



FLORENCE NETWORK

STUDENT BOARD NEWSLETTER

Newsletter VI

June 2014

“MAKING YOUR VOICE HEARD IN EUROPE”

LETTER FROM THE EDITOR

BY: KAROLINE HASLE EINANG

Hi, everybody!

On behalf of the student board I am proud to introduce the 6th Florence Network newsletter, and our first as a new student board. This newsletter is full of exiting reading, from information about the annual meeting in Ankara to travel-letter from a Erasmus-student! We would like to ask you to share this newsletter with the other students at your schools, so that we can be able to be “your voice in Europe”.

If any of you have either comment, complaints or compliments about the 22st annual meeting in Ankara, this newsletter or anything else you might

think of; please send them to us on our e-mail, fnstudentboard@gmail.com, so that we can learn from it, and apply it next time. Please join the group Florence Network – Student board on Facebook, where there will be more frequently updates about activities, information about what the board is up to, and it is a great arena for all of us to communicate with each other, and take internationalisation to a new level!

Best regards,
Karoline Hasle Einang,
Newsletter editor.

Contents:

The new studentboard.	2
The new president	4
The annual meeting, Ankara, Turkey (By Karoline Hasle Einang.)	5
Why are there so few male nurses? (By Thom Dercksen.)	7
Erasmus-life in Porto, Portugal (By: Johanne Pereira Ribeiro)	10
Negative pressure wound therapy in comparison to standard wound care on chronic wounds. (By Manuel Wiederkehr)	11
Bodywork of midwife-students (by: Sarah van Aken and Ines Neukom)	13

THE NEW STUDENTBOARD

BY: THE NEW STUDENTBOARD

In the annual meeting in Ankara, a new studentboard was elected. We just want you to see our faces, and learn a little about us, so that you all know who to contact, or ask about ANYTHIING.

We would really like to give the former studentboard a huge “thank you” for all the hard work you have done, it is with both scare and delight that we now take over.



The Florence Network Student Board, both new and old!

From the top left:: Ana Firme (Former boardmember, Portugal), Anton Gyllin (the new president, Sweden.), Ilona Bürklin (former boardmember, Switzerland), Madelén Snørteland (former boardmember, Norway), Florian van Garderen (new boardmember, The Netherlands.), Richard Krakowczyk (former president, The Netherlands), Ines Neukom (new boardmember, Switzerland), Sarah van Aken (new boardmember, Belgium) and Karoline Hasle Einang (new boardmember, Norway.)

THE NEW STUDENTBOARD

Sarah van Aken:

Let me short introduce myself, I'm Sarah Van Aken, a very motivated second year midwifery student at Ka-Ho Sint-Lieven Sint-Niklaas located in Belgium.



First of all, I want to thank all students for the election in Ankara! I will do my best to bring my unique part as a member of the student board. In the board I'm in the function

of the Academic Committee. I will be a good representative for all the students, with special attention for students midwifery. People often say that I'm a responsible and dynamic personality. I'm convinced that it's important to expand your world. Florence Network helps to build your skills as an intercultural nurse or midwife.

I'll be glad to see you next year in Copenhagen! It will be the third time I join the Florence Network with pleasure.

Dear students, I'm looking forward to answer any of your questions or concerns.

Ines Neukom:

Hi everyone!

I'm a 22 years old student midwife at the Zurich University of Applied Sciences, Switzerland. I take much pleasure in being elected as a member of the new student board – thank you at this point for your trust! I'm highly motivated to work in a multicultural team, to create new ideas and to invest my time in such a good thing as the Florence Network!

I'm often described as an open-minded, heartily and wellorganised

person. As I'm at the beginning of my studies I'll bring some continuity to

the student board. In the board I'm in the position of the vice president and I will do my best to support our president Anton wherever I can!

Furthermore as a prospective

midwife it's dear to my heart to be a good representative for all the student midwives of the student board!



Florian van Garderen:

Dearest readers I'd like to introduce myself through the next couple of lines. Currently I am a

second year nursing student at the The Hague University of Applied Sciences. I

will fulfill the spot within the studentboard as regards the visibility of the Florence Network for the upcoming two years. This will be a great opportunity to put some creativity into the group as well. Next to that I'd

like to put some critical and analistic aspects in the organization process. We are all different but I think we can complement each other (in a good way) within the group. Therefore I want to thank you again for electing/ putting us together as the studentboard we currently are!



Karoline Hasle Einang:

Hi! I am a first year nursing-student from Vestfold university college in Norway. As a totally new member I am touched by being elected for the student board; thank you so much! In the student board I am responsible for this newsletter, and it is a lot of fun to be able to communicate with all of you, and maybe most of all; reading all your wonderful articles and letters. Please send them to us, so that your article might be published in the next newsletter.



THE NEW PRESIDENT

BY: ANTON GYLLIN

My name is Anton Gyllin, a 21 year old nurse student at the Swedish Red Cross University College in Stockholm.

My vision today is that in the future, as fully trained nurse, work in a long-term perspective, focusing on the child and their family, where I can join and promote a positive health and also prevent illness. I want to contribute my skills and experience in an organization where I can develop together with committed colleagues.

I am often told I have a great deal of drive and commitment. An example of this is how I, as Vice President, at the Red Cross Institute of Student Union, works drivingly to improve and optimize the training for current, but above all, future students. I got the confidence by my fellow students at my university college and works closely with the teaching staff and management at the university.

I have a strong belief in improving and developing, so I will be happy to initiate changes. This I also why I applied to become President of the Student Board in the Florence Network. I

wanted to take my drive to an international level thus the international dialogue is something I strongly believe in.

The work we do in the Florence Network is affecting our future occupation as nurses and midwives. The importance of cooperation, being humble while doing so and ambitiousness are watchwords that well apply to me and that I always try to live up to.

Seeing myself as a trustworthy and respectful with ease to create new good relations makes me a good fit as President in this so important organization. I often receive appreciation for my positive attitude and have always been colorful in my view of the world.

I hope that I, together with my fellow board members, will make difference in the joining of European nurses and midwives students. We all have to be the change we wish to see in the world.



THE 22ND ANNUAL MEETING, ANKARA, TURKEY.

BY: KAROLINE HASLE EINANG, NORWAY.

If I would like an opportunity to go to Turkey? Get an opportunity to meet nursing- and midwifery-students from all around Europe? An opportunity to work with internationalisation, to learn from each other, and to build bridges of shared knowledge and experience? Who could say no to this?

I have to admit; I did not know a lot about the Florence Network prior to my departure for Ankara. I only knew it was an amazing opportunity that I had been smart enough to take. And it turned out it was even better! The welcome we got was as warm as the Turkish night, and I felt appreciated from the moment I stepped through the front door of the dormitory.

Through the week we experienced a lot of what Turkey have to offer; whirling Dervish show, music and dance therapy, different beautiful places in and around the city, and last but certainly not least; a lot of great conferences and workshops from talented lecturers from all across Europe! One of the things I found mostly interesting was visiting the Turgut Ozal university hospital, and see how hospitals in Turkey look like and function, seeing both the differences and the similarities to the hospitals in Norway.

As for us students, this was an amazing opportunity to make new friends, learn from each other, and share opinions and takes in both nursing and midwifery. I found it fascinating to hear about the differences in the education, working conditions and generally how the life of a nurse or a

midwife is in different countries. You can read about this, in the brochure we made together in our student-meetings*. We also got an impression of the different countries in the food-tasting-party, where all the students from the different countries brought traditional food and drink that was for everyone to taste. We also used our student-meetings for electing a new student board, and you can read about us, and our new president in this newsletter! This is an amazing opportunity and I wish again to thank you for your trust.



What a beautiful city. (Photo by Ana Firme.)

*You can find the brochure on the webpage and in the Facebook-page "Florence Network – student board".

THE 22ND ANNUAL MEETING, ANKARA, TURKEY.

BY: KAROLINE HASLE EINANG, NORWAY

The Florence Network and the annual meetings are a platform for dialog and exchange of lecturers, students and teachers. This years meeting focused on the international dialog: "The key to improve quality of nursing/midwifery education and care", which is one of the most important things we do as an international organisation. This makes Europe some way smaller; it makes the international dialog easier and more natural, because we are not divided as in where we are from – we are a community with the same goals; to improve the education and care. We might prefer different ways to get there, and that's why the discussions, sharing and the dialog is a powerful key.

I am looking forward to seeing some of you again in the Copenhagen-meeting next spring, and also new, excited nurse- and midwifery-students. Together we are the internationalisation, the dialog and the key to improved education and care.



The salt-lakes.



All dressed up for the gala-dinner that finished the annual meeting.
Wonderful people, wonderful food, and wonderful dancing!

WHY ARE THERE SO FEW MALE NURSES?

BY: THOM DERCKSEN, THE NETHERLANDS

So have you ever wondered, as a male nurse, why we are in the minority? From my own experience I can tell that I was really one of the few male students to start studying nursing. To be precise, I was one of twenty-five guys on a total of 365 students attending the first year, so only 7% of the students were male.

First, let's have a look at what the statistics say about how many men there are compared to women in nursing. In the United States of America, one of the biggest countries in the world, only 7% of the total of registered nurses are male (Stokowski, 2012). 10,6% of the nurses in the United Kingdom is male. (Regan, 2012) In my own country, the Netherlands, the latest statistics say that 15% of the nurses are male (van Woersum, 2013). Compared to China this number is extremely high! Only 1% (21.000) nurses of the total of 2.18 million nurses are male (Xin, 2012)

In the rest of Europe the percentages are around 5-10%, with some exceptions such as Iceland (1%) and Italy (21%). At the end of the article you'll find more statistics. There is still one case I would like to mention, Saudi Arabia, because it has the highest number of male nurses, 32% and rising! (Regan, 2012) Rather shocking statistics, if I may say so myself. Now that we have seen some numbers, let's see why there are so few male nurses.

We will look at the changing conventions/prejudices surrounding the profession of nursing, as well as the influence of cultural and historical aspects in general. History tells us that one of the first nursing schools was settled in India (250 B.C.E) and that there were only men allowed. Also during the epidemic of the Black Death only men were helping the people and risking their lives. So the beginning of the history of nursing looked pretty good for us men. But in the 19th Century nursing really became a female profession (van de Pol, 2014). Florence Nightingale is generally blamed for the "demise of men" in nursing. She believed that the organization and supervision of nursing care should be taken out

of the hands of men. Nightingale even said that men were not suited for nursing. At that time there were still some men in nursing, but the number was very small (Stokowski, 2012).

Nursing schools for men were uncommon in the United States. Men were expected to fight in WWI and not to serve as nurses. This was seen as natural until the 1970s. In 1970 the American Nurses Association finally gave in to the pressure and allowed men to join (Mee, 2003). The number of men increased over time, but even today there are much more women.

So, what are the conventions and prejudices that exist today? There are a lot of things why men do not choose to study nursing. For instance, less opportunities and influences from family/friends are two big factors that play a role according to LaRocco (2007).

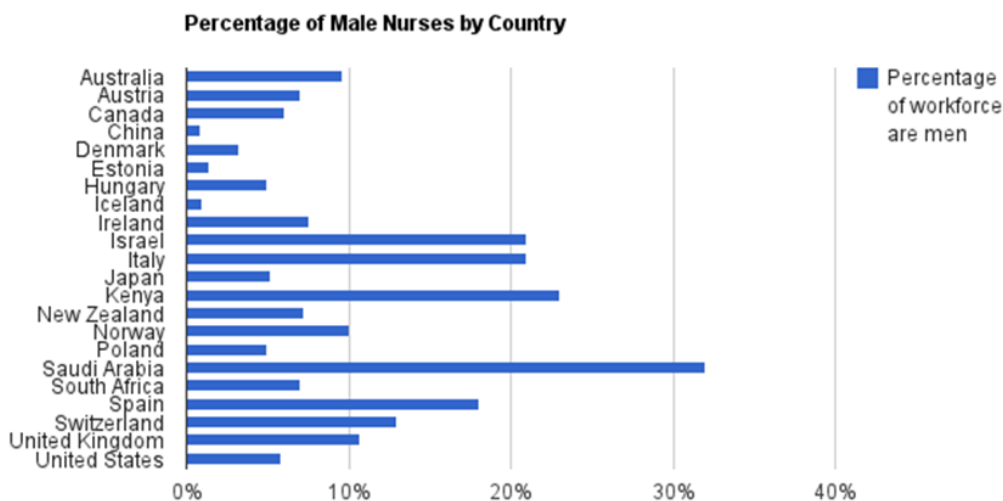
Furthermore, society has a prejudice about how a male needs to behave and which role obligations they have when it comes to choosing a job. This might explain why few males decide to study nursing (Goode, 1960). This prejudice takes on a variety of forms. One of them is that it is "unmanly" to choose nursing as a job (Kelly, 1996). Current students are also often seen as gay (Dyck, 2009). This is of course not necessarily true. Furthermore, isolation may be a factor in relation to the fact that nursing is not seen as attractive to the male student. The male nurse student is permanently in a female environment and they express a desire to interact more often with "male role models" (Kelly, 1996). In addition, male nurses find it hard to demonstrate the concept of caring. This is because of the difference of caring between men and women. Male caring might be less touchy and more based on a friendship-like bond than female caring (Stott, 2007) (Paterson, 1996).

Male nurses find it difficult that there is always a suspicion surrounding the intimate touch. Male students and male nurses fear prejudices of sexual impropriety when caring for female patients (Paterson , 1996) (Patterson & Morin, 2002). Besides that, according to male students and male nurses also identified the following concerns related to touch: ” the feminization of touch, the sexualisation of men’s touch, men's vulnerability to accusations of sexual misconduct and the failure of nursing education to provide male students with strategies for dealing with intimate touch and protecting themselves from false accusations” (Harding, 2008).



A lot of countries and organisations call for more diversity in nursing. The American Assembly for Men has set a goal of 20% male enrolment in the U.S.A. nursing programs by the year 2020. (MacWilliams, Schmidt, & Bleich, 2013) India and China are also asking for more male nurses. (Regan , 2012) The lack of male nurses negatively affects the health in the U.S.A. according to the Sullivan Commission on Diversity in the Healthcare Workforce (2004). Most female nurses are also happy with male nurses on their department, since they are psychically stronger and are a good addition to the hospital. (van de Pol, 2014).

So guys,
what are you
waiting for?!



Source: (Regan , 2012)

WHY ARE THERE SO FEW MALE NURSES?

BY: THOM DERCKSEN

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ERASMUS-LIFE IN PORTO, PORTUGAL.

BY: JOHANNE PEREIRA RIBEIRO

I knew right away that I wanted to go on exchange the moment I heard about the possibility to do so. The international coordinator at the university had contacts all around the world, but having family and friends in the north of Portugal, I decided to stay in Europe and follow the Erasmus programme in Porto, Portugal.

My clinical placement was the pulmonary ward at Hospital São João, a rather “heavy” unit with 90% terminal cancer patients and patients with tuberculosis in isolation. I was excited to start but also worried as to what was expected of me. All worries aside, the staff was amazing and had an approach to life that made it an incredible experience.

One of the huge differences between the nursing profession in Denmark and Portugal, is the role of the nurse in the health care system. In Portugal, the nursing field is much wider and more extensive because they carry out tasks that in Denmark would be handled by a specialist. For me it meant that I had the possibility to improve my professional competences and technical skills; furthermore, extending my practical knowledge and capability a great deal.

From time to time I came across procedures that were carried out completely different than what I was used to. I then had to compare and consider why things were carried out the way they were. Through this process of constant evaluation, my skills greatly developed and I thus became capable of augmenting my actions. However, professional development was not the only thing I experienced. During my exchange I had complete responsibility for my own learning, which meant that I constantly had to be

aware of whether I was reaching the learning objectives that the normal internship in Denmark

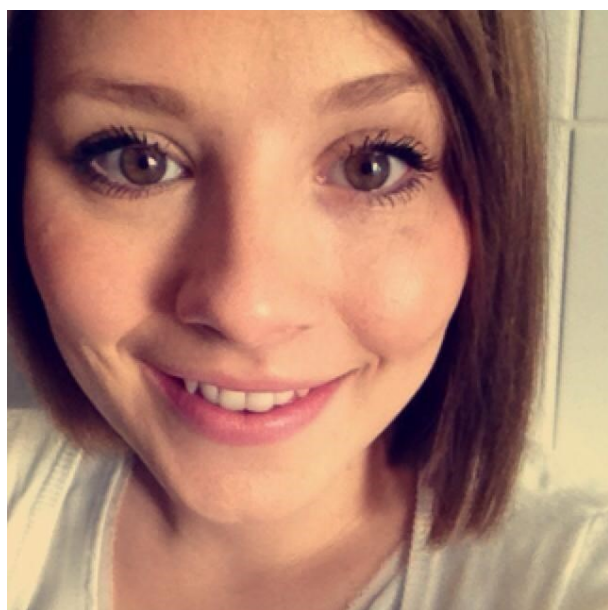
demanded. It was on my own initiative that I talked with my clinical supervisor at the ward about the objectives I had to reach and what was required of me to become better every day. I very often needed to evaluate my own practice to be aware of to what extent I had reached my objectives. This was quite demanding but very giving in the end, and was amongst other things a reason for my personal development as well. It was not all work and profession though. The social part of Erasmus is also a very important one. Porto is a great city for students and it has a huge student network. I met many other

people on Erasmus from all around the world, some of them whom, today one year after, are still very dear friends of mine. Porto is such a diverse city and there was always a party, an event, a dinner, a happening or a trip to somewhere.

During my Erasmus I made some fantastic memories, met amazing people and grew

tremendously a great deal as a person. It is most definitely an unforgettable experience, one I

would never wish to have been without.



**NEGATIVE PRESSURE WOUND THERAPY IN COMPARISON TO STANDARD WOUND CARE
ON CHRONIC WOUNDS – A LITERATURE RESEARCH ON PUBMED AND COCHRANE LIBRARY
BY: MANUEL WIEDERKEHR, SWITZERLAND-**

Introduction

The Rehabilitation Clinic where I did my last internship provided the entire wound care by an internal wound management service. Nurses on the wards took care of small wounds healing through primary intention. On one of the weekend shifts, a patient's negative pressure wound dressing began to leak. Unfortunately the wound management service isn't available on weekends. The nurses weren't familiar with this particular dressing due to a lack of practice. Therefore a temporary dressing had to be applied.

As a result of this, a colleague and I asked ourselves whether there were any advantages of a negative pressure wound therapy that would justify the risk of a non-optimal wound therapy, based on the lack of practice the nurses have on the wards. We followed this question by doing a literature research as part of a 4th semester research module at the University of Applied Sciences in Bern, comparing negative pressure wound therapy (NPWT) with moist standard wound care (SWC).

Method

A literature research on PubMed and Cochrane Library was conducted. Three RCT's and one Meta-Analysis were selected, which compared NPWT with SCW on chronic wounds, such as pressure ulcers, infected wounds, pilonidal sinus, burns, skin grafts and dehisced wounds. Diabetic wounds were excluded.

Discussion

The trials had a few important limitations. The Meta-Analysis assumed a publication bias. Additionally, 9 out of 10 trials had been sponsored by companies producing NPWT systems.

Another major limitation was the population. The RCT with the biggest population had 50 participants. Furthermore, similar or clear inclusion criteria were not defined. According to the different application standards of NPWT and SWC used between the trials, the internal validity was reduced. Each trial performed the interventions on different types of chronic wounds and it was therefore difficult to draw a comparison.

Despite these major limitations, there was still a tenor that NPWT increases the effectiveness of the wound therapy on chronic wounds, compared to SWC. Additionally, NPWT is more cost effective because less dressing changes are needed and patients can be discharged earlier since wounds are healing faster. Moreover, patients experience fewer painful interventions on their wound area.

Considering the Evidence-Based-Practice-Model of Rycroft-Malone (2004) NPWT especially shows advantages in the areas "Research Evidence" and "Patients' Preferences". In order to increase the "Clinical Expertise" and to provide an optimal wound management. Nurses, even though they might be sceptical at first, should be trained in the usage of negative pressure wound dressings. In conclusion, this leads to the suggestion that chronic wounds of appropriate size should be treated with NPWT.

Results

Due to the findings, the decision was made to focus on two wound healing parameters. Every trial showed a significantly better wound healing process, regarding healing time and reduction of wound size, with NPWT compared to SWC. Furthermore, in comparison with SWC, the Meta-Analysis showed a significant reduction of wound size with NPWT in 5 out of 9 trials and a significantly faster wound-healing time was found in 4 out of 6 trials.



**NEGATIVE PRESSURE WOUND THERAPY IN COMPARISON TO STANDARD WOUND CARE
ON CHRONIC WOUNDS – A LITERATURE RESEARCH ON PUBMED AND COCHRANE LIBRARY
BY: MANUEL WIEDERKEHR, SWITZERLAND.**

SOURCES:

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BODYWORK OF MIDWIFE STUDENTS

BY: SARAH VAN ANKEN, BELGIUM AND INES NEUKOM, SWITZERLAND

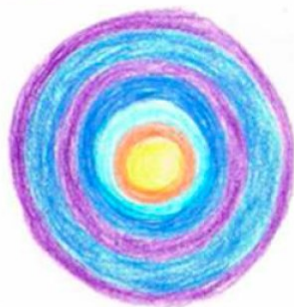
Helene Gschwend Zurlinden, lector at the Bern University of Applied Sciences, (Switzerland) started the workshop with an exercise, so that we immediately knew what the workshop was all about. We had to massage our ischium on one side, while sitting on a chair and after the massage we had to compare both sides. Surprisingly there was a difference! The side with the massage felt a lot softer than the other! Bodywork – it's about the awareness of our own body, which is crucial for the work as a midwife. "We tend to orientate ourselves outwards instead of relying on our interior", mentioned Helene Gschwend Zurlinden.

At the Bern University of Applied Sciences bodywork has it's fix space in the schedule. While in the first year many students experience the lessons as abstract, later on, as it gets practical they can see what advantages they have with

their knowledge in bodywork. Realistic situations learned during the practice lessons in school are applied on internship. During the whole time of education the students write a personal diary where they reflect their experiences with bodywork. They learn to recognize their own feelings, and name them, as well as those of others. Hereby they point their attention to what happens in their body. To express somatic situations before and after an intervention they draw somagramms (look at the pictures below). A somagramm represents the physical condition in the form of drawings. At the same time also the psycho-emotional state is visible. Furthermore the somagramm helps the students to a more sophisticated body awareness.

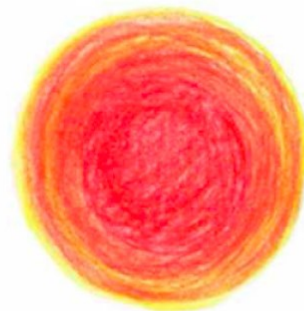
Somagramm of a Student

Somatic condition before intervention



My body felt cold before the exercise. The blue circles represent the extremities, which I perceived dominant and very cool. The yellow center point is my heart.

Somatic condition after intervention



In total, my body felt much warmer. The extremities I was no longer consciously aware of. Now my pelvis felt like a source of heat and heated my whole body.

BODYWORK OF MIDWIFE STUDENTS

BY: SARAH VAN ANKEN, BELGIUM AND INES NEUKOM, SWITZERLAND

The lessons are based on experiences of the midwives teachers in the field. Bodywork is not evidence based – but obviously it works!

To give an idea how an application in the practice could look like, there are two other somagramms. They show the somatic and psycho-emotional condition before and after intervention of a woman who had an unsuccessful induction of labor.

In the end Ilona Bürklin, a third year student midwife at the Bern University of Applied Sciences shared her experiences she did with bodywork. She told that during the first lessons she was a little skeptic about all the touchy-feely. The further she advanced in the studies the more she learned. The exercises got more concrete and complex.

As a midwife you learn to develop your own vision and you search what to do with it. She found it unfortunate that there was sometimes little space for exercises during the internships. As a student you grow in all this, the more confidence you get in yourself, the more you dare instead of simply add some more medication. These are often unnecessary if you can solve the situation with your hands.

Experimentation is the message. Work with touches not with words. After that words will follow by themselves. People start talking with trust, when they're more relaxed. Instead of saying 'you have to breath like this or that' just do this together. Working with head, heart and hands is what the midwife stands for.

Source: Helene Zurlinden Gschwend, lector at Bern University of Applied Sciences.

Unsuccessful Induction of labor since 24 hours



focused outward
uncertain, not held, no flow, tense,
The contractions do not affect



focused inward
harmony, flow, grounded, connected, relaxed
The labor act, the woman can go into the birth

FLORENCE NETWORK

fnstudentboard@gmail.com

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Board

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www.florencenetwork.eu



The Florence Nursing and Midwifery Network consists of 37 universities and schools of higher education in 18 European countries and is one of Europe's oldest nursing and midwifery networks. Its main goals include raising the profile of European Nursing and Midwifery, stimulating and organising the exchange of lecturers and students, comparing and developing new curricula in Nursing and Midwifery education in Eu-

rope, stimulating research and developing common projects and activities within SOCRATES, ERASMUS and other programmes.

The Network promotes the involvement of students, educators, practitioners and policy makers to ensure strong links between theory, strategy and practice. The student board are a group of current nursing and midwifery students, studying in various different European

countries. We work as a team within the Florence Network, promoting cooperation and communication between students and lecturers, ensuring that the Network is visible in universities and schools of higher education and encouraging international student exchange, as well as taking responsibility for and contributing to the achievement of exchange students' learning outcomes.