

Midterm report
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I was told by my summer advisor at the University of Pennsylvania to have absolutely zero expectations when going into this summer internship. This is something that is difficult for someone, like myself, who has a type-A personality and likes to plan out every step of any project I complete. However, after my first week of my Global Humanitarian Nursing Internship at the Department of Health Sciences of the University of York, I understand why this was the best advice I could have been given.

In the past seven days, I have met a large number of diverse individuals throughout campus. Some involved in humanitarian affairs, some in nursing, others interested in policy and international conflict resolution. By keeping such a blank slate and open mind, I have allowed myself to gauge the different perspectives of those I have met thus far. I was lucky enough to work with first year nursing students in the Simulation Lab at York where I understood their struggles and differences as students in the UK. My mentors, Professor Steven Ersser and Dr Janaka Jayawickrama have challenged my flexibility in the best way possible: by offering me a variety opportunities and connections based off of my dual interests in critical care and humanitarian work.

Janaka, who has shaken my perspective and little understanding of aid and provided me with a new basis of understanding the world that I can not only apply to future practice, but also to my personal life and beyond. He has over 25 years of experience in the humanitarian sector, yet claims that he knows nothing when he comes into each new humanitarian space. This amazes me because, obviously, he has a lot of knowledge and experience. But, everything he does is with humility. He starts every new project with the same blank slate that I had to bring myself to do for this internship. Assuming that you know nothing is the best way to gain knowledge and true understanding in a new situation. In humanitarian practice, approaching a community with the attitude that you have all of the answers to their problems is quite unproductive. Rather, getting to know the context of a situation and the culture of a community through their eyes will then help you to see the issues they might be facing and to work through those issues together. This can be applied to nursing as well. While there are many frameworks and pathways for each diagnosis that we may follow through our plan of care, each patient is going to have a different set of obstacles standing in their way. From my past clinical experiences, often, no two patients recover

the same way. Their psychosocial aspect of their life as well as their behavioral and lifestyle choices play a huge role in this process. I think that perhaps, keeping the pathways, frameworks, and care plans for their individual diagnosis in the back of my mind; approaching a new patient as if you know nothing and keeping it a level playing field will help you gain new knowledge about them as well as enable you to empower them through their recovery process.



Heslington Hall in York's Campus

Steve, who is a Professor in Clinical Nursing Research at York, has enthusiastically recruited me to aid in his research project on podoconiosis or “mossy foot” in Ethiopia. This is a great opportunity to approach my global health interests from another angle. Additionally, Steve has generously connected me to many leaders in the Department of Health Sciences and explained how each of these people have knowledge or experience in either critical care, emergency and unscheduled care, global health or humanitarian affairs. This will help me to see what others have done and inspire me to find my own balance between policy and practice.

This is only the beginning and I already feel I have learned so much. Currently, I feel as if I have multiple lenses to look at this experience. I have my past knowledge as a Penn Nursing student. I have a new humanitarian perspective that I have adopted through my discussions with Janaka. Additionally, I have the feeling of being an “outsider” since I have only been at York for a week and have not made any deep connections to the campus or students yet.



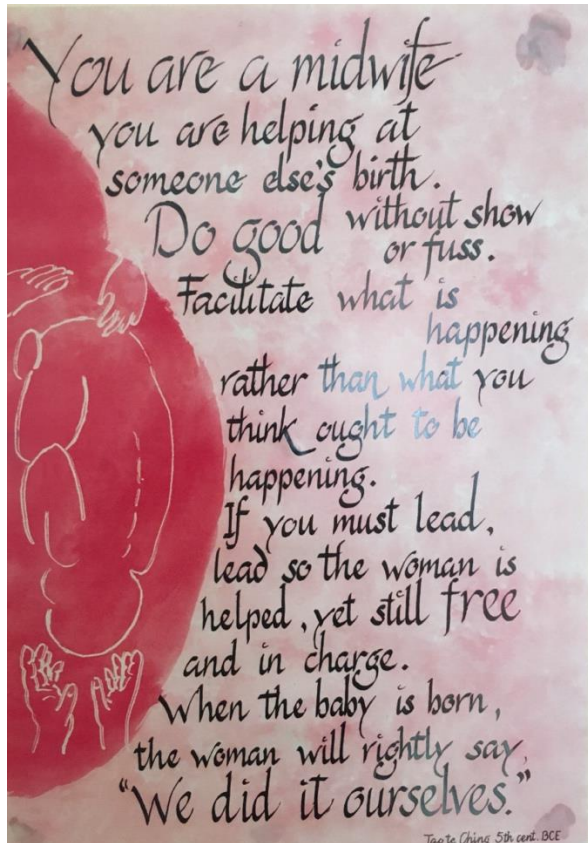
The bridge on campus that I cross each day to get to work

Finally, the integration into academia at this university has reignited my interest and passion for simply learning for the sake of learning through the Public Lectures I have attended on campus and the pages of readings I have had to dig deeply into in order to develop a strong basis of understanding of the humanitarian sector in order to move forward in my internship. What I am currently trying to navigate is how I am going to merge all of these perspectives together and really find my own understanding that truly resonates with my values. I look forward to learning more and adopting this individual 'lens' as well as seeing how these eight weeks will influence my future career.

My first few weeks of developing a basis of knowledge about the principles and issues within the humanitarian sector allowed me to begin working on my first project for this internship. This project involved consolidating past materials and examining the possibility of creating a resource package on Concepts of Care in the health sector. What does that mean exactly? Well, Janaka has developed different materials for various roles in the humanitarian world to provide them with a background of knowledge to streamline their approaches to working with and supporting others. The idea is to particularly aid the health professionals to interact with diverse communities and familial structures. This resource package is purely based on the idea that everything we do should be with the intention of being a caring and compassionate individual. It's as simple as that.

My job for the past few weeks, in addition to participating in the Simulation Lab, investigating York's interactions with refugees, meeting with different faculty and learning more about Steve's research projects; was to review the documents Janaka has presented to the BA (Hons) Midwifery Practice in the Department in the past as well as materials that emerged through Janaka's collaborations with caring professionals in various conflict and disaster-affected countries since 1999. This has been really interesting for me because it is the first step that I have taken in really working with the intersection between nursing and humanitarianism. Additionally, it happened to tie-in altogether this past Sunday

when I was fortunate enough to shadow an amazing midwife, Bev, for the entirety of her 13-hour shift on the York Hospital's Labor Ward.



This was a poster on the Labour Ward that really resonated with me

A major difference from the US is that nurses and midwives are two completely different occupations in the UK, both requiring a 3-year undergraduate degree. Midwives are considered highly respectable within the medical community. In the US, you are required to get your BSN in Nursing before moving forward for an advanced degree in Midwifery. Additionally, in the US, you have to meet clinical requirements in an array of nursing fields (OB/GYN, pediatrics, adult acute care, etc.) whereas in the UK, nursing students specialize after their first year and solely have clinical placements in that area of specialty.

I thought about my outline for the resource pack a lot during my time on the Labor Ward, I took pictures of signs that reflected the values I had been taking note of in the past week and I had some interesting conversations with Bev and her co-workers. Another difference that I was not aware of until that day, was that the midwife stays with her patient through the entire antepartum process and has control over the delivery until the baby is born. In the US, (according to my experiences on the Labor and Delivery floor in clinical at Pennsylvania Hospital), the nurse assigned to their patient and is there the whole time, but, they call in the advanced practitioner when the contractions reach a certain level of frequency and intensity. At that point, the advanced practitioner (either Obstetrician or Midwife) takes the lead, delivers the baby, ensures that the mother and baby are safe and then moves on to the next delivery. This fundamental difference in practice really resonated with me and my work with Concepts of Care because I feel the UK practice allows for more of an intimate relationship and continuity of care during such a life-changing and meaningful event. Though I did find that the US has more advanced

protocols, efficiency and higher standards for every healthcare worker to follow; the flexibility with the role of the midwife that I saw on Sunday, from leader to birthing assistant facilitated a more collaborative and humble environment.



Bev and I after our 13 hour shift had ended

During my shadowing, I witnessed and assisted Bev with a natural birth from start to finish. At one point, another midwife came in to help talk the mother through the delivery. She noticed that the woman was relying heavily on gas and air (a technique used in the UK as a comfort measure) rather than deep breathing techniques. The midwife had quite an assertive tone and said “Stop using the gas and air, listen to your body more” which really propelled the delivery process. While reflecting on the day, Bev, the other midwife and I discussed how midwives have a bossy reputation and moreover, how that was an advantage with that mother by instructing her to listen to what her body was telling her to do during the delivery. Later on, when that same mother and son were being discharged, the parents gave Bev and me huge hugs and it really felt like we had a special bond with them because we stuck by them and supported them through the entire delivery.



Another poster that I really liked on the Labour Ward

These specific details from shadowing confirm a lot of what I have in found my outline, which is quite exciting! It is evident to me that midwives are considered the woman's partner through the antepartum process, they make the mother feel more comfortable, need to cross a certain boundary to actively participate in the delivery process, they are flexible and adaptable as well as have an adequate balance between humility and power. These qualities are just a few highlighted in what can enhance the care and support methods of a health professional in Concepts of Care. The Concepts of Care package is a tool that health professionals can refer to and learn new techniques that will particularly aid them in interacting with diverse communities and familial structures. If you have a baseline set of principles of care, they can be applied to any patient. This is deeply rooted in the attributes of a midwife as I have recently learned in some cultures that a midwife will yell at her patients, but it's because she cares, much like the assertive midwife who assisted with our birth on Sunday. I am reminded of Janaka's basic philosophy that these resources are purely based on the idea that everything we do should be with the intention of being a caring and compassionate individual. Whether it is yelling or being bossy through the process, or simply being there, the underlying message is that you care.