

My Experiences As a Nursing Student in London

An Honors Thesis (Honors 499)

Special Project (Slide Presentation)

by

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April, 1991

Expected date of graduation: May 4, 1991

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OBJECTIVES

My objectives for attending this exchange trip and completing this project are:

1. To learn about England's health care system and culture.
2. To share the information about the culture and health care system in England.
3. To learn about and share with others the culture of many different countries in Europe.
4. To meet and interact with individuals from other cultures, much in line with the focus on intercultural experiences and diversity at Ball State University.
5. To complete and obtain credit for the Community Nursing course while in England.
6. To generate an interest in the exchange program from the community in general and especially the next group of students eligible to take the community nursing course overseas.
7. To fulfill my Honors 499 - thesis requirement.

INTRODUCTION

In order to share with others about my experiences, I will describe how I gathered and presented information about my exchange trip to London. First, I will describe the exchange program that I participated in. Then I will describe the contents of my slide presentation. I will also provide copies of most of the slides that I presented about England's health care system and explain the contents of each.

DESCRIPTION OF EXCHANGE PROGRAM

I participated in an exchange program during the Summer of 1990 that involved taking a Community Nursing course (NUR 411) in London, England through Ball State University. The program is set up on alternating Summers, so that on one Summer, American nursing students complete a course in London at the Polytechnic of the South Bank, and the next Summer, British nursing students complete a course in Muncie at Ball State University. During my five week stay in England and my twelve day tour around the rest of Europe, I took photographs on slide film of places, people, and activities that were informational, educational, and interesting. I took these slides with the intention of giving several presentations on my return home.

As part of our course work in London, we spent one day a week observing in the community (for four weeks). We spent each day with one of several types of British health care nurses. The four types of nurses that I observed are a district nurse, a health care nurse, a school nurse, and a midwife. We also visited many

hospitals and other health care facilities. I took photographs of as many of these visits as possible in order to show, on my return home, some of the ways that the British health care system was different from and similar to the American health care system. We had to meet other requirements for our course, such as two papers, a research presentation, a group aggregate project, and an exam.

Outside of the actual class work, long weekends were set aside for us to finish assignments and gave us the opportunity to enjoy many cultural experiences that were available in England and neighboring countries. I also took many slide photographs of our travels and experiences to show to others when I returned home.

DESCRIPTION OF SLIDE PRESENTATION

As I have stated, I prepared a slide presentation of the experiences and sights that I saw during my stay in England and my tour around the rest of Europe. I presented my slides at the 1990 Ball State - UniverCity and again to two separate groups of sophomore nursing students. These sophomores are at the beginning of the nursing curriculum and are the class who will be eligible to take the Community Nursing course in London during the summer of 1992.

I began my presentation with a brief introduction of myself and the exchange program, including information much like what is discussed in the beginning of this paper. I then proceeded to present slides with which I compared and contrasted some parts of the British health care system, facilities, and nursing responsibilities to the American system and responsibilities. I

followed this with slides containing highlights of many cultural experiences in England and the rest of Europe. I concluded my presentation with a question and answer period during which we discussed, in more detail, some of the requirements and restrictions of the course, estimated costs of the trip, and other highlights of the trip itself. I displayed and invited the groups to look at many informational pamphlets, books, and maps, several cultural keepsakes, and other items, including some foreign currency, that I had obtained during my stay in England and Europe.

I presented a total of seventy-nine slides which I separated into three divisions: 1) fifteen slides that show British health care facilities, British nurses in action, and Florence Nightingale's influence; 2) forty slides about the cultural visits taken while in the United Kingdom; and 3) twenty-four slides pointing out the highlights from my twelve day tour around the rest of Europe. By including slides that show both the health care system and cultural visits, I emphasized that there are multiple reasons to participate in an exchange program, two of which are the education and the cultural experience.

EXPLANATION OF SLIDES

In order to discuss the highlights that I pointed out about the British health care system, I have included the first fourteen slides that I presented and a narrative of each topic. These are most of the slides that involved actual nursing highlights.

Slide #1 (see Appendix 1-A) shows the front of Dulwich Hospital in London, England. This hospital is unique because

within these walls there is a new concept in British nursing under way. There is a Nursing Developmental Unit (NDU), a unit on which the nurses have more influence on patient care. They practice primary nursing (which is new and different for them) with some outpatient follow-up after discharge. The nurses actively encourage patients and relatives to be involved in planning and evaluating their own nursing care. One way they do this is by discussing the care plan with the patient at every "shift handover." The nurses on this unit are much more independent from the physicians and make some medical decisions without necessarily needing a doctor's order. As one might guess, this unit, and others like it, has been the center of much controversy.

Slide #2 (see Appendix 1-A) shows our British classroom with two of the ladies who coordinated the exchange from the London side. They are Barbara, on the left, and Julie, in the middle. Lois Nelson, the BSU instructor who traveled with us, stands on the far left.

Slide #3 (see Appendix 1-B) shows what a room in a private hospital in England might look like. This is actually taken in Trinity Hospice, but it is very much like the private hospital rooms. They have one or two beds in each room and are clean and well kept. The private hospitals in England were modeled after American hospitals, and one can tell that this room looks quite a bit like a typical hospital room in the United States.

Slide #4 (see Appendix 1-B) shows the structure of an average ward in a national health care hospital. This follows the same

type of design that Florence Nightingale developed in the 1850s and is very different from the private hospital rooms. The ward is open with rows of beds separated only by curtains that are pulled around a bed when needed. The walls are also lined with windows that are often open to admit light and fresh air. This is the men's side of a ward (not many men in the ward at this time). One problem with these open wards is that there is a high rate of nosocomial infections and cross-infecting patients.

Slide #5 (see Appendix 1-C) shows the women's side of the same ward. The patients voice an appreciation for the feeling of community and togetherness that these open wards offer. They state that they feel isolated when put in single or even double rooms. They like being able to see what is happening on the ward around them. At the end of both of the wards shown, there is a large, divided room with six beds that is used for patients that require some isolation, protection, or privacy.

Slide #6 (see Appendix 1-C) shows some actual patient care. This patient has just been brought to the ward from the surgical recovery room. Patients only stay in private rooms for a short time after surgery unless there is a need for isolation. There are several things to notice in this slide. The uniform that this nurse has on is the traditional look for the British nurses, and all hospitals provide their nurses with such uniforms. The color of stripes and the color of the belt designate the educational background and/or the level of experience of each nurse. Notice that she is holding a pin in her hand. This is a watch pin that

many nurses in England wear in place of a wrist watch. Notice, also, the lack of automation and technology - the blood pressure case, the IV pole, and the bed are some examples. The nationally run hospitals typically do not have the money to purchase expensive, automated, or technologically advanced equipment.

Slide #7 (see Appendix 1-D) was taken while I was working in the community with the district nurse. A district nurse works more with the physical needs of people in the community, and a health nurse helps more with the social needs of people in the community. This is a family from Bangladesh who lives in London. The nurse was visiting for a routine check on the infant pictured. Almost the entire family of seven slept in the bed in the photo, and the wallpaper is peeling off the walls because of excess moisture. As one might suppose, these are not the most safe and healthful living conditions for the family, especially the infant.

Slide #8 (see Appendix 1-D) shows a contrast in living conditions from the previous slide. Notice the color television set, the stereo, and the new chair and carpet. This is an active two year old boy who enjoyed the attention from the visitors. It is not uncommon to have such contrasting living conditions within a small area in London.

Slide #9 (see Appendix 1-E) shows Paul, a midwife, on a home visit. He is doing a routine exam on a woman and her three week old infant. Paul is a rarity in that he is one of approximately twelve male midwives in all of England.

Slide #10 (see Appendix 1-E) shows Paul weighing an infant.

He did this by pre-weighing a blanket, laying the infant on the blanket, hooking the four corners of the blanket to a fish scale, lifting the bundle, and reading the weight on the scale. This is the way infants were weighed in the United States approximately twenty years ago.

Slide #11 (see Appendix 1-F) shows Paul as he listens for a fetal heart rate during a pre-natal clinic check up. Notice the shape of his "fetal stethoscope." It is a wooden, trumpet-shaped instrument that conducts the heart sounds. After seeing this instrument, I described what a typical fetal stethoscope in the United States looked like. (A metal piece fits over the examiner's head with the diaphragm of the stethoscope positioned at the forehead with the tubing and the ear pieces extending from the metal piece.) Paul thought this sounded very strange and preferred to use his traditional instrument.

Slide #12 (see Appendix 1-F) shows an ambulance that stands ready for any mishaps. Notice the narrowness of the vehicle and the uniforms that these nurses are wearing. This is dramatically different from the everyday ambulances in the United States.

Slide #13 & #14 demonstrate the vast influence of Florence Nightingale. In slide # 13, (see Appendix 1-G) she is seen as a ship's figurehead.

In slide # 14, (see Appendix 1-G) local merchants benefit from Ms. Nightingale's popularity by naming their drinking establishment after her. As a side note, courage is a type of ale that the British drink.

SUMMARY

In summary, I will re-evaluate my objectives (as stated on page 1) and how I achieved them.

1. I certainly did learn a great deal about England's health care system. I was able to compare their socialist system to the United States' enterprising and capitalist system. I found this very interesting and educational.
2. I shared the information that I learned about England's culture and health care system through the three slide presentations and through casual conversation, showing my slides to friends and family, and sharing my experiences with others.
3. I also shared the experiences I had in Europe during the last part of my slide presentation and discussion of the cultures.
4. I was able to meet many interesting people and experience a taste of many cultures while I was in London. This was possible because I stayed in a lodge for foreign students who were attending the same college in London that I attended - the Polytechnic of the South Bank. Here, I met students, not only from England and Europe, but from all over the world. I also experienced many cultures during the twelve day tour of Europe. I found that one can learn more about a culture by meeting and discussing with people from that culture than by any other means.
5. During my stay in England, I completed all of the requirements and obtained credit for the Community Health Nursing course from Ball State University. I earned the letter grade of 'A'.

6. I think that my presentation allowed many people/students to see England and the nursing exchange program in a new light. There were many people who came to see the presentation during UniverCity 1990, and I presented to two classes of sophomore nursing students. All three groups seemed very attentive and interested in my slides and experiences. Some of the students were especially interested and asked many questions, and they seemed to be interested in participating in the program in 1992. All three question and answer sessions were very stimulating, and I answered all questions thoroughly and honestly. I truly think that there was a greater interest in the exchange program after my presentations.

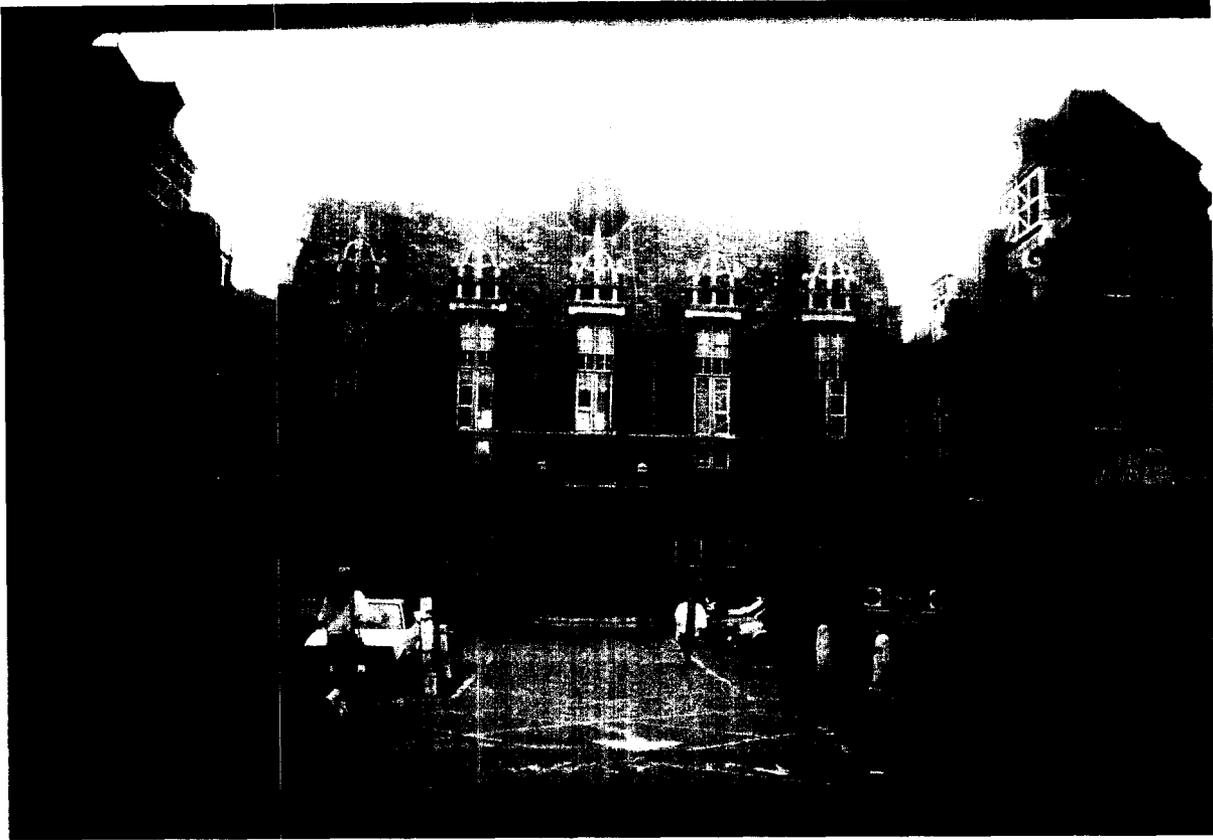
(NOTE:) In another attempt to generate a greater interest in the nursing exchange program, the nursing department at Ball State University will be creating a video tape about the program. The faculty will be using some of the slides from my presentations as well as some slides from other presentations. This video tape will be shown within the Ball State community and outside this community.

7. Through the completion of my presentations and completion of this paper, I will have met all of the requirements for the Honors Thesis - Special Project as specified to me by Dean of the Honors College - Dr. Arno Wittig.

APPENDIX 1

- 1-A. Slides 1 and 2
- 1-B. Slides 3 and 4
- 1-C. Slides 5 and 6
- 1-D. Slides 7 and 8
- 1-E. Sides 9 and 10
- 1-F. Slides 11 and 12
- 1-G. Slides 13 and 14

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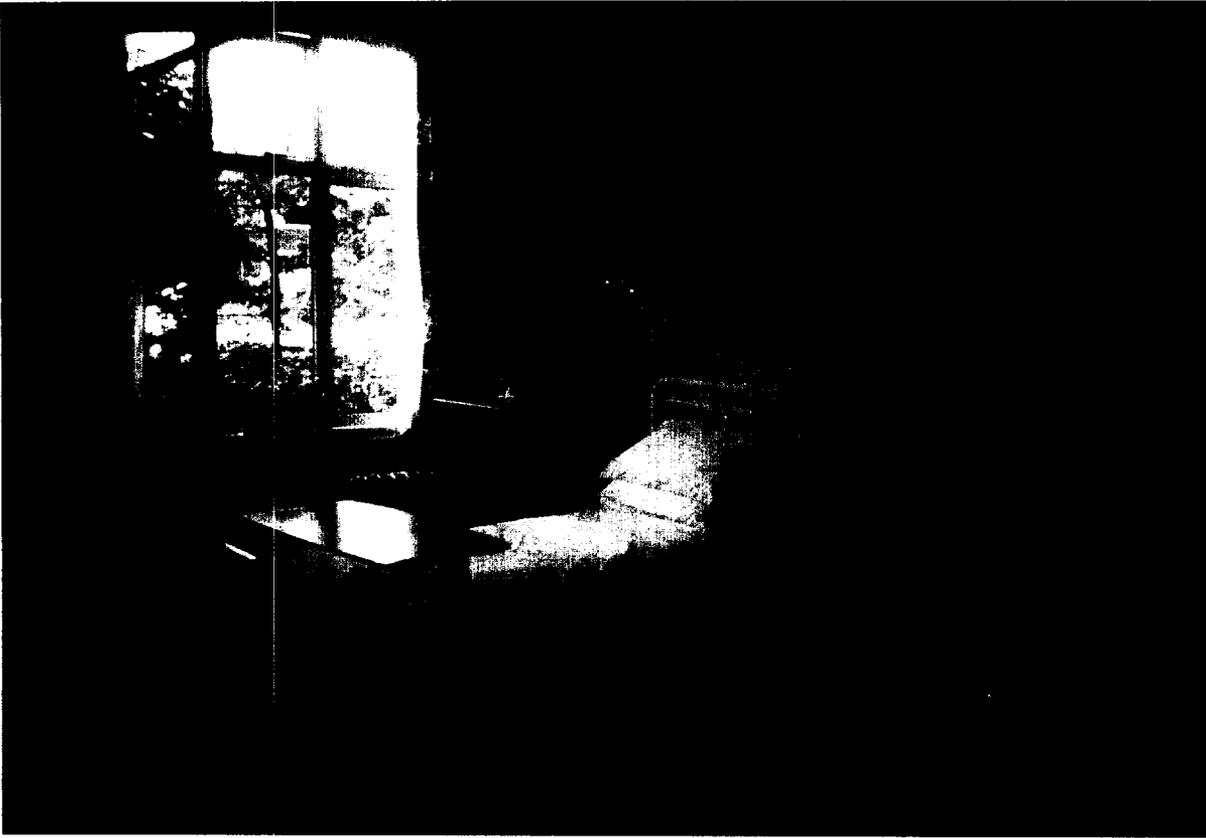


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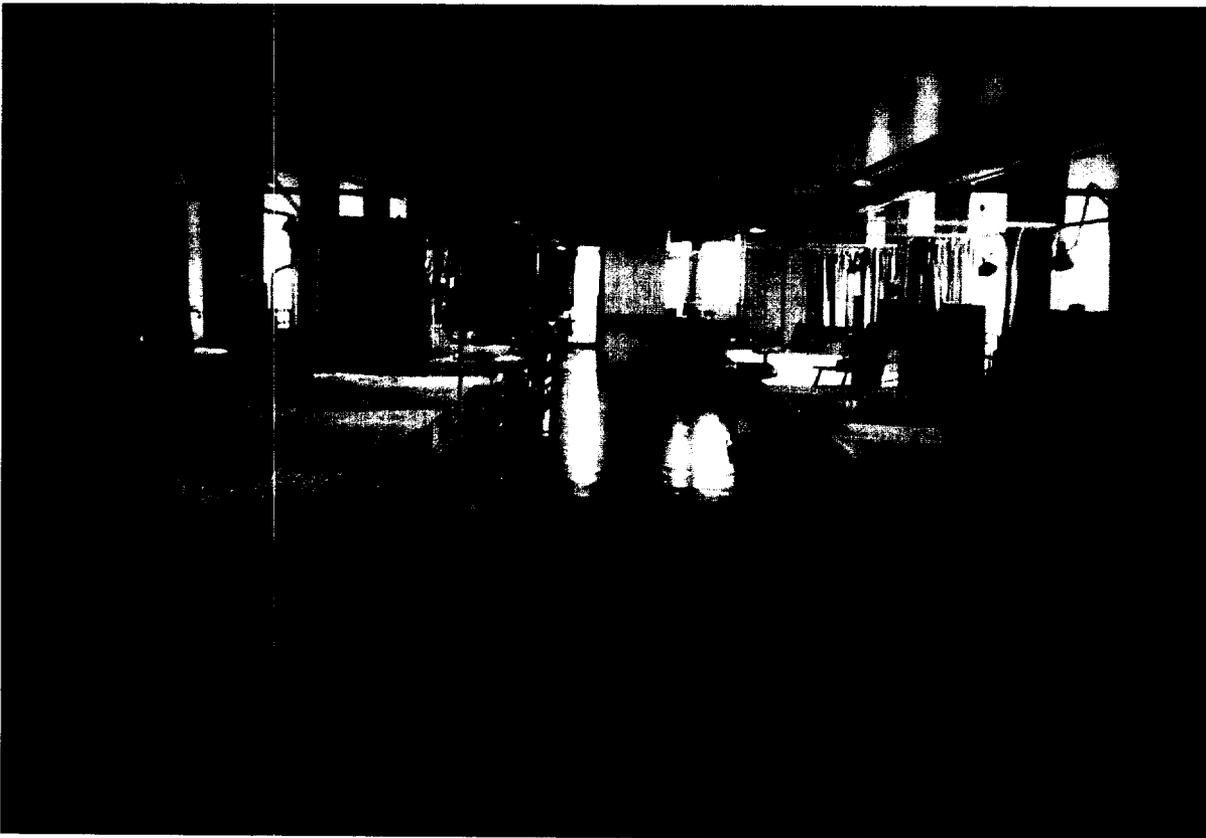


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1-B



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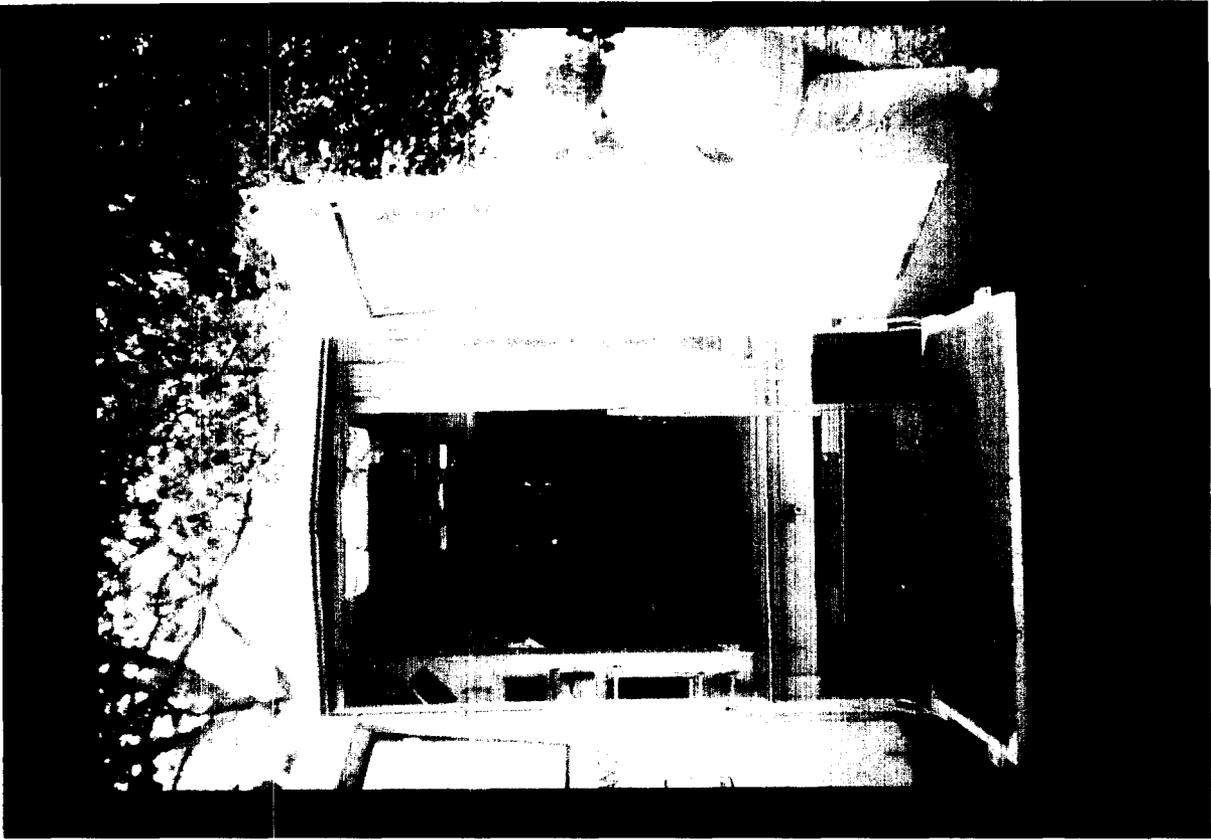
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