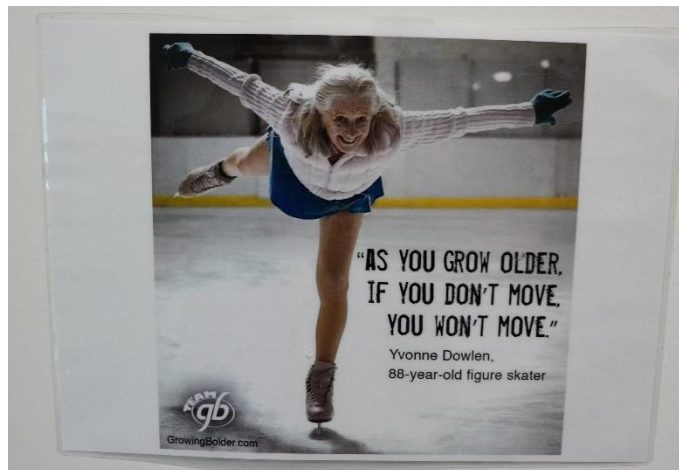


Report



“As you grow older, if you don’t move, you won’t move.” – Yvonne Dowlen

I came across this quote on ward C17 at Sir Charles Gairdner Hospital and it inspired me during my stay abroad in Perth, Australia. For the practice project of my thesis, I lived in Perth for three months and worked at Sir Charles Gairdner Hospital during this period.

For our scientific practical project, we, Annika Roske and I, were assigned to the general medical wards C16 and C17 at the Sir Charles Gairdner Hospital. Therefore, we had to make some preparations, such as having vaccinations done, booking flights, taking out health insurance abroad and organising accommodation. The hospital in Perth required blood tests, which could be done directly on site. The titres for hepatitis B, measles, mumps, rubella, chicken pox, diphtheria, tetanus and whooping cough were determined and we were tested for tuberculosis and MRSA.

It is worth mentioning that the Sir Charles Gairdner Hospital in Perth has a very good reputation and high standing in the field of research. Prof. Dr. Brigitte Tampin supervised our work in Perth and she was our first examiner for our bachelor thesis at the Osnabrück University of Applied Sciences. In addition, Dr. Diane Dennis was responsible for our project in the hospital and Dr. Dirk Möller was the second examiner at Osnabrück University of Applied Sciences.

It was very interesting to experience everyday life and the work routine in a hospital in Perth, because there were many similarities, but also differences to discover between the system in Germany and in Australia. I was impressed by the close cooperation between specialists, doctors, nurses, occupational therapists, physiotherapists and social workers on the ward. Every morning there was an exchange about each individual patient, in which all professional groups were represented.

The doctors in Australian hospitals wear their personal clothing, in Germany they wear white coats. Each worker wears a name badge on which the first name is written in large letters and the last name in smaller letters. This leads to a personal interaction in the team and with the patients.

The topic of our work was "Mobility Mapping" on a sub-acute medical ward.

First, we started with a pilot study on ward C16. This study was limited to behavioural mapping. This means that we observed patients at half-hourly intervals from Monday to Friday between 9 a.m. and 4.30 p.m. and collected data on activity levels and whereabouts.

After we finished the observation week, we moved to the subacute ward C17 to conduct our intervention.

During the first two weeks, the pre-intervention took place. This phase was based on the implementation of the pilot study. We also observed the patients every half hour from Monday to Friday between 9 a.m. and 4.30 p.m. and documented our observations.



In the third week, the intervention took place.

Here we developed and implemented an additional exercise programme based on the behavioural mapping and the already existing exercise circle on the ward. We introduced the additional five movement exercises to the patients, their relatives and the whole team and encouraged the patients to do them on their own.

In the post-intervention, we again conducted two weeks of behavioural mapping. This was like phase one and was purely an observation of the patients in terms of location, mobility level and length of hospital stay.

Following our research project, we evaluated whether the patients' activity level, location and length of hospital stay changed in the post-intervention.



We organised our accommodation in Perth from Germany in December 2018. Since we were a total of six students from the Osnabrück University of Applied Sciences, we booked our accommodation together through "airbnb". This house had four bedrooms, a kitchen, living room and two bathrooms. As a means of transport, we initially used

the new app "Ola cab", which is comparable to the private taxi company "Uber". To be more mobile and independent in Perth, we organised six bicycles. Fortunately, we were able to rent three bikes directly from the hospital and my fellow students bought three more bikes via the website

"gumtree". From time to time, we used bus connections, e.g. to Curtin University or the beach. In addition, the train connections were very good, for example for a trip to Fremantle.

Our working day usually took place from Monday to Friday from 8.30 a.m. to 4.30 p.m. Apart from our research project in the clinic, we had the chance to sit in on a physiotherapy practice, attend a lecture at Curtin University and take part in practical physiotherapy exams as volunteers.

Weekends were often filled with sightseeing and activities. We went on small trips, e.g. to Swan Valley for wine and chocolate tasting, stunning beaches, street food festivals, Rottnest Island, skydiving, bouldering, etc. Overall, we were able to create a good balance between work and leisure as well as travel.

I am very grateful for the time I was able to spend in Perth. Perth became a home for me and I was able to develop a feeling for the city. I particularly enjoyed the insight into everyday hospital life, the exchange with the physiotherapy students at Curtin University, the new knowledge about the healthcare system in Australia, the use of the English language and the diversity of nature in Australia.

I would like to thank the University of Osnabrück for giving me the opportunity to conduct my final study in Australia with the support of PROMOS.



I am convinced that our final thesis in Perth has further intensified the cooperation between Osnabrück and Perth, between Germany and Australia.