to return to her original profession, thanks to a Northwest program that helps immigrant nurses earn their credentials in this country.

The Washougal woman is part of the Workforce Improvement with International Nurses, or WIN, program.

"I worked as a nurse 13 years ago," Podrez, a native of the former Soviet Union republic of Belarus, said. "I moved to a small town, and I couldn't work as a doctor."

Then she and her husband, Vladimir, came to the U.S.

"We wanted our children to have a better life. We were persecuted because we're Christians," she said in the living room of her Washougal home.

"When we moved, my biggest concern was that I was not going to be a nurse anymore," Podrez said. "I decided to live a different life."

It meant a job in the Portland area that was well below her skill set.

"I was working in Tukwila, earning $5.50 an hour making artificial flowers," Podrez said. "We were so happy to be able to pay the bills and have a little money to buy a telephone."

"The next month, we bought a microwave," she said.

She eventually heard about the program for immigrant nurses.

It's a familiar story, says Judy Anderson, the program director.

Did you know?

Nurses from 12 countries have graduated from the Workforce Improvement with Immigrant Nurses (WIN) program.

Call 503-486-4012 for more information or to go to http://wocn.org.

WINU students must overcome cultural hurdles

By TOM VOYNT
Columbian staff writer

A pause is a pause and a fever is a fever everywhere on Earth.

But when nurses from other countries get their credentials updated here, not everything translates into American health care practice.

"There are some individual differences," said Judy Anderson, director of the Workforce Improvement with Immigrant Nurses program.

In some countries, "Doctors direct the care. Questioning a doctor is out of the realm of their experience," she said.

"When they start classes, they're given stethoscopes," Anderson said. "For nurses who only used stethoscopes to take blood pressure, their reaction is, 'Now you want us to listen to the heart?'"

"Some places and some languages have conditions we don't have," said Dawn Deitz, associate professor of nursing at Washington State University Vancouver, a partner in the WIN program.

WINU resident Valentina Podrez checks patient Dorothy Bryant of Vancouver at Providence Portland Medical Center. Registered nurse Natasha Tokar, who is mentoring Podrez, observes.
Nurse:

From Page C1

“We help nurses who are educated in another country and living here permanently,” said Anderson, whose office is at a Clackamas Community College campus in Milwaukie, Ore. “They get licensed and brought up to standards in U.S. nursing.”

Washington State University Vancouver is a partner in the program, and Clark College recently joined the program through a grant from the Northwest Health Foundation, which funds WWIN.

Anderson said, the program costs more than $7,000, and students are eligible for scholarships, loans and grants.

“The vast majority couldn’t afford it without help,” she said.

They are good nurses, with good instincts. But they have to be open to the challenges of new expectations,” Anderson said, because the job may entail more than they were accustomed to.

“It requires a high level of English, which is set by the state board of nursing. It’s a safety issue; you can’t misinterpret something a physician or a patient says,” Anderson said.

There is a flip side to the language issue: Bilingual nurses are valuable resources in hospitals that treat patients who’ve come here from all over the world.

The program has helped many students make an economic turnaround.

“We’ve had to get them gas money or help with their utility bill,” Anderson said. “And a couple of years later, they’re buying a house.”

“They are good nurses, with good instincts. But they have to be open to the challenges of new expectations.”

Judy Anderson
Program director of Workforce Improvement with international Nurses program

“It would have been her third program. She found about WWIN, and now she is a charge nurse at Kaiser,” Anderson said.

WSU Vancouver provides a higher-ed option for the nursing students. They can obtain a bachelor’s degree at the Vancouver campus, and WSU Vancouver also provides a path for nurses considering a teaching career.

“There is a huge need for faculty,” said Dawn Doutrich, associate professor of nursing at WSU Vancouver.

So far, Southwest Washington students get their nursing licenses in Oregon first. They can apply for a licensure transfer to Washington, Anderson said.

That’s another reason program officials are looking forward to getting Clark College fully involved.

“We want to come under Clark’s auspices” for licensing, Anderson said.

“We are excited to serve as the first expansion site for this important program,” Bob Knight, Clark College president, said in a news release. “Our nursing program is nationally recognized for the quality of education that we provide and the positive impact of our graduates on health care in our region. We are facing a long-term nursing shortage with a special need for bilingual nurses. The WIIN program is an important step in meeting that need, and we are proud to be a partner.”

Podrez, the Washougal nurse, still has some work to do before she can reenter the profession. She needs to put in 160 unpaid hours of clinical experience, under the supervision of a registered nurse, at Providence Portland Medical Center.

“If the assessment is successful, the state board can grant full licensure, and she can apply for licensure in Washington,” Anderson said.

Podrez feels prepared for the challenge, thanks to her instructors.

“I thought I’d forgotten it all. When I started, it came back,” Podrez said. “They lead us step by step. I felt like a chick with mother hen.”
Nurses from some Latin American countries are familiar with patients suffering from a condition called “sisto.”

“It’s a folk illness taken for granted in some countries,” Doutrich said. “It’s a fright sickness with strong psychological overtones.”

End-of-life issues can represent another cultural difference.

“In many countries, a patient is not told a diagnosis if it is negative,” Anderson said. “It’s counter to their culture to tell someone he is dying.”

Even for people in no immediate danger of death, something like an advance directive — a legal document defining a person’s end-of-life wishes — can be touchy.

“We got forms for the students, and asked them to go through them at home,” Anderson said. “They came back to the next class and said, ‘Judy, don’t ever ask us to do that again.’”

Anderson said one student told her, “My father said, ‘Are you trying to make me die?’”