Lydia Kranz

Fall 2014/GERN 280

Professor Hansen

Service Learning Reflection Journal

December 1, 2014

 Differing from the rest of the class, the service-learning project, personally, was over the span of the entire semester working with a partner and a single elderly client. The experience may have been different from the other students because they got to spend their time amongst multiple elderly individuals, where as I chose to simply do an extension of hours with the same client for another class (CCN). During my service learning there were outer experiences and inner experiences. Outer experiences including time, circumstances, physical surroundings, people, actions, and facility were very comfortable and added to the enjoyment of the experience. The client assigned has macular degeneration and is practically blind but fends very well for herself at VMRC. Two days a week, a partner and I visit this client for at least two hours each time and play various types of games or simply relax and enjoy the company we all have to offer each other. The physical surroundings at VMRC and with a partner whom I am a close friend with to make this time even more enjoyable than it already would have been. VMRC is an organized, well-managed, and happy long-term care facility for the elderly. The people involved were myself, my partner, my elderly client, as well as the family members of the client whom we would occasionally run into before our visitation. The most common activities that were enjoyed greatly were shooting pool, playing cards, and playing “Aggravation” (like Parcheesi). On occasion, we would also enjoy ice cream during the beginning of the semester. As for inner experiences, these too were beneficial and opinion-altering aspects of the service learning experience. The emotions that have been found during the visits with the assigned client are that I adore her as if she were my own grandmother, she tells us how much she enjoys our company and loves us as if we were her relatives, it serves as an outlet from busy days and a busy schedule, and all three of us have a wonderful time every week together. For example, my partner and I enjoy her so much that we made her a Thanksgiving craft (turkey with our hands painted) and we plan to frame photos of us with her and give them as a gift before leaving for winter break. Physically, it was not too difficult to make the time to see her or to get there every week. While playing games and doing activities, the pace is slower but she is a very active lady for her age and disability (macular degeneration). Intellectually, playing the games has proven to help me focus on tasks, sharpen my mind, and has also brought me a greater sense of relaxation and also the ability to de-stress when it is needed. I have noticed great improvement in all of these aspects dealing with my intellectual mind. I have learned more about history from her stories and I also have learned how to efficiently put a battery in a hearing aid! Spiritually, this experience has not changed any religious views or any other aspect of spirituality other than considering the relaxing and always uplifting feeling the client is able to give off during the weekly visits. Going to see our client is very enjoyable and, as stated earlier, my partner and I treat her as if she were our grandmother.

 From this experience, it is easy to tell that not all elderly people are the same as some people may think. Compared to both of my grandmothers, the client’s memory is far better and even though she may not be able to see us in great detail she knows who is who and can tell our voices apart from one another. Our client is the same age as one of my grandmothers and it is interesting for me to compare and contrast the two depending on their heritage (my grandmother came over from Germany and the client was raised here), family life (my grandmother had a fairly small family and our client has a large family), and how lifestyle can truly make up a person and his or her characteristics of life. Our client seems to be more active, “with it”, and competitive (in games) than other elderly. For her, some days are harder than others depending on her eyesight.

 After getting our assignment of our elderly client, I did some research on macular degeneration in order to understand it more going into the service learning. With her being in her upper eighties, the fact that age is a major factor makes sense for the disability. I read some information regarding helpful visual machines and once we arrived for the first visit she had the technology in order to help her see and read schedules, notes, and other writing. Aside from her eyesight, our client is very witty and her brain is fully functional and useful for her daily living. Studies have found that playing games, whether they were board, recreational, or cards, is beneficial to the brain for processing, retaining information, and recognition. She adores games and we like playing them with her and it a lot of fun and also keeps her mind sharp, as well as ours.

 Compared to what has been learned in class, she has shared information with us about her life and how she and her husband had saved money, thought about retirement and planned ahead, and how her children continue to help her a great deal almost on a daily basis. As the statistics have shown, her daughter has proven to be the primary caregiver now that her husband has passed away (recently). We have, on a few occasions, met with her and talked with her about scheduling the visits. Another common finding in the elderly is that women commonly outlive men and she is another prime example due to the fact that she has outlived her husband.

 For our client, life has not been bad and she lives very well off at VMRC and is taken care of by a great facility and a great family. Other elderly are not as lucky as she is or as my grandparents are to have the finances, support, and love from others whether they be family or friends. If I were able to make a difference in the way the elderly live the last years of their lives, I would change the financial, physical, social, and emotional aspects of long term care at the end of life stages. Financially speaking, I would try to make healthcare and nice facilities more affordable than they are currently. My grandmother is in a nursing home and lives in assisted living (she has dementia and is believed to have the beginning of Alzheimer’s) and the bill that is received every month is outrageous as well as the occasional increases in payment due to the economy, healthcare, and any other outside factor. As for physically, I would plan more activities and encourage the elderly to get up and get moving in order to improve the health of their bodies. Another main concern I would have would be for the nourishment and the over nourishment of the residents or elderly in my care. I would want a dietician department on staff in order to regulate the meals and check on the clients/residents and make sure that they are not starving or putting themselves at higher risks for chronic diseases which could fast forward their passing. There seems to be a pattern of the two extremes of the spectrum, malnourishment or over nourishment of the elderly. Mentally and emotionally, the activities and encouragement of the staff would offer a sense of a caring community and may decrease the occurrences of depression, bipolarism, and other mental health disorders that the elderly may have under my care. The sense of community would increase the quality of life for the residents/clients as well as the social life. For those elderly who do not go to bed early, I would have late night programs. The client my partner and I have been working with this semester enjoys activities after dinner and in the evening and many of the people she spends time with have gone to bed or are preparing to sleep for the night. It is important for the elderly to be able to live an individualistic life and not to be put into the stereotypes of elderly that are so common and believed by society.