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Arlene Kent-Wilkinson^a; Linda Starr^b; Sandra Dumanski^c; Jennifer Fleck^d; Annette LeFebvre^e; Amanda Child^e

^a College of Nursing, University of Saskatchewan, Saskatoon, Saskatchewan, Canada ^b College of Nursing & Midwifery, Flinders University, Adelaide, South Australia ^c College of Medicine, University of Saskatchewan, Canada ^d Covenant Health, Camrose, Alberta, Canada ^e Saskatoon Health Region, Saskatoon, Saskatchewan, Canada

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International Nursing Student Exchange: Rural and Remote Clinical Experiences in Australia

Arlene Kent-Wilkinson, RN, PhD
Linda Starr, RN, LLB, PhD(c)
Sandra Dumanski, RN, BSN
Jennifer Fleck, RN, BSN
Annette LeFebvre, RN, BSN
Amanda Child, RN, BSN

ABSTRACT. A rural and remote international clinical exchange permits the senior nursing student to experience another culture and to develop a feel for daily life and nursing practice abroad. In a student exchange between Australia and Canada, similarities exist with regard to life and work for nurses who live in these developed countries. Similarities extend to a growing population base of original inhabitants or indigenous peoples with complex health challenges. Differences, however, are also apparent in rural and remote health care delivery due to the uniqueness of each country's demographics, nursing programs, nursing culture, and health care systems. In the rural hospitals of the Riverland region, South Australia, the Australian public and private health care systems are witnessed working side by side. Aboriginal health care with its unique cultural care practices was experienced in the remote Aboriginal community of Hermannsburg in the Northern Territory, and in the district hospital in Alice Springs. The international exchange provided the opportunity to reflect on the impact of the social determinants of health, and the similarities and differences between developed countries in nursing practice and nursing culture. The sense of community and autonomy gained in rural and remote placements in Australia provided incentive for nursing students to consider this area of practice on their return to Canada.

KEYWORDS. Aboriginal, rural health, remote health, nursing education, international exchange

INTRODUCTION

Australia is a popular location for an international exchange for Canadian nursing students

due to both similarities and some unique differences between the two developed countries. Each country has cultures rich with people from many diverse ethnic backgrounds. A range of

Arlene Kent-Wilkinson is affiliated with the College of Nursing, University of Saskatchewan, Saskatoon, Saskatchewan, Canada.

Linda Starr is affiliated with the College of Nursing & Midwifery, Flinders University, Adelaide, South Australia.

Sandra Dumanski is affiliated with the College of Medicine, University of Saskatchewan, Canada.

Jennifer Fleck is affiliated with Covenant Health, Camrose, Alberta, Canada.

Annette LeFebvre and Amanda Child are affiliated with Saskatoon Health Region, Saskatoon, Saskatchewan, Canada.

Address correspondence to: Arlene Kent-Wilkinson RN, PhD, Assistant Professor, College of Nursing, University of Saskatchewan, 107 Wiggins Road, Saskatoon, SK, S7N 5E5, Canada (E-mail: arlene.kent@usask.ca; Phone: 306-966-6897).

socioeconomic status exists amongst those citizens, and both health care systems have underlying principals of primary health care. Because of this, health and health care found within these two countries are very similar. The nursing education programs, health care systems, and Aboriginal cultures in Canada and Australia are surprisingly alike despite the geographical distances, climatic extremes, and differences in government policies.

The International Exchange Project entails a 6-week clinical practicum for undergraduate senior year nursing students between the College of Nursing, University of Saskatchewan, and the School of Nursing and Midwifery, Flinders University of South Australia. This paper will highlight the clinical experience in Australia in the winter of 2008 for the University of Saskatchewan's first cohort of nursing students selected for this clinical exchange. The objective of this experience was to focus on the provision of health care to rural and remote areas, and Aboriginal health care comparisons to Canada.

POLICIES FOR INTERNATIONAL PLACEMENTS

Often, the decision by nursing programs on whether to exchange students with another country may be based on "opportunity, university policy, availability of financial support for students, and networks with the nursing world to establish suitable exchanges."¹ In this case of an Australia/Canada exchange, it was the collegial relationship between faculty at their respective universities that set in motion the policies to implement a student exchange program. A proposal or letter of intent (LOI), a memorandum of understanding (MOU), and a formal agreement between the two universities were the initial policies implemented prior to the clinical placements. Policies also adhered to were insurance procedures in respect to University risk management, health insurances, practice insurances, and travel insurance. In addition, student exchange immigration policies involved submission of security checks, transcripts, passports, and occupational training visas prior to departure.

The recruitment policy with regard to students was that 3rd year students wishing to go on a 4th year international placement must submit an application a year prior to the actual placements. Requirements of the application are records of academic transcripts demonstrating a minimal average of 70%, two letters of reference, and a personal goals and objectives paper outlining their reasons for wanting the International clinical experience. Students are advised of the possible locations and indicate their first three choices. In addition, students are informed of the approximate cost of the experience, and that they are responsible for all expenses. An interview process follows the applications. In 2008, there were 35 applications for 30 international positions. Students were chosen, based on a combination of their interpersonal communication skills, maturity, and past volunteer, travel, and work experiences. Four students were chosen to go in 2008.

CLINICAL PLACEMENTS IN AUSTRALIA

The University of Saskatchewan senior year nursing students left -30°C temperatures in Canada in early January, 2008, to fly to Adelaide, South Australia, where they soon adjusted to 30°C to $>45^{\circ}\text{C}$ temperatures for the next few weeks. Their 6-week placement was split among a rural clinical experience in the Riverland area of South Australia (SA) and in the Northern Territory (NT), a remote experience in Hermannsburg, and an acute pediatric experience in the Alice Springs Hospital serving the rural areas of the Northern Territory.

The Riverland, South Australia

The first of three clinical placements was in the Riverland area, where Flinders has a rural clinical school and clinical placements at five medium to large rural towns along the Murray River, each with populations from 3000 to 9000. The main crop in the Riverland region is fruit, and their vineyards are some of the best known in Australia.

Health Care Systems and Insurance

Canada and Australia value the health of the people living in their countries, as evidenced by the use of Medicare, a publicly funded health care system. In 1962, Saskatchewan led the way in Canada in developing Medicare as a medical insurance plan. In Australia, Medibank was introduced in 1975, and with it their system changed from voluntary to a publically funded health insurance system currently known as Medicare. Unlike Canada, Australia has a parallel private tier of hospital and physician care.² The nursing students experienced working in a system where public and private health care systems work side by side. Whereas Canada's public health care system is administered by the various provincial governments, Australia has a national public health care system. There are fewer private than public hospitals in Australia; however, it is not uncommon to find public hospitals also have a private section that provides a service for private patients to be treated. This means that all patients are treated by the same practitioners, but they are accommodated separately in private facilities. Although they are designated as private patients, there is no difference in the level of care delivered by nursing or medical staff. The main differences come with the documentation of medical supplies utilized and the administration of staffing resources employed. In the large cities, the private hospitals may be separate institutions administered by the private system, which hires and pays their nursing staff. However, in the rural areas, often the private system is found only as a ward or floor in the public hospital system where the nurses work back and forth between the two systems and are paid by the public system, which administers both.

Culture Shock

Whilst Leininger³ supports the education of nurses in transcultural care, she warns that nursing exchange students may suffer cultural pain and shock, although she also notes that the experience may be exciting and stimulating. One student noted:

The arrival to the small town of Waikerie brought an instant feeling I never experienced before, "isolation." I have never spent time in a rural setting as I have lived my whole life in Saskatoon, so settling into Waikerie was a bit difficult.

Nursing Practice

Working in a small rural hospital provided opportunities to learn tasks performed by technicians in larger acute care centers. As there was no phlebotomy lab or an electrocardiography (ECG) technician, the students were taught these tasks while under the supervision of a registered nurse. The students had the opportunity to draw all the blood for lab work and do the ECGs. They also conducted assessment of patients who presented in the small emergency department. These opportunities would be comparable to rural and northern areas of Canada where nurses have more responsibility.

The students identified some differences in nursing practices from their clinical experiences in Australia and thought a few of these nursing practices would be appreciated in the clinical setting at home. One practice was assessing for blood levels of troponins at the bedside, *bedside troponins*, which has only recently been used in a couple of areas of rural Saskatchewan. A troponin (TnI, TnT) blood test determines if a patient has had a heart attack by measuring levels of a family of proteins. Cardiac troponin T and troponin I are the most specific and sensitive laboratory markers of myocardial cell injury and therefore have replaced creatine kinase MB as the gold standard.⁴ In a rural setting, it is useful for the nurses to draw the bedside troponins because it can be obtained faster than waiting for the on-call lab person to come in. The earlier these results come in, the earlier a clinical diagnosis can be made by the doctor when a patient presents with chest pain.

An aid to nursing practice was the use of styrofoam disposable bedpans, urinals, and urine collection containers. This disposable method provided a sanitary method for toileting as the containers once used were disposed of in a machine called the 'muncher.'

Alice Springs, Northern Territory

The students travelled to Alice Springs by *the Ghan*, an Australia railway built from 1878 to 1929 by Afghan workers with the use of camels brought in from the Middle East.⁵ Alice Springs in the Northern Territory has a population of 28,000. It is best known for tourism and is the gateway to 'Uluru,' formally known as Ayers Rock, which is 461 km from Alice Springs. Alice Springs is the base for Australia's famous *Royal Flying Doctor Service*, and the museum located in Alice Springs accentuates the importance of this air service to remote areas. Alice Springs District Hospital is a 177-bed specialist teaching hospital situated in the Red Centre of Australia. The population this hospital serves has a catchment area of over 1.6 million square kilometers. This dispersion provides unique and rewarding challenges in the delivery of a range of comprehensive health services. Alice Springs Hospital is a leader in Aboriginal cross-cultural treatment as 95% of their patients are Aboriginal.

Nursing Practice

One unique cultural health care practice that the students experienced in the Alice Springs hospital was caring for their pediatric patients on the floor. Because at their home, the Aboriginal people eat and sleep sitting or lying on the floor, this cultural practice is respected in the hospital. Mattresses were put on the floor to change dressings and do general nursing care. This cultural difference in health care practice raised some questions for discussion by the students with regard to health and safety issues for both themselves, the regular nursing staff, and for their patients. As one student noted:

I was surprised that I was expected to provide nursing care on the floor. I immediately had questions about the hygiene of this and the health and safety aspects. I doubt that my back would survive too many years of this, if I was working here full time.

Another practice difference noted on the pediatric ward was the consistent use of the

treatment room for many interventions. The Alice Springs District Hospital has a practice policy that all invasive procedures were done in the treatment room. One student remarked:

Any invasive procedures are done in the treatment room. This includes getting blood drawn and starting an IV. In comparison, the treatment room was something that was not used a lot on my shifts on pediatrics in Saskatoon. In fact the treatment room was used as a storage room. In reflection, although it may be a little more time consuming to take patients all the way to the treatment room but for their general mental health they need to know their bed is a safe zone.

Hermannsburg, Northern Territory

The students had the opportunity to travel to and practice in a remote Aboriginal community. Hermannsburg is located 131 km southwest of Alice Springs in the Northern Territory of Australia, with a population of 559 (2006 census).⁶ Hermannsburg was established as an Aboriginal mission in 1877 by two Lutheran missionaries from Germany who had travelled overland from Bethany in the Barossa Valley in South Australia. They named their new mission 'Hermannsburg' after the place in Germany where they had trained.⁷ This small remote town had an active remote medical clinic for the last 50 years run by rural and remote nurses who provide primary health care in the clinic, as well as on-call ambulance service to the surrounding area.

Nursing Practice

It is important that culturally congruent care in nursing is an inherent part of any program that plans to send nurses on international exchanges.⁸ The manner in which registered nurses execute their role must be transcultural in nature, incorporating cultural awareness, cultural sensitivity, and culturally appropriate care. The nurse needs to recognize both the client's and the nurse's culture, and how both impact upon the therapeutic nurse-client

relationship; culturally sensitive care includes self-reflection, acquiring cultural knowledge, and facilitating client choice.⁹ “Four key responsibilities for nurses wishing to provide culturally appropriate care are: perform cultural assessments, use cultural knowledge, understand communication, and form partnerships.”¹⁰ As one student identified:

Although prior to working in the clinical areas there were presentations on communication with Aboriginal people at the Centre for Rural and Remote Research in Alice Springs, the mini-presentations did not prepare us for what we would see at the clinic. It was an entirely different way of communicating and nursing. You have to be careful what you say as it may be misunderstood or not understood due to a language barrier. It was very much a culture shock. People would come into the clinic with all their kids to have one seen and the rest would be running around the clinic. Groups of friends would come in together just to get a check-up and then at the end you would find out that they actually wanted condoms. The nurses in the clinic had a beautiful way of working with the clients that almost seemed effortless. I can now see why they have extensive orientations for nurses working remote.

Determinants of Health

In Hermannsburg, the students were given the opportunity to observe first hand how social determinants of health greatly affect the health status of the people. The determinants of health are an assemblage of factors associated with health status. Health determinants include socioeconomic factors (such as income, social status, education) and environmental conditions (such as working conditions and physical environments) that are correlated with health status.

Many Aboriginal people in both countries are more likely to live in overcrowded housing and in a home that requires major repairs. This exposes them to more communicable disease such as tuberculosis (TB), lice, and scabies. The quality of the environment affects human

health. Environmental factors are a major cause of sickness and death in many regions of the world.^{11,12} The students had the opportunity to observe the living conditions in Hermannsburg and other social factors that influence the determinants of health of the Aboriginal people who live there.

We did get a glimpse of the housing conditions first hand. Many people live together under one roof. They may all sleep on the floor with little or no blankets. It seemed to be very dirty inside. I could now see how many people have lice, scabies, and just generally appear dirty around town. The town was very dirty. No one used garbage cans and if they did the plethora of dogs would just scrounge through it and make a mess. The amount of dogs walking around was kind of scary, as I was not used to packs of dogs freely roaming. You were unsure if they were going to bite you are just keep going past.

The Aboriginal populations in Australia generally have lower education than the general population and higher rates of unemployment. Employment status has a great impact on the health of an individual.¹³

According to the remote nurses at the centre, the majority of the people living in Hermannsburg were unemployed. Employment is contentious, as there did not seem to be many employment opportunities in this remote area.

While in Hermannsburg, the students went to both of the only two general stores to purchase food items. They were surprised at the high prices and some of the different food sold, such as Kangaroo tail.

I was absolutely shocked at not only the price of the healthy nutritious food, but also the quality of it. To purchase three apples that looked as though they were quite old, it was \$5! However the junk food such as chips, cookies, pop, etc was the cheapest stuff.

The students noted that the majority of Aboriginal people living in Hermannsburg were overweight, dependent on welfare, and lived payment to payment. The only groceries that they would be able to afford were the high-energy low-nutrition junk food.

But is it really their fault? I do not blame them for buying the unhealthy food that they do because it is all they can afford and who would buy healthy food that they cannot afford when it is already beginning to spoil. This made us really appreciate the food that I have in the city to buy and gave me a true understanding of what Aboriginals in Northern Saskatchewan have to live with. I think that if the nutritious food was at a reasonable price then the Aboriginals would eventually purchase it. However, I think in order to actually change their eating habits, nutrition teaching would have to accompany it.

DISCUSSION

Flinders School of Nursing and Midwifery in Adelaide, South Australia, is an affable fit for an international arrangement. Similar program statistics and philosophical fitness exists in the areas of nursing programs and research linkages. In addition, comparisons are found in focus areas of primary health care, rural and remote health, and Aboriginal health.

Nursing Programs Comparisons

Flinders School of Nursing and Midwifery in Adelaide, South Australia, revealed some similarities in enrollment numbers to the College of Nursing at the University of Saskatchewan and differences in nursing programs to the College of Nursing in Saskatchewan, Canada. Each has over 1200 students in total for all years of the degree, with 400 students in first year. Whereas the University of Saskatchewan has a 4-year undergraduate nursing degree program (BSN; Bachelor of Science of Nursing), Flinders has a 3-year undergraduate nursing degree program (BN; Bachelor of Nursing), plus an additional

year of midwifery (MN; Bachelor of Midwifery). Similarly, both Flinders University and the University of Saskatchewan have a graduate, nurse practitioner, and doctoral programs in nursing. In addition, both universities have progressive nursing continuing education programs, and a post registration nursing program currently being phased out.

Rural Nursing Schools

Whereas the University of Saskatchewan has two regional campuses in the cities of Regina and Prince Albert, and a main campus is in Saskatoon, Flinders has a rural clinical school in the Riverland region in addition to their main Adelaide campus. A successful plan of Flinders University has been to provide education for nurses and medical students in the rural locations where they live. This is congruent with a current goal of the University of Saskatchewan's integrated plan.¹⁴

Primary Health Care

The School of Nursing and Midwifery, Flinders University, and the College of Nursing, University of Saskatchewan, each works closely with their respective external clinical and community agency partners in creating a curriculum and student practice that are informed by primary health care (PHC) principles and demonstrate the highest levels of professionalism. Similar to PHC definitions in Canada, the Australian Primary Health Care Research Institute¹⁵ defines primary health care as "socially appropriate, universally accessible, scientifically sound first level care provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those most need, maximizes community and individual self-reliance and participation and involves collaboration with other sectors." It includes health promotion, appropriate technology, intersectoral collaboration, public participation, and accessibility. Both schools promote these ideals through the various community health rotations and principals used when educating and counseling patients. Health promotion/prevention strategies in Australia were noted to be bold and direct with large

FIGURE 1. Health promotion roadside signage in Australia.



roadside signage depicting messages of prevention. For example, with regard to alcohol, the following signs were observed (Figure 1):

If You Drink and Drive—You are a Bloody Idiot!

If You Drink and Drive—You will Die in the Ditch!

Rural and Remote Health

Students had the opportunity to gain knowledge through direct clinical practice in rural and remote areas. The students found that the unique rural and remote environment of each country created different health care challenges for health care providers, and in turn, different health care concerns for the populations they serve. Lack of accessibility to service was the major issue in both countries, with the north and rural and remote areas of Saskatchewan being compared to the arid rural and remote regions of Australia where extremes in temperature of cold and heat create their own unique problems. Every year in January/February in Australia, which is their summer, there were many reports of Australians dying of heat exhaustion and dehydration. The aging populations, especially, either do not have air conditioning, or cannot afford to put it on.

Aboriginal Health

Australia and Canada, having both developed as commonwealth countries, each have original habitants of Aboriginal peoples who have unique health care concerns. Government policies with regard to land claims historically saw *treaties* signed in Canada and policies of *terra nullus* (no intelligent people recognized) in Australia. Policies of assimilation in both countries resulted in control of Aboriginal peoples in the education of their children for over a hundred years by establishing *residential schools* in Canada and in Australia the comparable *stolen generations*.

CONCLUSION

Studying overseas or internationally gives students the opportunity to enhance their undergraduate degree with experiences that may not be available in their home country. Students from the University of Saskatchewan had the opportunity to gain knowledge through direct clinical practice in rural and remote areas in Australia. Students were able to compare the similarities and differences of the Aboriginal peoples and their health concerns in each country, and to reflect on the social determinants of health and specifically the historical challenges faced by indigenous peoples in both countries

as to how this has influenced their current health status.

Canada and Australia are very similar in nursing, health care, and Aboriginal health issues. They vary slightly and these slight differences are what make each nation unique. By working together in the education of students and conducting comparative research on health issues, it may be possible to identify which policies and initiatives are most effective. The clinical experiences of the rural hospitals of the Riverland region, in South Australia, the acute wards of the Alice Springs Hospital serving the rural areas of the Northern Territories, and the unique experience of the remote Aboriginal community of Hermannsburg are memories that will last a lifetime. The sense of community and responsibility gained in the clinical placements in Australia provided incentive for nursing students to consider rural and remote areas of practice on their return to Canada, when they soon would become new graduate nurses.

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