What really happens in Bali?

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Bali Study Tour
Rumah Sakit Sanglah - Denpassar
1. Tour Overview
2. Recruitment and Briefings
3. Accommodation and Transport
4. Hospital Experience
5. Education Support
6. Cultural Transfer
7. Recommendations
Tour Overview

• 24 students (23 surveys returned = 96%)
  – 20 funded by New Colombo Plan (Federal Gvt)
  – 3 by School of Medical Sciences (ECU)
  – 1 self funding

• Supervisors over the study period
  – 2 ECU lecturers each week
  – 1 Medical Director SJA NT

• 2 weeks in RSP Sanglah
  – Emergency Department, Paediatrics, Intensive Care Unit/Burns, Intermediate Ward, Cardiology
In a literature review of study tour/placement literature, Kulbok et al (2012) found that only 2 of 23 papers reviewed reported programme evaluation which went beyond student feedback.

One key recommendation of the review was that programmes should be reviewed longitudinally. This is the first study tour to Bali and the survey has been set up so that it can be repeated.

There are two exceptions to the lack of longitudinal studies, Dwyer (2004) and Nunan (2006). These authors found that individuals’ academic, career, intercultural and personal development were all positively affected in the long term from their overseas study experience.

Nunan also found that career development was the most strongly influenced component.
So Why Go?

• A study by Forsey et al (2012) in their review of exchange study undertaken by University of Western Australia students found that the literature has identified **international study makes students “more independent and confident, and increases their intercultural competencies.”**

• The editor of the Lancet identified that those travelling overseas “mature rapidly in their sense of proportion, medicosocial insight, and self-reliance and resourcefulness.”

• The editorial of the Lancet is backed up the UK College of Occupational Therapists (Clampin, 2008) who found in a review of placement literature that “personal growth, improved confidence” were often words used in reports on placements. These findings were confirmed in a study by Fenech et al (2013).

• Mature students (defined by the authors as those over 30) experienced less personal changes than their younger counterparts. However more mature students were likely to become more deeply immersed in the placement experience.
What makes a good placement or study tour?

- **Brodin (2009)** has found that the success of international placements is highly dependent upon the enthusiasm of staff and the students who go. Combined with Lunn’s (2008) finding that “institutional frameworks and established curricula are not very conducive to international student exchange programmes”, the outcomes of study tours and exchanges can be variable.

- Key issues found by the authors were quality of the placement, support issues in the individual facilities and stakeholder views on the placement.

- In a study by Fenech et al (2013) found that short term (2-3 week) overseas placements required a structured program, and students to be nurtured to maximise the placements’ benefits. The authors also identify that immersion is required, and pre-placement work helps students to link theory and practice. The authors make the point that poor preparation will reduce the effectiveness of the placement.
Selection and Hospital Rotations

- Advertisement & Briefing
- Applications & Selection
- Submission of Documentation
- Approval and Funding
- Travel
- Orientation
- Emergency Department
- Paediatrics
- Intermediate Care
- Coronary Care
- ICU / Burns
RSUP Sanglah is the main provincial public hospital, which has an International Wing and a Burns Unit.

Difficult/critical cases would normally be transferred from other hospitals to Sanglah Hospital.

Siloam Hospital, Prima Medika Hospital, BIMC Hospitals, Bros Hospital, Surya Husada Hospital, Bali Med Hospital and Kasih Ibu Hospital are private hospitals.
Casemix

The editor of the Lancet (*Anonymous, 1993*) identified that those students visiting developing countries were likely to experience “nineteenth-century spectrum of advanced disease”. Whilst not fully the case in Sanglah, students experienced medical conditions not commonly encountered in Australia.

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<td>• Burns (explosions, electricity)</td>
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<td>• HIV and infections</td>
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Procedures

• Resuscitation
• Dressing changes
• Spinal aspiration
• Cardiac echo
• Chemotherapy
• Burn debridement
• Fasciotomy
• Cath lab stents
• Chest tubes
• Suturing
• Fracture reduction
• Various IV access
• Thorocentitis
• And many standard paramedic skills!
Tour Recruitment & Briefing
• Clampin (2008) found that pre-placement preparation was key and should focus on the academic, personal and cultural perspectives of the placement. The article identified that student reports do not raise issues of quality or assessments. However the authors make the observation that those with poor placement experiences are unlikely to publish their experience.

• Fenech et al (2013) in their study on overseas placements found that those participants who had previously travelled coped better than others, and were able to support those who had not travelled before.
How did you find out about this study tour?

- The study tour was advertised through direct email, the paramedicine community site and also a Faculty website.

- An information session was held for interested students, to tell them about the tour, prior to applications being opened.
Please indicate which elements of the information session were most useful to you.

- The most useful aspects of the information session were the application process, funding and documentation requirements.
The documentation requirements (form, passport, flight details etc) were:

- Overall, students agreed that the documentation requirements were clear, and all but one felt supported in completing the required documentation.
- All but two students agreed that the time frames to secure and submit required documentation was ‘about right’. 2 respondents identified the time frame as too short.

The documentation requirements were…

- Clear 48%
- Very clear 52%

Support for completion

- Fully supported 70%
- Partially supported 26%
- Not supported 4%
• Held 2 weeks prior to the tour, the most useful elements of the pre-tour briefing were culture and language, the tour outline and practical skills.
• Less useful were the risk management and medical director briefings.
• All respondents agreed that holding the briefing two weeks out from the tour was “about right”.
• The majority of students (87%) though the length of the briefing (full day) was about right (One student thought it was too short and identified it as too long).
Placement Risks

• There are risks to overseas electives and the Lancet editor found that these included those related to treatments available and local lifestyles. As such, students need to be prepared with adequate information, prophylactic immunisation and if required their own emergency pack.

• An issue being experienced is now a “one way flow” of students to overseas, in particular developing world hospitals. As such supervision can be an issue in these hospitals.

• Supervision is discussed further on in this document.

• Prior to the tour significant time was spent on risk management, including issuing a comprehensive student information pack. Lecturers also took appropriate medications.
Hotel and Transport
How would you rate the following aspects of the hotel?

- Unsurprisingly the hotel was not rated highly by respondents.
- Improvements will be made next time in terms of location.
- However in relation to the hotels available in Bali, it is the view of the lecturers facilities and rooms were on-par with others available. What wasn’t present were such amenities as pool bar, gym and ‘tourist’ type services.
- Additionally students had to share rooms, and this reduced room size.
Watch at your own risk!
Hospital Experience
How would you rate your hospital experience?

- Students rated emergency as good or very good and their overall hospital experience as very good or good.
- The majority of students identified paediatrics, ICU/Burns as very good or good.
- There was mixed views on the value of the intermediate ward and cardiology. From an educational perspective cardiology is particularly important and although we’ll change the approach it will be included next time.
On a sliding scale, how would you describe your hospital experience in each of the following areas...

- The majority of the tour was observational, with some opportunities for hands on in ED, Paeds and ICU/Burns.
During your hospital placement, how often did you work with the following groups of hospital staff?

- The majority of student’s time was spent with medical and nursing staff, including students.
- There was limited opportunity for working with other health professionals.

![Bar chart showing the frequency of interactions with different hospital staff groups.](chart.png)
Support
The ultimate aim of an overseas placement is to assist the student to transition from a theoretical university environment to a ‘real world’ environment.

Clampin (2008) found in their review of placement literature that overseas placements resulted in students reflecting on their practice and considering how it could be translated into their own practice.
Please indicate the extent to which you agree with the following statements about tour staff:

- Students agreed that they received sufficient information and support prior whilst on tour.

### Tour Staff

- **I received sufficient information whilst on the tour**
  - Strongly Agree: 40%
  - Agree: 40%
  - Neither Agree nor Disagree: 20%
  - Disagree: 0%

- **Tour staff were supportive during the tour**
  - Strongly Agree: 40%
  - Agree: 40%
  - Neither Agree nor Disagree: 20%
  - Disagree: 0%

- **Tour staff achieved an appropriate level of "Adult Supervision"**
  - Strongly Agree: 40%
  - Agree: 40%
  - Neither Agree nor Disagree: 20%
  - Disagree: 0%

- **Concerns or issues were handled appropriately in a timely manner**
  - Strongly Agree: 40%
  - Agree: 40%
  - Neither Agree nor Disagree: 20%
  - Disagree: 0%
On a sliding scale, how would you describe your ability to transfer your experience from the hospital to ambulance work?

- Students identified that they can transfer their experience from Sanglah to ambulance work in all areas, with the exception of the intermediate ward.
Students identified an increased understanding of anatomy and physiology in all areas they worked in, but less so in the intermediate care ward and ICU/Burns.
Students identified an increased understanding of diseases and injuries in all areas, but less so in the intermediate ward and ICU/Burns.
There was less evidence for the hospital areas improving direct paramedic skills, in particular in the intermediate care ward, cardiology and ICU/Burns.

This underpins a need to amend the log books to be more specific on skills and case studies.
References & Assessments
What reference material did you bring with you?

- The majority of students brought a smart phone, with fewer bringing computers or other electronic reference material.
Which of the following types of reference material would you recommend? (Electronic or Textbook)

- Students recommend a cardiology reference as essential followed by general trauma and emergency medicine.
- Various comments also recommended pharmacology reference material.
- Interestingly fewer students recommended a need for ICU reference or lab value references – key areas of learning on the tour.

Types of recommended reference material

- Anatomy
- Physiology
- General Paramedic Care...
- Cardiology / ECG
- ICU Reference
- Paediatric Reference
- General Medical Reference
- General Trauma Reference
- Pathology / Lab Value...
- Emergency Medicine...

Legend:
- Green: Essential
- Blue: Desirable
- Red: Not Needed
Please indicate the extent to which you agree that the following assessment tasks were useful...

- Students found the reflective practice journal and daily clinical handover most beneficial in terms of assessments.
- There is work to do on revising the log book and making it more structured for future tours.

Assessment task usefulness

Reflective practice journal
- Very useful: 20%
- Useful: 60%
- Neutral: 20%

Skills workbook
- Very useful: 10%
- Useful: 40%
- Neutral: 40%
- Useless: 6%

Video of your experience
- Very useful: 40%
- Useful: 40%
- Neutral: 10%
- Useless: 6%

Daily clinical handover
- Very useful: 60%
- Useful: 30%
- Neutral: 10%
Culture
In a study of paediatric nursing student overseas placements, Standage et al (2014) found that students reported a “a wider appreciation of diverse healthcare systems and an increased sensitivity towards cultural issues.” Across a wide range of literature, reviewed between 2003 and 2010, the authors found an increase in “cultural awareness and recognition of cultural diversity.” This was also found by Clampin (2008) and Forsey (2012), who also found students gained an increased appreciation for what they had at home.

Fenech et al (2013) found that individuals’ interpersonal skills impacted their ability to tolerate people different to themselves. Students who have been on overseas placements are more likely to be cognitively flexible and able to tolerate ambiguity because they have had to explore another culture.

Fenech et al (2013) found that interacting with local populations was an important component of the overseas placement experience. This included learning basic local language, and attempting to converse in that language.

One of the key findings of Nunan (2006) was that participants in overseas exchanges, in the long term, “influenced their interaction with people from different cultural backgrounds, affected their political and social awareness, contributed to increased creativity and problem-solving skills, and enhanced their leadership skills.”
Please indicate the extent to which you agree with the following statements.

- Students agreed their experience gave them strategies to improve their clinical care of other cultures.

Cultural understanding

- The cultural activities improved my understanding of local culture
- The cultural briefing at ECU improved my understanding of local culture
- The hospital briefing improved my understanding of local culture
- Working in the hospital alongside local staff improved my understanding of local culture
- I feel empowered, as a result of the study tour to more effectively interact with other cultures
- I have learned strategies to improve my clinical care of other cultures

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
Funding
Please answer the following questions about tour costs:

- The majority of students agreed that the funding was appropriate.
- If funding wasn’t available the majority of students identified that $1,500 would be needed. A smaller group of respondents indicated that a minimum of $1,000 would be needed.
- Students identified that future tour participants should budget $20-$50 per day for meals and incidentals.

Funding and costs

- The funding level was appropriate
- The hotel cost was reasonable
- The cost of transport was reasonable
- Overall funding was sufficient for the tour

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
In a literature review, conducted by Standage et al (2014), the authors found that across the literature reviewed international placements and study tours highlighted differences in technical skills and autonomy. Differences were felt to relate to education as well as corporate organisation within the various healthcare institutions. Other differences noted in the literature included the emphasis various countries placed on public health, as well as the doctor-nurse relationship.

Of particular interest to the Bali study trip were the findings of Smith-Miller et al (2010) who, in a study of healthcare experiences of students in developing countries, found that the students noted a “lack of technology, a low nurse to patient ratio, reliance on lay carers, and a lack of patient rights. This led a number of students to question the disparities of global healthcare provision.”
How similar have your Australian placements been to your Sanglah experience?

- The majority of students identified that the Sanglah hospital experience was different to their Australian placements. However the opportunities on many wards in Sanglah are not available in Australia.
Recommendations
Recommendations

• Briefings and Applications
  – Ensure application process includes interviews
  – Improve timing of acceptance to maximise time to purchase flights at lowest cost

  • *There seemed to be a delay in getting an official acceptance which made it difficult to budget and plan travel or time off work.*
Recommendations

• Hotel
  – Location

  • *It was a decent hotel but difficult go get to. When returning to the hotel from tourist areas many taxi drivers would either refuse to transport or demand higher prices without using the meter. They said this was because they had no pickups when they drop us off.*
• Ward selection
  – Drop the intermediate ward
  – Increase time in ED including afternoon shift

• Supervision
  – It would have been good if we got paired with a nurse for the shift for example in paediatrics we got paired with a nurse in our divided group, and showed us around the wards and we were able to ask her questions and if we could do tasks for them.
• Debriefs
  – Consider different ways of conducting them
    • *I felt the debrief sessions were too large. I had no issues bothering me but had I had some I would have to really consider whether or not to speak up in such a large group. Perhaps smaller debrief sessions in our groups would be more appropriate?*

• Assessments
  – Amend log books
    • *The skills workbook signoff was a great idea but could not be implemented at the time. If it could be properly implemented I would strongly agree.*
  – Properly implement daily handover
• Funding – Ensure funding continues

  – *Without the tour funding I would not have been able to participate in the Study Tour and missed out on this invaluable learning experience*
But what about the BIG questions?
List of References