

Final Report

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This is my workspace at the university, where I do a lot of reading, writing and brainstorming.



As I have previously mentioned, I have been working in the simulation lab and I have been getting to know some of the Nursing School faculty and students. One wonderful person that I met is Devi, a nurse from South Africa with a background in Critical Care and currently is a faculty member working on her PhD at York. Devi invited me to come to one of her Collaborative Learning Group (CLG) meetings where she has a group of nursing students that frequently come together to discuss what they are learning, their upcoming assignments, their clinical experiences as well as an assigned topic with readings related to the topic for that day's meeting. First, I think that this is a really great way to have an established support system through nursing school. Without my amazing friends/roommates who are also nurses, I am not sure where I would be today. I can appreciate how York already has a built-in circle of nurses that you can go to for help and advice throughout your entire time as a student (the group never changes). This group of nurses, in particular, I found very open and honest with one another. They wanted to learn about each other's backgrounds and struggles and even if they did not have the same experiences together, they still respected where everyone in the group was coming from. They had a lot of questions for me about America and Penn's nursing program as well as the US healthcare system. We also read a few articles about stress and 'nurse burnout' to discuss those topics for the day's meeting. I think people made some interesting points about the fine line between taking on your patient's pain, feeling too much empathy and being so closed off that losing a patient doesn't faze you. Both are signs of or can lead to burnout. Another thing one of the students mentioned was that when she was taking care of an elderly male patient, she thought about how close she is to her grandfather and how

she is taking care of another person's grandparent and how she would want her own grandfather to be treated with compassion and respect.



Another experience I was fortunate enough to have was called the LiveX simulation. Local emergency hospital staff were all involved in planning and executing a huge production where there was a simulated terrorist attack and people volunteered to be different casualties. This way, the staff and providers could practice working under pressure with complex situations and a large volume of people to care for. I was able to go and watch and also play a woman who had a shoulder dislocation. They had special effects people apply makeup so that I looked like someone with a dislocated shoulder. It was super well-organized and a great opportunity for the local emergency hospital workers to learn.



This is another photo from LiveX of me and Megan, a friend I made in the simulation lab, who kindly invited me to come to LiveX.

Humanitarian experiences

I have recently visited a refugee center in Newcastle. This was a great opportunity for me to see first-hand what happens behind the scenes with refugee services. I really wanted to keep an open mind when I visited because I have never experienced anything like this before. I want to first mention my other efforts to get involved with the refugee action groups to provide you with the very little background that I had before going to Newcastle.



This is a church that I came across while walking through the city of Newcastle.

First, I reached out to the chair of STAR (Student Action for Refugees) at the University of York and he agreed to meet up with me and provide me with a bit more information on what exactly they do and how to get involved. Unfortunately, the academic year had gone into finals mode around the same time as my arrival and STAR's work had been winding down quite a bit. The chair explained to me that there are minimal volunteer opportunities at York and that the STAR students mainly focused (among other activities) on spreading awareness and fundraising for the Equal Access Scholarship for students that are asylum-seeking to have the opportunity to attend York. He was nice enough to connect me with one of the amazing students,

Maryam, who is involved with STAR and a recipient of the Equal Access Scholarship.

I met with Maryam and learned quite a bit from her but my biggest takeaway was how open she was to all of my questions and her enthusiasm for spreading awareness of the truth about asylum. She described to me the entire UK asylum process and her personal experiences with the system. Maryam defined and clarified terms such as refugee and asylum seeker. More specifically, a refugee is a person who is seeking protection in another country out of fear of persecution for any variety of reasons. An asylum seeker is a person who has made an application for protection and is awaiting a decision as to whether or not they will be recognized and granted a certain status in the country where they have sought protection. To be entirely honest, I am glad she was so patient with me and was so clear about everything because it allowed me to finally have an accurate picture in my head of how everything works. After all of the explanations were sorted, we really entered into a candid discussion about issues within the system and stigmas that are tied to refugees. Something that we discussed in depth was the lack of opportunities for education or employment after exhausting all of the public schooling, when there is a desire from a lot of refugees to become a part of the workforce and contribute to society in an active way. The scholarship really is an amazing way to provide more opportunities and has proven to have very positive effects, it is unfortunate that not every university in the UK offers it. This is why the fundraising is such a core component and has so many benefits to so many young people that simply want to learn. The need is in the resources to make the expansion of the Equal Access Scholarship possible. Without Maryam having this opportunity at York, I would not have learned as much about the asylum process or be able to help her spread awareness.

Another topic that we discussed, which heavily connects to the refugee center in Newcastle, is

that from her experiences, there is a general lack of coordination, structure and support for asylum seekers through this process. Maryam described her family's individual needs through the asylum process and afterwards, I said, "What that role sounds like is a social worker, do you agree?" and she did entirely. This takes us to the refugee center. As I said before, I really did not know what to expect. Yet, when I arrived, it felt like an office of social workers that had a particular focus on supporting and working with refugees. When I began to talk to the Director of the center, he explained that their role largely involves advocating for each refugee or asylum seeker to maximize their rights and make them aware of what they are actually entitled to. You may think that this is something these refugees and asylum seekers already know, but it's actually far from that. It is sad to say but the system (I can only speak from my basic knowledge and exposure that I have had over the past few weeks) in the UK is designed to work against them and deter them from seeking refuge here.

According to one social worker at the center, with the added factor of Brexit, the system will just continue to get more difficult. An example of this is the imbalance of knowledge and understanding of the decisions regarding asylum being granted or rejected between the people making the decision and those that have to interpret it. As you seek asylum, you are granted a public lawyer, who frequently has too many cases to juggle and when your decision is made, your lawyer will attempt to interpret that decision and see if there is any material to work with to make an appeal. However, there have been cases where lawyers do not fully understand the terminology of the decision or do not have enough time to file the appeal and the rejection is final. If the rejection becomes final, immediately, the refugee has to leave the country unless they can prove that they are so ill that they cannot get on an airplane. That is the only exception. The asylum process is long and complex and the people that work at refugee centers like these try to facilitate as much as they can to minimize the stress of this experience. This is where I see everything linking together. It is not that the needs of families such as Maryam's are not being addressed. It is simply the fact that there are not enough resources to go around. This may seem a tad political, but charities and donations go with the most appealing agenda and right now, refugees are not 'in'. What we really need is more fundraising and more awareness being spread, so that people really see the bigger picture, as Maryam patiently explained to me. I think that by increasing the awareness about this population, people will realize that the refugee population is incredibly diverse. You can be a refugee and come from any country or practice any religion. There is a current stigma and generalization about the refugee community and I think it is unfair to assume anything when, really, we may just not understand. An example of this is that if you are a single person (you arrived without any family) as a refugee or asylum seeker, you are likely to be placed in a shared bedroom with other individuals. Now, if this is obviously the best option or the only available option, you have to take what is given to you. But my question is, when the people who are creating these housing assignments, do they look and see if these people are from conflicting backgrounds (cultural, ethnic or religious)? The assumption that each refugee has the same values, beliefs and lifestyle choices is misleading and can lead to unwarranted hostility. Especially since, from what I have seen, there is a large amount of people within this community that want to integrate into society but do not have the chance or the means for whatever that reason may be.



This is where I sat after my time in the refugee center, I wrote out my initial thoughts and brainstormed.

As a nursing student with an interest in humanitarian affairs, it is hard to sit by and watch people whose basic rights have been threatened both by governments and other people at home and in the country or countries to which they travel seeking relief and protection. This can be because they are unaware of what they are legally entitled to or that there simply aren't enough resources to support them and anything in between. I really enjoyed my time at the refugee center in Newcastle. I learned a lot and I realized that what these people are doing for the refugee population is nothing super extreme or complex. They try and relieve some of the burden from people in vulnerable situations, which does not take much. Yet, they were

incredibly busy while I was visiting. Why? Because we are currently in a global crisis where too many people feel unsafe in their own homes. We do not have enough resources to meet the needs of all of these people but there is something we can all do to make an impact. We can educate ourselves, we can ask questions rather than make assumptions, we can keep an open mind. By doing so, our knowledge and enlightenment will propel change and inspire people to choose to shift the priorities of charities and other organizations towards refugee action.

I think before I can work with this population in a clinical or humanitarian setting, I needed to gain a better understanding of their current situation. With that, I have learned that (especially in the UK) there are not a lot of refugee clinics nor is there a major health crisis for refugees. They are covered under most of the NHS (the British National Health System) and merely need education regarding how to best navigate this system.

Nursing experiences

Last week, I shadowed a really dynamic nurse who works on the outreach team at York hospital. The outreach team is basically a group of experienced nurses, referred to as "Nurse Sisters" in the UK, go throughout the hospital and visit critically ill patients to discuss with them the next steps in their care. Often, they help advocate for the patient to have the best care possible or help with interventions that improve their outcomes so they do not have to go to the Intensive Care Unit. When they go to talk to patients, they can also assess their vital signs and mental status as well as talk to the patient's family. I really enjoyed seeing the variety of skills they utilize as an outreach nurse. The nurse that I shadowed did everything from

administering high flow humidified oxygen in a very critical and high pressure situation where a patient urgently needed more oxygen to simply sitting down and convincing a stubborn patient who was becoming dehydrated to drink a bottle of water. She did not mind doing basic skills because it was clear that she had a high level of knowledge and understanding that if the basic approach was best for the patient, there was no need to complicate things further. All in all, it was a really great shadowing experience.

One thing that jumped out to me was the amount of discussion about 'ceilings of care' and maintaining certain comfort measures as patients move into more critical conditions. Family often played a role in the discussion because some patients did not have an appropriate mental status to make decisions about end of life. A constant dilemma that these family members faced is the desire to keep their loved one alive while also respecting their dignity and quality of life. Last week, Janaka and I finished our draft of the journal article that we have been working on for quite some time now. Part of what we explored while writing and discussed in the article is the concept that death, dying and illness aren't always curable. Currently, with our advanced levels of care, it is so easy to have the mindset that everything needs to be cured. Furthermore, every abnormality or challenge in our life has to be fixed and go away. However, we found a different approach in our article which is that the human life cycle is natural and death and illness are both a part of that natural process. With that, we need to accept that there are certain things that we cannot control and give ourselves some credit, we can handle more than we think. Death is always horrible and tragic but I think at a certain point we lose sight of what really matters when patients are so ill. The quality of their life and their dignity matters. Though we may have the interventions and these advanced levels of care, does not always mean that they are the best answer or even in the patient's best interest. As I witnessed in my shadowing, the conversation convincing a dehydrated patient why she needs to drink a bottle of water within the next hour made a big difference, even though it may not involve a high-tech solution.

I really have appreciated the opportunity to shadow at York Hospital, especially in the critical care setting. It was very interesting and informative. I think that some of the best parts about nursing school are the opportunities that we have to act as 'apprentices' and gain experiences through our clinical requirements and through shadowing. Especially as a new nursing student, it gives you an opportunity to make sure that this job is right for you. This has been one of my favorite parts of the past 6 weeks. Through this internship, I have been able to interact with incredible nursing faculty members and I have been able to tap into their wisdom and experiences. I feel that the shadowing and in-depth discussions I have had will shape my future practice and make me a better nurse. Though certain aspects of the nurse's role and the nursing curriculum can be varied between the US and the UK (from what I have learned over the past 7 weeks) and even more varied throughout the world; what makes nursing so special is that globally, we still have the same interest and intention at heart. We may follow different protocols, practice in different ways or function within an entirely different healthcare system, yet our goal is to improve the life of the patient and connect with them in the process.



Here I am with Ammy, a student from Thailand who shared the homestay with me in York

In addition to this shadowing experience, I have been fortunate enough to observe in the Intensive Care Unit at York Hospital and work alongside a great nurse while she cared for a very complex cardiac patient as well as observe another PhD candidate that I met at University named Cheryl. Cheryl has a really dynamic position as an advanced care practitioner and as the head Nurse Manager for a group of primary care facilities. Her role involves management and business decisions as well as working with patients in a primary care setting. It was wonderful to see another completely different side of nursing in the UK from the critical care I had previously been exposed to. Cheryl's communication techniques were so impressive to me, she was able to articulate her ideas so clearly, whether it was in a business meeting, a review of a nurse's first year of work or speaking about a potential condition with a patient in lay terms. I can appreciate learning about another perspective in the nursing field.



Some views of the English countryside

Networking in the humanitarian sector

During my final week of the internship at York, Janaka and I took a day-trip to Birmingham for a workshop to discuss the localization of aid in the humanitarian sector. For the sake of privacy, I

will not mention the humanitarian group who hosted this event. However, this group is ahead of the current localization trend in the grand scheme of things. They have positive relations with the local actors and communities in countries such as Nepal and Ethiopia. They have more non-EU and non-North American staff working in the field than many other international non-governmental organizations (INGOs). The purpose of this workshop was to further these accomplishments in a global setting via discussion about how to streamline this process and operationalize it within the entirety of the organization.

Through the course of the day it became clear that the best way for this organization to make this happen is through in-depth reflection and discussion about the values and principles that set them apart from other INGOs.



The views while traveling throughout England never fail to amaze me!

My assignment for the workshop was to develop a report to present to this organization with recommendations based on the key points that emerged from the presentations, speakers and discussion from the workshop. Here are the concepts that I took note of:

- 1 Leadership is vital to the field worker's skill set so that they can properly empower and facilitate the ownership of the work by the local and affected communities.
- 2 Training of every staff member (especially leadership) is imperative; however, training may happen through different methods for different people.
- 3 The current localization discourse is dominated by international actors who do not engage with people who adequately represent these local peoples.
- 4 The concept of localization should be understood in local realities and contexts.
- 5 Current agendas throughout the humanitarian sector are a mirror reflection of the donors and the 'mainstream' perspective.
- 6 Community-led reconstruction means no ex-patriot workers, not only focused on infrastructure, but rather an inclusion of socially marginalized groups into communities.
- 7 At a local level, vulnerability is identified by the international agencies, however, not according to the terms of the local community members.
- 8 Elements of vulnerability need to be examined in detail in a more local context.
- 9 Without strong local partnerships, the delivery of projects is not possible.
- 10 Localization needs a critical level of trust, communication and shared values.
- 11 Local responders engage with the crisis within a natural process rather than a pursuit of funding and resources.
- 12 There is a need for implicit accountability through trust.
- 13 Affected populations are always the first responders to the crisis and successfully manage to maintain a localized system.
- 14 The international agents need to interact with the local communities as equal partners when providing aid.
- 15 There ought to be a power dynamic that enables both the international and local actors to learn from one another, instead of there being one 'expert'.

This was a fantastic opportunity and I met some very interesting people throughout the day. Perhaps from these relationships I have established, there will be a potential humanitarian nursing role for me in the future! Who knows....