

BINAWAN INDONESIA - UTS -AUSTRALIA CENTRE MEDAN(ACM)

CASE STUDY OF A NURSING PARTNERSHIP 2006/7

(input to Michael Fay AIBC submission from Stevens Manager Australia Centre Medan)

Students did 3 years of Nursing Degree in Indonesia, taught in English with quality control and curriculum assistance from UTS.

In practice much of the teaching was in Indonesian.

ACM provided English language instruction using Insearch UTS (now UTS College) courses, assessment done by Insearch Sydney. There were 10 levels of EAP (called AEP by Insearch), aim was for students to pass level 8, then move to Sydney and complete levels 9 & 10, after which they moved into the final 18 months of a UTS Nursing degree.

In fact, many students progressed to Sydney at a level below 8, in which case they spent longer at Insearch before commencing their nursing studies.

On completion of their study, they would receive dual Indonesian and UTS Nursing Degrees, and hopefully also acquire an Australian RN qualification.

Several hundred students passed through the program. Most (eventually) passed the English program. The majority passed the UTS Nursing degree but very few qualified as RNs.

95% of the students who went to Australia remained there permanently, most working as nursing aides or in aged care facilities.

Note that at no time did these students sit IELTS or equivalent.

Nursing Students

These students were very different from the typical self-funded student who studied in Australia.

- Nursing is a low status and poorly paid career in Indonesia. Very few students from higher socio-economic groups are interested in pursuing it.
- Students were from lower socio-economic backgrounds. They did not have the financial means to study in Australia without assistance.
- Many came from village or small-town backgrounds.
- For the above reasons most had very little prior exposure to English and English levels were generally poor.
- Most had good SMA grades.
- They were dedicated and hard working and genuinely saw nursing as a desirable profession.

THE TWO DILEMMAS

1. Funding

As nursing students will almost never be self-funding, ways must be found to cover the costs of their courses. Possibilities here include:

- Govt funding through scholarships or special training courses (either Australian or Indonesian govts).
- Soft loans to be repaid after graduation. Again, funded by govt or – in the case of Binawan – a private organisation. There are real problems in recovering these loans and Binawan had to write most of it off.
- A mixture of these.

2. English Language

- The entry level to enter Australian programs is IELTS 7.0 (also for RN).
- For most students the most difficult band to achieve this is writing.
The irony here is that a high writing score is of less importance to a practising nurse (although it may be necessary in terms of their study).
- However, listening (especially non -formal) and speaking (especially pronunciation) are essential.
- Many patients are elderly, non-English speaking background and in pain and will not be using formal language or making any concessions to the nurse's English proficiency – 'I'm really crook in the guts' cf 'I have severe lower abdominal pain', 'I've got the runs' cf with 'I have diarrhea'.
- Listening – a dosage of 15mg is very different from 50 gm. Such confusion could have severe medical consequences.

What to do?

Funding is the difficult one. Government sponsorship is one-way, private funding such as the Binawan student loan model is unlikely to succeed for the reasons above.

The real crux of this problem is getting the qualified nurses to return to Indonesia. Once they have Australian registration, they can work anywhere in the English-speaking world for much higher salaries than here. One Sunday of O/T in Australia is more than the monthly salary in Indonesia. And as long as qualified nurses can so easily attain Australian PR the brain drain will continue. This can only be solved at the govt level, such as not permitting the graduates to remain in Australia or easily access PR. Even those trainees who fail to achieve registration can easily find employment in the aged care and nursing homes sector. *Good for Australia but not necessarily for Indonesia.*

Costs can be significantly lowered by undertaking nursing UG training locally. It needs to be in English and with close quality control from the Australian institutions that will be accepting the students. What this training is and for how long and how much credit at the Australian end is of course a decision for the nursing experts.

A more global question here (from the Indonesian perspective) is should the students be trained to full Australian qualification standard? Should there be an overseas nursing degree that is accepted

for employment here but not in Australia, forcing nurses to return to Indonesia? It would need to be essentially of the same standard as expected in Australia or the whole exercise is pointless.

English language

Students will still need intensive English language instruction focusing on IELTS prep. This will be time consuming and expensive but can be undertaken in Indonesia. An issue again is who pays for this as the students won't be able to do so.

In addition, there needs to be extra focus on speaking and listening skills above and beyond IELTS requirements. A common misconception is that students need intensive work on nursing/medical terminology. In my experience this is almost never the case. Many of their textbooks are in English or English medical terms have been adapted into Indonesian. Students know the terms, but experience difficulty explaining them in English.

The problem of the 'real' language needed in a work situation is more difficult. It is impossible to cover all the informal language that might be encountered in the real world – there is simply too much. Some of the most common informal language possibly can be taught, but there are so many slang terms and euphemisms used just to describe for example, faeces, that where would you even start??

The only way is for students to accompany nurses on their rounds while still training, but concentrating on the language rather than clinical issues. This will further increase costs in language instructors are involved.

Once they are making their own rounds, they should not be doing so unaccompanied by an experienced nurse until training staff are confident of the new nurses' language ability. A problem here can also be an unwillingness of trainees to ask for explanation out of fear of seeming ignorant or worry about losing face.