



Going the extra miles for health promotion

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Students from Griffith University on an international clinical placement in Laos

International clinical placement for nursing students has sometimes cynically been described as 'clinical tourism' – a situation where students and academics take a vacation whilst providing incidental 'drop-in' health care. This was not the case for 18 students and three academics from the Logan, Nathan and Gold Coast campuses of Griffith University undertaking a placement for the course 'Community Health and Diversity' in Laos. The learning objective for the students was to gain an understanding of primary health care delivery, within a community development project, by participating in a range of health promotion and education activities and illness prevention strategies. The learning experience overall however, was beyond expectation and life changing.

Selection for this international placement was based on expression of interest, academic merit and ability to

self-fund the trip. As a placement setting, Laos was ideal. Laos is considered to be one of the 10 poorest nations in the world with the majority of its population having no access to adequate health care, housing and sanitation. At present it is in its early phase of rebuilding from the ravages of war and geographical isolation, with community projects taking place in various parts of the country. One such project is the Seuang River Valley Community Development project, two hours north of Luang Prabang, which focuses on a sustainable future for the mountain people in 12 villages (almost half live below the poverty line).

An offshoot of this project is community health care. Through the assistance of volunteers, this entailed the development of programs such as health education for basic sanitation, data collection and monitoring prenatal health checks, school health education

and developing a community medicine box. The purpose was to establish long-term health care goals with students initiating and supporting the programs. To achieve this, the students lived in arranged home-stay accommodation in one of the villages, becoming part of that family for three weeks. Immersion in the culture meant students socialised with family members, which then quickly developed into strong bonds with close exchanges of humour, language, culture and information about health. As one student said "the love, acceptance and kindness was so amazing. We walked into their lives as strangers, yet we left as a family member".

Setting up and running three primary health care clinics (mother and baby; children; and adult) in the classrooms of the local schools in the Seuang River Valley District was a daily challenge with no electricity, running water, clinical equipment and other amenities that are taken for granted in Australia. Many villagers waited for hours to be seen. A throughput of 180 people on any one day was not altogether unusual. They came out of curiosity, but several also sought help for minor acute conditions including toothache, ear infection, diarrhoea, backache and major chronic illnesses such as vitamin B and iron deficiencies, untreated farm work related injuries, cardiovascular disease and arthritis. The majority of the locals had never seen a doctor in their lives. It was the first time that Western health workers came to their district. Lecturer Hazel Rands, of Griffith University, remarked: "students had to utilise a much higher level of clinical assessment and critical thinking skills than in

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Australia and rely on nursing diagnoses and discussion with local health workers to develop treatment plans based on limited supplies of medications and clinical equipment”.

This work, for some students, was long and exhausting, leaving little or no time for debriefing and forward planning. For other students, the afternoon of planned educational activities with children such as hand washing, brushing of teeth, washing and brushing of hair and healthy eating were the highlights of the day.

Witnessing real life experiences of human hardships such as no analgesia for labouring women, no suturing materials for lacerations, no rehabilitation services following strokes and no life support for premature infants, were very confronting for some students. Limited resources and a shortage of adequately trained local health workers will continue to threaten the health of these villagers. Future placement in this setting requires an approach that is more sustainable: “Next time I would like to see a stronger focus on health

promotion and education by involving local health workers and school teachers; and ways of combining traditional remedies and Western medicine. I would also like to run some women’s groups as I believe if you educate the women, you educate a family and ultimately a healthier next generation” said Hazel Rands.

Rachel Walker, the Clinical Coordinator at Griffith University, reports that organising and planning is underway for a student group placement to the Seuang River Valley in Laos in 2011, with a view towards a possible multidisciplinary team of undergraduate health students comprising the disciplines of nursing, medicine, dentistry and physiotherapy.

Donations from organisations and individuals are being sought so that resources can assist with the stocking of local clinics and hospital, which at present lack basic essentials. ■

Contributions can be made online at: <https://app.secure.griffith.edu.au/donations/info.php>. Select: Laos nursing student placement donations.



Students were involved in a variety of health care and health promotion activities

► Continued from page 38

because they are mean, but because they don’t know what to say or they’re scared of saying the wrong thing.

If we are to be a compassionate society, we need to start letting go of the fear of saying the wrong thing and be prepared to sit and listen to sad, dying and grieving people, no matter how uncomfortable that makes us feel. My job is to inform and empower people in the community to do this.

Health professionals, especially nurses, have the same fears and apprehensions about uncomfortable conversations as the general public, hence they get stressed, anxious and often ‘burnt out’. I do lots of work with health professionals around finding the joy in their work, in their everyday lives and building resilience. We need to care for ourselves just the same as people in the broader community!

I do lots of lecturing, seminar work and speaking at conferences and am building on the mainstream media work I’ve started over the past year. I’ve appeared on The Circle on Channel 10 and on lots of radio. I am focusing on being out there in the general community so people will start to think about what ‘deathtalker’ means. So they will understand that if they avoid conversations because they are scared of death, this makes the person who is grieving feel totally alone.

Talking about death should be as normal as talking about sex, contraception and birth. It’s as important as teaching your kids to drive or about the safe use of drugs and alcohol. Death is the one certainty in life and the sooner we become more comfortable talking about it, the sooner we can focus on living a fruitful and joyful life. ■

I’m happy to talk anytime, anywhere to any audience and people can contact me via my website: www.deathtalker.com