

Transatlantic exchange programme between critical care nurses



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BACKGROUND TO PROGRAMME

Since 1998, the University Hospital Rotterdam has run an exchange programme for critical care nurses with the Strong Memorial Hospital in Rochester, New York, USA. In this programme, a group of nurses from both hospitals, who work in the adult, neonatal and paediatric intensive care units (ICUs), visit each other for one week every year.

The Dutch group visits Strong Memorial Hospital for a week at the beginning of October, while the Americans visit Holland in April as the spring bulbs are just starting to flower. In order to stimulate exchange in the broadest sense, nurses stay not in a hotel but with their colleagues at home. In principle, the Dutch nurses stay with the colleagues who will be staying with them the following April.

APPLICATION TO JOIN PROGRAMME

Nurses have to submit an application to their nurse manager to become part of the exchange programme. This application is accompanied by an essay in which the critical care nurse explains why this exchange programme is important for themselves, their ICU and their hospital. Each year, one nurse from each unit is allowed to take part in the programme.

EXCHANGE PROGRAMME SCHEDULE

The exchange programme has now been running for four years. The schedule for the week has been established as follows and is the same in both countries.



Erasmus MC University Hospital, Rotterdam, The Netherlands.

Monday

On Monday, the participants are introduced to the health care system in the country they are visiting. The introduction is given by a several different speakers who discuss different health care issues related to critical care. In the afternoon, the group is given a tour throughout the hospital, which includes visits to the different ICUs. This is often the first encounter of the visiting group with critical care nursing in the country being visited. Numerous questions are always asked. By the evening, the participants are ready to relax after their busy day with a social evening and dinner.

Tuesday

On their second day, the participants act as a shadow nurse with their host on the visiting ICUs. This gives them a good impression of how the work on the unit is organised and which aspects are different compared with their own unit. The Tuesday evening is spent quietly with the host nurse, as the participants are often exhausted after all the new impressions and information they have received during the day.

Wednesday

Wednesday is the day set aside for presentations. Each of the visiting nurses gives a slide presentation, using a Power Point program, on a topic that is relevant for them or their own ICU, in relation to critical care nursing. This aspect of the exchange programme is always the one most dreaded by the visiting nurses, particularly for the Dutch nurses who must give their presentation in English. Often, it is the first time the Dutch participants have given a presentation in front of other col-



Strong Memorial Hospital and its University at Rochester, NY, USA.



'The research cabin' in Letchworth Park, NY, USA.

leagues, never mind the fact that it also has to be done in English!

After the presentations, everybody is relieved that all has gone well and they are more than ready for some fun. Thus, the rest of the day is filled with shopping or being a tourist.

Thursday

'Research day' is Thursday. As there is an interval of 5–6 months between the exchange visits, the participants gather data during this period around a subject strongly related to nursing practice. The aim is to compare the gathered data between the two hospitals on the second visit in order to detect differences and commonalities. In the discussion, it is always interesting to hear the different arguments in relation to 'Why?'-type questions. So far, we have gathered data between the two hospitals about varying issues, such as interventions to prevent pressure ulcers and endotracheal suctioning. The research day is always held at a different, special location, away from the hospital, such as a cabin in a national park in the Rochester area or an 1,000-year-old castle in the Netherlands.

Friday

Friday is the last official day of the exchange programme and is known as the 'cultural day'. Participants and host nurses visit a cultural place and reflect on what they have experienced during the past week from a professional and personal point. In the



Critical care nurses from Rochester and Rotterdam 'Working Together – Achieving More' with the Finger Lakes in the background.



The Dutch critical care nurses visited the Niagara Falls at the end of the exchange.

evening, there is always a special farewell dinner, at which speeches and thank-you presents are given by hosts and participants to each other.

Saturday

On Saturday morning the entire group meets between 8 and 9 am at the entrance of the hospital being visited. The exchange programme is finished and everybody is leaving to go back home. Saying goodbye to someone who has hosted you for a week can be emotional, and shows that 'a nurse is a nurse wherever you are in the world'.

CONCLUSION

Looking back after four years of the exchange programme, we conclude that it is possible to start a professional exchange programme for critical care nurses in which nurses from two hospitals visit each other. It takes a commitment to start such a program. Communication therefore is a critical issue in the preparation of the week. Although the USA and the Netherlands are called western countries, a YES in The Netherlands is sometimes different compared to a YES in the USA. After each exchange, the visiting participants have said that the programme is a perfect mix in which personal, professional and social developments can be achieved. The plan for the future is to create exchange visits for longer periods, to do more research in the area of nursing practice and to extend the programme to nurses of other specialities.

Next year it is the fifth anniversary of the exchange program. One of the basic components of the program is the professional exchange between cultures. So far approximately 40 critical care nurses have participated in the program (20 from the Netherlands and 20 from the USA). It was thought after five years there should be a reunion in another country in which also critical care nurses participated of that country. Meeting halve way was difficult to decide were. As Iceland meets this criteria the most, June 2003 it is planned to celebrate our 5th anniversary there. It will be good to share our critical care practice with critical care nurses from again another country and discuss again the commonalties and the differences. Besides the professional issues there will lots of opportunities to have a look in an Icelandic critical care unit and to talk with Icelandic critical care nurses. As the meeting will take only a couple of days there will be lots of time left to see and explore some of the beautiful Icelandic nature. ■