

澳洲 University of Southern Queensland 專業實習心得 (July 2 - July 31, 2016)

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Preface

When it comes to Australia, almost everyone comes up with the beautiful Great Barrier Reef, the gorgeous Ayers Rock and leisure life. However, it is also popular with its comprehensive medical system, community and aged care, which attract us to go to Australia. In an attempt to learn NURSING in Australia, we had prepared for half a year, studying Australia's health system and cultures, and also spent lots of time preparing

senior Taiwanese leisure activity and alternative medicine exhibition for the students and faculty in Australia.

What nurses do in Australia: Nursing education and training

1. Simulated hospital setting and patients

In the skill center, we saw many human patient simulators. These human patient simulators would be operated by the educators, and provide a realistic clinical presentation, such as coughing, vomiting, and screaming. All the medical



supplies are reusable making the learning more eco-friendly. Student pairs could practice physical assessment skills, history taking, and nursing interventions. Students are allowed to make some mistakes, and teamwork is encouraged. The use of simulation as a training strategy improves nursing students' knowledge, skills, and critical thinking within a safe and supervised setting. This visit gave us the inspiration to rethink how to make our nursing training better!

2. First aid

The first aid course in Australia is like the BLS and ACLS training in Taiwan, both giving immediate care to casualties of accidents. We had a chance

to attend the first aid course, including lectures as well as practice sessions. We went through many topics like shock, burn wounds, anaphylactic reaction, stroke, seizure, and even snakes, spiders bites, and Blue-bottle jellyfish stings treatment! Moreover, we learned a lot of knowledge and tips about how we can give a hand to those in need. There were some differences in procedures between Taiwan and Australia; therefore, we had many different experiences in the practical section. We were put into many situations like car crush, puncture wounds, and fractures. Although we all had first aid training in Taiwan, we still felt a little bit nervous. It was really



an exciting day, and we had a lot of wonderful experiences.

We are family: Aged care and Community care facility

1. Meals on Wheels

Meals on wheels, founded after World War II in London, is a charity organization. It has 78,700 volunteers, 5,300 recipients and delivers 14.8 million healthy meals to old, frail, and disabled people every year.

It was the first time we met elders in Australia. To express thanks, we gave them handmade greeting cards while delivering meals. The most unforgettable part of this day was the customized meals, which could be chosen by the

recipients every 2 weeks. It was really great taking this opportunity to explore the diversity of human, cultures, and health care policies.

2. Salem

Fortunately, we had an opportunity to visit many nursing homes like Salem. Salem is one of the aged-care centers supported by Lutheran community center, which was established by local congregations. Although with the religious background, Salem doesn't set up any limit for residents even if the one is not for the Christian. In addition, the residents can be treated with dignity and have the right to make their health care decisions. In other words, they can even



reject to eat a meal or even medicine, which doctors consider is benefit to them. We really appreciate the way they providing care.

3. Blue Care

Blue care is a well-known aged and community care providers in Australia. It provides plenty of products and services. Residents living here have his/hers own room with their preference of decoration, and they can also decide what meals they want to eat. Teamwork among a variety of specialties (e.g., nursing, physician specialties, physical therapy, speech pathology, social work) is very important here. The healthcare providers showed good collaboration and open communication. It was good to have a chance to follow the nurse, experiencing

daily routines, such as talking to the elderly, caring for wounds, dispensing medication, and doing documentations.

The community care is also available in Blue Care. They deliver health care directly to the clients' home such as palliative care and wound care. It was an unforgettable home visit! We were happy to have the opportunity to follow the community health nurses. Additionally, we enjoyed the scenery along the road and observed what they could do for people from rural and remote areas. The service they provide here includes rehabilitation facilities, where clients can come to strengthen their muscles. Parkinson's or stroke patients can do exercise to train their balance to prevent them from falling.



We joined the rehabilitation exercise in one afternoon and it was quite interesting, so everyone really enjoyed it. It was awesome that they developed a remote monitor to help clients control their blood pressure and blood sugar. While the data uploaded to the computer, we could immediately see whether it was in the normal range and then take advanced actions if needed.

"Bush" care: Remote and rural care

Teacher Ann-Louise Shrapnel delivered a lecture to us about rural and remote care in Australia, especially in Queensland. About one-third of Australia's population live in rural, regional, and remote areas, which is around 7 million people. They face particular health challenges, many of which are attributable to social isolation,

socio-economic status, and distances from services. Alcohol, smoking, obesity, diet, and lifestyle are the five main determinants that contribute to cardiovascular disease, diabetes, and chronic pain in the rural and remote areas. Nurses constitute the largest group in the rural and remote health workforce, so people there depend heavily on them for health care services. Nurses living and working in the outback frequently work long hours and often have to deal with a range of emergencies. Therefore, nurses are often solely responsible for providing primary health care and clinical services in a diversity of roles. Nurses working in remote areas come from a variety of career backgrounds. There are some professional pathways that will prepare individuals for working



in resource-poor environments. Each remote health role will differ, depending on the unique needs of each community.

Angle's hands: My Midwife

1. Midwifery

A midwife is a person in the health care profession in hospital or clinic. In Australia, they focus on pregnant women. A Midwife offers Medicare-funded care for women in pregnancy, labor, birth and the postpartum period. Furthermore, they also take care of newborns. Last but not least, a midwife also offers health counseling and education for women, families, and the community.

□□Pregnancy is a normal progress of life. Midwives are responsible for providing the continuity of care. They devote themselves to helping pregnant

women have a healthy pregnancy and a natural experience. Midwives are trained to recognize and deal with deviations from the normal. Obstetricians, in contrast, are specialists in illness related to childbearing and during surgery. These two roles can be complementary in charge of the normal and natural birth.

Dignity of LIFE: Advance Care Planning in Australia

According to a report by the Economist Intelligence Unit, Australia ranks second in the 2015 quality of death index, which means that Australian lives up to a higher standard of palliative and healthcare environment.

People here are educated through manuals and websites about how to cope with grief, prepare to say goodbye, and make their own decisions, emphasizing



more on personal strong beliefs about what they want, and what to choose in their future. Actually, since 1998, Queensland has already passed the Advance Health Directive Law, which is almost 20 years prior to Taiwan. For people in terminal, incurable, and irreversible conditions can be promised not to have any treatments that might obstruct their natural dying. We should always defer to people in their will. The right to refuse medical treatments should be the basic human rights as well.

Moreover, Australia has a better community engagement. The Toowoomba Hospice Home was built by the community since 2003. They provide 6 beds, a “home like” environment, with a group of health care team and numbers of volunteers that resolutely apply

themselves to care for terminally ill people. This experience helps us realize that the true value of freedom is even when people cannot express their own thought, they can still decide their own health matters.

When the East meets the West

1. Alternative medicine & Chinese game

During the program, we held some events that introduced Chinese alternative medicine and Chinese games at USQ campus, including gua sha, suction cupping, Tai Chi, acupressure, mahjong and Chinese chess. It surprised us that many Aussie used gua sha and massage to relieve fatigue and soreness. As for Tai Chi, there was an old woman doing it for the treatment of depression. For the games, almost every player had no idea about them at the beginning;

however, after explaining them clearly, they soon understood very well and could not stop playing. We not only enjoyed the time sharing our culture with foreigners, also had a good opportunity to learn something from them.

2. Bush dance

“Bush dancing” is a kind of unique dance in Australia. Most of the dances derived from popular countries, like England, Scotland, and Ireland, and were transported here with the first settlers, soldiers, and convicts. However, we consider this kind of dance so similar to the dance we had in our school campus in Taiwan, so all of us made a good job of spinning and doing the special steps. It was really a fantastic time we had with the local people.

Acknowledgement

It was such a pleasure and honor to participate in this vibrant program. We appreciate teacher Ann-Louise Shrapnel, coordinator Kate Kuzma, and staff of the University of Southern Queensland guiding the planning and implementation

of this academic program, arranging all the organizations visits, fabulous tours, and lessons. Their contributions were invaluable. Second, special thanks to senior lecturer Jim Shiao and Mrs. Selly Shiao for their caring and gave us an unforgettable sunset party, making our learning so enjoyable.

Many thanks to the Ministry of Education for giving us this opportunity to explore Australian best long-term and aged care system. Learning that respecting and appreciating the diversity of culture, sustaining and systematizing health care delivery in rural and remote area, forming global connections and relationships are all good value in transcultural nursing. We will definitely recommend our junior classmates to participate in this program next time!