

# A letter home

**By Michelle Harwood, RN, Staff Nurse, Starship Children's Health Centre, Auckland, New Zealand**

*Michelle graduated from the University of Ottawa with a BScN in 1996. She is currently on leave from her staff nurse position in the ED at the Children's Hospital of Eastern Ontario, Ottawa. For the past year she has been living and working in New Zealand. The following article details her experience at Starship Children's Health Centre, Auckland.*

**Kia Ora no Aotearoa** - Yes! Greetings from the land of the long white cloud.

I can't believe it has almost been a year since I left Canada to work overseas. New Zealand remains gorgeous. Maori people call it Aotearoa because, as you fly into New Zealand, a long white cloud is visible above the country.

As I continue to explore, New Zealand's diverse landscape continues to amaze me. From Waikaremoana's rainforest with bright green moss-covered tree trunks, Nikau palms, and fern undergrowth - to Coromandel's coast of gorgeous orange cliffs, white beaches, and blue oceans. From Key Summit's snow-tipped peaks and alpine lakes to Doubtful Sound's deep dark fiords. Rolling green sheep-dotted hills form much of the countryside - a frequent reminder that you are travelling in a different country. New Zealand really is a country of space - time - and beauty.

Working in New Zealand has been a fascinating experience as well. Starship Children's Hospital, located in Auckland, is a 150-bed hospital. It is the only paediatric hospital in New Zealand. I am working in the emergency department which sees approximately 32,500 children per annum. The children's emergency department (CED, as it is commonly called) opened in December 1992. It treats children up to their

fifteenth birthday. Approximately 60% of children are referred from accident and medical clinics, GPs, or transferred from surrounding hospitals. Starship sees problems common to most children's emergency departments, including viral illness, asthma, bronchiolitis, pneumonia, gastroenteritis, head injuries, fractures, and abdominal pain. A variation from what I am used to includes cases of rheumatic fever, a disease I thought no longer existed in first world countries. Numbers of children presenting with abscesses, meningitis, pneumonia, and meningococcaemia also exceed what I am used to.

Working within a hospital in a different country has really broadened the face of nursing for me. It has opened my eyes to the diversity and the vast scope of the profession. It has enriched and strengthened my practice. It has also challenged the way in which I practice, and encouraged professional growth.

Working abroad has enriched my practice by simply exposing me to ways a different hospital approaches the cornerstones of paediatric care. Starship CED's strong emphasis on family centred care is evident through an established standard of practise called a 'family review'. Here, nurses are required to document hourly interactions with families within the department. These interactions could involve informing the family of the waiting period, discussing the child's progress and future planned

interventions, or addressing present concerns or needs. This intervention alleviates much parental anxiety in an often busy and seemingly chaotic environment.

Family-centred care is evident during the triage process as well. Triage sheets have an allocated space for 'parental perception' of their child's illness. This encourages the exchange of perception and information from the parent/caregiver to the health care professional. This exchange often acts as a window into parental fears, misconceptions, and into the education required during a child's stay.

Utilization of cultural support also reflects on Starship's endeavour to enhance family-centred care. Cultural support at Starship is provided by Kaitiaki (Maori Health) and Fono (Pacific Island Support Workers). As



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well as providing cultural support specific to the above families and other families in the department, Kaitiaki form part of the pager-response team to Starship 777 resuscitation calls. Along with the emergency nurse and physician (team leader), PICU nurse and physician (airway management/handover to PICU), ward house surgeon (history from parents), surgeon, and x-ray department, Kaitiaki respond to trauma

and medical emergency calls. Kaitiaki are present to provide the emotional and cultural support for families in the resuscitation room.

Working in a different country has also challenged the way in which I practise. Exposure to variations in approaches to care for identical pediatric problems has forced me to move out of the habit of treating patients and completing tasks in an 'everyday routine' and into

the habit of questioning what I practise - why I do what I do - what literature and research supports what I do. The Children's Hospital of Eastern Ontario (CHEO) in Ottawa where I began my emergency nursing career, for example, treats bronchiolitis patients with nebulized Racemic Epinephrine and places children in mist tents (dependent on severity). Starship does neither of the above, managing sick bronchiolitis

patients with oxygen via nasal prongs, nasogastric feeds, and admission as needed. CHEO treats dehydrated gastroenteritis children failing oral rehydration therapy with intravenous fluids. The treatment of choice at Starship is nasogastric rehydration with Pedialyte. Intravenous therapy is considered second to failed nasogastric rehydration attempts.



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Presented with the comparisons in treatment, you question treatment efficacy and related patient outcome. You start to question the degree to which you have personally incorporated evidence-based nursing in your practice. You realize its value, and you look into initiating it to validate your current practice and guiding policies, to provide informed nursing care, to provide ethical care, and to promote excellence in nursing.

Professional growth and advancement of professional practice therefore occur as registered nurses increase accountability within their practice. Professional growth is also evident when registered nurses participate in the advancement of quality pediatric care within a department. Within the Starship CED, nurses are involved in many aspects of departmental development. The nursing quality group, to give a few examples, initiates audits of department charts (triage assessment sheets, transfer

documentation), develops patient advice sheets (fever, measles, head injuries, crying babies, chickenpox, etc), develops recommended best practice protocols (on conditions like burns, head injuries), and audits application of these protocols. Members within the team are also involved in disaster planning (implementing mock scenarios), research projects (securing peripheral IV cannulas), and coordination of monthly nursing case reviews. Professional practice is visible as these nurses forward the department's quality of care. Professional growth is also encouraged within CED by investment in nursing education. The department provides a comprehensive education program. One of the program's education days is on wound management. In-depth education on wound management has empowered me to make decisions optimizing patient care. When children return to the emergency department for post-burn or fingertip partial avulsion injuries for

instance, nurses direct dressing choice. Based on knowledge of the anatomy and physiology of wound healing, the advantages and disadvantages of dressing types, and assessment of the particular wound and its phase of healing, nurses manage wounds. The above education directs decision between a semi-permeable type dressing like OpSite, a silicone selective adherent one like Mepitel, a hydrocolloid like Comfeel, or hydrogel like Duoderm. Good wound management directly affects wound healing.

It is amazing to look back on a year and see the change - and the growth in one's practice. It is amazing to be able to grow into a new team - to be welcomed and encouraged. Working abroad really has changed the face of nursing for me - it is a profession of new depth, breadth and opportunity. 🇨🇦

**Noho ora mai, (I am well, hope you are well), Michelle**

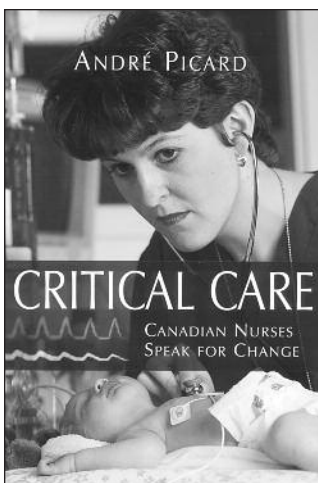
## Outlook

### Book Reviews

#### Critical Care: Canadian Nurses Speak for a Change

By André Picard  
HarperCollins Publishers  
Toronto, Ontario

Through nurses' stories of their daily work and challenges, André Picard, a Canadian author, aspires to give nurses a voice and more visibility. From a



nurse pioneer's to nurse clinicians' to a nurse politician's narratives, the reader will appreciate the multifaceted role and significance of the nursing profession. I would highly recommend this book for all nurses for its easiness to read, realistic view and uplifting quality. 🇨🇦

**Reviewed by Donna Cousineau, RN, ENC(C)**

*For more information about André Picard visit his website at: [www.andrepicard.com](http://www.andrepicard.com)*

#### Brain Attack: Danger, Chaos, Opportunity, Empowerment

By Paulina Perez  
Cutting Edge Press  
Johnson, Vermont

This is a wonderful book that tells the story of a 54-year-old nurse who survives a stroke. We follow Paulina's journey from onset of the symptoms to recovery.

What makes this book so easy to read is its diary format. A second item that made reading Paulina's story a pleasure is the encouraging quotes and proverbs which are found throughout the book. As nurses, the more we understand our patients' perspective of the events unfolding in their lives, the better equipped we are to care for them. 🇨🇦

**Reviewed by Jo-Anne O'Brien, RN, BScN, ENC(C)**

