NEPAL 2014: Re-Entry Presentation

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6. Challenges
7. Highlights
8. What I learned that I couldn't have learnt in Southern Ontario
9. Main contributions to Dhulikhel Hospital
### Introduction to NEPAL

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<thead>
<tr>
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<th>NEPAL</th>
<th>CANADA</th>
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<tbody>
<tr>
<td>Population</td>
<td>27.8 million</td>
<td>35.1 million</td>
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<td>Area</td>
<td>147,181 km²</td>
<td>9,903,507 km²</td>
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<td>GDP</td>
<td>$19.29 billion (LIC)</td>
<td>$1.825 trillion (HIC)</td>
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<td>Life expectancy</td>
<td>67 years</td>
<td>81 years</td>
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- Land-locked country (India & China)
- 3 ecological zones: mountain, hill, terai
- 5 regions with 75 districts
- 6 major castes/ethnic groups
- Over 123 languages (official is Nepali)
- 2 major religions

(CIA, 2013; World Bank, 2013)
Clinical Setting: Dhulikhel Hospital

Beautiful mountains surrounding Dhulikhel

Community-based teaching hospital

(Dhulikhel Hospital, 2013)
Clinical Setting: Dhulikhel Hospital

Patient’s daughter feeding her

Nurses and I from the ER

Young boys at the playroom of Pediatrics

(Dhulikhel Hospital, 2013)
Clinical Setting: Dhulikhel Hospital

Multi-building hospital

(Dhulikhel Hospital, 2013)
Clinical Placement: Emergency Department

Left side of the Emergency Department

Medication cart

(Dhulikhel Hospital, 2013)
Clinical Placement: Emergency Department

Documentation cabinet

The ER family

ER staff working as a team

(Dhulikhel Hospital, 2013)
What motivated me

- Challenge myself personally and professionally
- Learn how culture (i.e. religion, values, traditions) influences health and illness
- Actively learn from a resource-constrained and rural healthcare setting
- Embrace and learn to appreciate a new way of life
- Speaking with previous students
Role as Canadian Nursing Student

- Provide comprehensive patient care to the best of my expertise
  - i.e. baseline vitals, IV therapy, O2 therapy, catheterization, ECGs, bloodwork, emergency procedures
- Provide initial assessment (hx. and PA) for women in labour and monitor them until admission to L&D
- Provide health teaching to patients and family
- Provide therapeutic and compassionate care

Ready to go and observe an ERCP
Learning Experiences

- Visiting several outreach centres in more rural villages
- Observe various special procedures (i.e. vasectomy, casting, dental extractions, deliveries)
- Trauma training with paramedics
- Learn about illnesses and disorders not common in Southern Ontario (i.e. conversion disorder, organophosphate poisoning)
- Becoming a member of the ER team

Casting the arm of a little girl
Visiting Outreach Centres

Ambulance/outreach jeep that transports staff and patients

Health teaching about birth control
Visiting Outreach Centres

Main entrance of Bolde Health Centre

Assessment room of Solambu Outreach Clinic
Challenges

- Language barrier
- Taking initiative for learning opportunities
- Seeing and caring for sick/dying children
- Overcoming differences in health services
- Feeling homesick
Highlights

* Learned about and participated in Nepali culture (i.e. language, food)
* Made lifetime relationships with staff and friends
* Overcame language barrier with therapeutic non-verbal communication
* Gained confidence & independence as a student nurse
* Personal growth

A visit to Min’s village
What I learned that I couldn’t have learnt in Southern Ontario

- Overcome language barrier and cultural differences from single-culture-dominated country
- Relationship between COPD and firewood stoves
- Differences in health care services of a resource-constrained hospital
- Impact of agriculture work on health
- Appreciation for basic needs (i.e. clean water, warm shelter, food, electricity)
Main contributions to Dhulikhel Hospital

- McMaster’s PBL-PBL teaching approach
- The importance of therapeutic communication and the nurse-client relationship
- The importance of privacy and confidentiality
- Critical judgement & evaluation (those TLNs finally paid off!)
- The importance of reflection


MY NEPALI ADVENTURE
welcome to nepal
Birth Place of Gautam Buddha, Lumbini
THANK YOU!

QUESTIONS?