

**Nursing Education Systems of the  
United States, Australia, and Italy**

**Sabbatical Report**

**Dr. Peter Brooks**

**August 11, 2023**

## **Nursing Education Systems of the United States, Australia, and Italy**

The goal of this sabbatical project was to compare the nursing education systems between the United States, Australia, and Italy. As a disclaimer, just like the curriculum and practices of Grossmont College are not the only way things are done in the US, nor are those of Holmesglen Institute and UniCamillus emblematic of Australia and Italy, respectively. What follows are my experiences and observations with these institutions of higher learning.

During my travels this year, I have visited 70 cities in 25 countries. I have gotten to experience five ancient cultures – those of the Romans, Greeks, Turks, Aboriginals, and Egyptians. I made great friends and personal and professional contacts in and out of the healthcare and education realm. While I talked to people all over the world about what I was doing, my main focus was on Australia and Italia. I will start out this report by discussing nursing education in the United States, which may be helpful to some, for context. (Nurses can probably skip this section, and move straight to the other countries.)

### **Nursing Education in the US**

For those who are unfamiliar with nursing education in the United States, it typically involves completing an accredited nursing program, either at the associate degree level (ADN) or the bachelor's degree level (BSN). This is a big difference between the US and Australia and Italy. Both ADN and BSN programs prepare graduates to become registered nurses (RN), but there are some key differences between the two options. ADN programs are typically offered by community colleges or technical schools and take around two to three years to complete. The coursework in ADN programs focuses on the fundamental knowledge and skills required for entry-level nursing practice, such as nursing theory, pharmacology, and clinical nursing. ADN programs also include a clinical component, where students gain hands-on experience working with patients in a healthcare setting, often concurrently with classroom work. Due to the accelerated nature of this program, all of the basic health sciences

(microbiology, anatomy and physiology, chemistry, etc.) must be taken prior to admission into the core nursing program.

On the other hand, BSN programs are typically offered by four-year colleges or universities and take around four years to complete. In addition to covering the same fundamental nursing topics as ADN programs, BSN programs also include the basic science courses, as well as coursework in areas such as nursing research, leadership, and public health. BSN programs also require clinical components in a variety of healthcare settings.

Both ADN and BSN programs in the US prepare graduates to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN) to become RNs. However, some employers may prefer or require nurses with a BSN degree, as BSN-prepared nurses are viewed by some as having a more comprehensive education and a broader skill set. (Many disagree.) In recent years, there has been an increased emphasis on BSN education in the United States, with some states and healthcare organizations requiring a BSN degree for certain nursing positions. However, ADN programs continue to be a popular and accessible option for individuals interested in pursuing a career in nursing.

Nursing coursework in the United States typically covers a wide range of topics related to nursing practice, including nursing theory, pharmacology, clinical nursing, research, and leadership. The specific coursework required can vary depending on the level of nursing education and the program's focus, but it is generally the same as those in Australia and Italy.

## Australia



The educational system for nursing in Australia includes both enrolled nurses (ENs) and RNs. Enrolled nurses are trained and educated through a vocational education and training (VET) pathway. This usually involves completing a Diploma of Nursing, which can be completed at a Technical and Further Education (TAFE) college or private institution. The Diploma of Nursing generally takes 18-24 months to complete, and upon graduation, the nurse is eligible to work as an EN (it is kind of an odd title, because they are not actually enrolled in anything). RNs, on the other hand, are required to complete a Bachelor of Nursing degree. This degree can be completed at a university and usually takes three years full-time to complete. Upon graduation, the nurse is eligible to work as an RN. Both ENs and RNs must be registered with the Australian Health Practitioner Regulation Agency (AHPRA) in order to practice as a nurse in Australia.

Similar to LVNs and RNs in the US, the scope of practice for ENs and RNs is different. ENs work under the supervision of RNs and provide basic nursing care such as medication administration, wound care, and patient observations. RNs have a broader scope of practice and can assess, plan, and manage patient care, as well as administer medications and perform advanced nursing interventions.

Overall, the coursework for nursing education in Australia is designed to provide students with the knowledge and skills necessary to provide high-quality patient care and to meet the changing needs of the healthcare system. The coursework covers a wide range of topics to provide a comprehensive understanding of nursing practice. The coursework is basically the same as ours, including Anatomy and

Physiology, Pharmacology, Basic Principles of Nursing Practice, Medical-Surgical Nursing, Mental Health Nursing, Community Nursing, Aged Care, Leadership and Management, and Ethics and Law in Nursing.

In Australia I partnered with Holmesglen Institute in Morrabbin, a suburb of Melbourne. Holmesglen has seven different branches, and is a leading Australian provider of vocational and higher education and one of the largest government-owned TAFEs in the state of Victoria. It is similar to the community college system, but they do offer bachelor degrees for some programs, including nursing. My contacts and hosts there were Melissa Ciardulli and Debra Kiegalde. They were wonderful and indispensable in showing me around the school and how they do things, as well as organizing some social events so I could get to know more of the faculty to share experiences and knowledge.

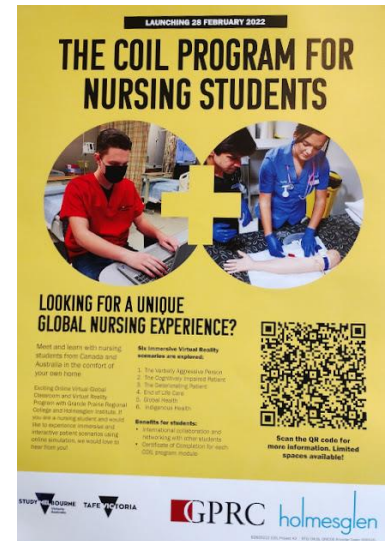
Holmesglen takes in 200 nursing students each term as compared to our 40. Their curriculum is fairly similar to ours, albeit in a different order. The biggest difference within their program is that they do not do clinical education concurrently with didactic. They have classes for a number of weeks and then they go to the hospitals for their clinical instruction, or “placement,” which is similar to how Italy does it. Also, unlike our program, they do not have clinical professors. The students are simply paired with a nurse and the nurse is responsible for their education during their placements. I don’t love this idea, because I want to know about and see exactly what my students are doing and learning in clinical, especially because I know that they often learn shortcuts and bad habits from experienced RNs. I believe it’s not only what they learn, but how they learn it, and that they know the “why” behind why we do things in certain ways. So I would not really like or trust this system of just turning my students over to random RNs. There are guidelines and standards, of course, but when the professor is not there, the nurses are going to do what they’re going to do, and I do not believe all the students get equal experiences.

One of the most impressive things about the Holmesglen program is their focus on sustainability through recycling and reusing supplies. (See additional PPT on this). They also have very modern and high-tech simulation suites. Their nursing labs look very much like ours, but their simulation facilities are like an entire theatre in themselves. They have a huge patient room with a one-way mirror, and on the other side of that, there are several rows of theatre seats, so the rest of the class can watch the students in simulations. There are large video screens that show the patient's vitals, and also a screen with a bird's eye view of the room, to provide another perspective. All simulations are fully recorded from different angles to point out learning opportunities later. They also always have live, paid actors acting as patient, complete with the appropriate makeup and wounds. It's incredibly impressive, and I was grateful to attend a few different simulations there.



## COIL

Holmesglen partners with Northwestern Polytechnic University in Alberta, Canada for collaborative online international learning (COIL). This is an amazing program that I had the privilege in which to participate briefly. Over the course of the COIL project, students and faculty worked together to create multiple online virtual communities that facilitate collaborative research, provide access to resources, enable nursing students to work together regardless of their global location, and enhance the future nursing workforce.



The project that I participated in involved a sophisticated, highly functional, and authentic virtual reality simulated learning program. Students from Australia and Canada participated in four previously developed online virtual reality simulations and met in a Virtual Global Classroom to debrief and share their learnings. These four modules included an aggressive patient, a patient who is cognitively impaired, a deteriorating patient, and a patient at the end of life. These are not cartoon avatars, but real people, acting out any number of scenarios that the students choose through their actions in the virtual environment. It is very impressive.

Holmesglen also got a grant to develop two brand new virtual simulations, focusing on Global Health and Indigenous Health concepts. Because both countries have recently had to reckon with their treatment of First Nations People, it was really wonderful to see these students working together from across the globe on a common problem in healthcare. I got to see this almost from the ground up, from storyboarding and casting indigenous actors, to editing and technical tweaking. It was amazing to see the students working together on scenarios that were relevant and impactful in both countries, and it looks incredible in virtual reality.

## Aussie Terms

While there are a ton of different words, phrases, and slang that Aussies use, this also applies to medical terms. The biggest thing they do is shorten everything, even when it doesn't exactly make sense! For example, definitely is deffo, devastated is devvo, relatives are rellos, avocado is avo, and for some reason, afternoon is arvo. This is just the tip of the iceberg!

In the healthcare environment, this is a little scary, because in medicine, we all need to make sure we are communicating well and are on the same page about our patients' plans of care. Therefore, when an American goes to work in Australia, or vice versa, they need to become familiar with the terminology and the culture of the area. This section will mostly be relevant to medical professionals, but here are some medical words and phrases, first in American, then in Australian.

Type and cross = group and hold

Labs = bloods

Labs out of range = "deranged"

Vitals = obs

Have a BM = open your bowels

Ischemic heart disease = IHD

Surgery/OR = Theatre/OT

GI Tract = GIT

IV Catheter = Cannula (no IV, just cannula)

Abdominal = Abdo (spoken)

RRT (Rapid Response Team) = MET (Medical Emergency Team)

NPO = NBM

GERD = GORD (oesophageal)

RBS = BGL

EKG = ECG

A-fib = AF

BR (bedrest) = RIB (rest in bed)

HTT = "A to E" (ABC, Disability, Exposure)

Femoral neck = NOF (neck of femur)

Chux = Bluey

RPOV (Routine Post Op Vitals) = RPAO (Routine Post Anesthesia Obs)

The acronym for checking on your pt is PEEP: Pain, Elimination, Environment, Position.



## **RN Licensing in Australia**

In Australia, they have recently adopted the nursing licensure exam is known as the National Council Licensure Examination for Registered Nurses (NCLEX-RN). The NCLEX-RN is a computer-based exam that assesses the competencies and knowledge required for safe and effective nursing practice, and is what we use in the US. The exam consists of multiple-choice and other types of questions that cover a range of nursing topics, including clinical nursing, pharmacology, nursing ethics and law, and health promotion. The questions are designed to assess the candidate's ability to apply nursing knowledge to real-world situations and to make clinical decisions as a new grad.

To be eligible to take the NCLEX-RN exam in Australia, nursing graduates must first apply for registration with the Nursing and Midwifery Board of Australia (NMBA). Applicants must provide evidence of completing an accredited nursing program, and meet other eligibility requirements such as English language proficiency. This is similar to our process with the Board of Registered Nursing (BRN). Overall, the NCLEX-RN exam is designed to assess the competencies and knowledge required for safe and effective nursing practice. It is a comprehensive exam that requires candidates to demonstrate their ability to apply nursing knowledge to real-world situations and make clinical decisions.

## **Working at Peter Mac**

I also worked part-time with the Peter MacCallum Cancer Centre, which is Australia's premiere cancer research and treatment facility. I don't want to take up too much time or space to talk about this, but it was an amazing experience. I worked within the Education Department under director Caroline Owen, and I wrote patient and staff education modules. For patients, I wrote "Surgery School," which tells patients all they need to know when they have a planned surgery (and being a cancer center, they are almost all planned). I familiarized patients with a lot of the equipment and devices they would encounter before, during, and after their surgery, and why we use them. I also wrote for the "Prehab" module, and incorporated some of this info into "Surgery School," which talks about building their body

up nutritionally and with exercise before the surgery, so they are starting from a higher level of health when they begin their post-operative recovery. I also wrote and supervised the recording of a module called "So now you have an ostomy." Many patients with bowel cancers will end up with a temporary or permanent ostomy, and along with the ostomy nurse, I wrote a module about all they need to know about the use and care of that. Then we recorded a video demonstrating all of this with the ostomy nurse educating my colleague, Sean, as the patient. (I wanted to be the patient, but we decided that my accent might be too distracting for the learners.)



Another really great thing I was able to do at Peter Mac was conduct three workshops on interprofessional teamwork for their new grad residents. Some of the disciplines represented were nursing, physiotherapy, social work, radiotherapy, pharmacy, medicine, exercise physiology, dietetics, and radiography. All of the workshops were a lot of fun and highly rated.

I spent days work in the operating room and on two different post-op floors, where I got to see a lot of differences in the way we do things and learned a lot of the terms previously mentioned. The scope of the practice for nurses is about the same, although in the OR, they have more people in the room which leads to some different divisions of labor than we have. Overall, it was about connecting with and serving our patients, and I quite liked doing that in a different environment and learning about their different lives and experiences. The best thing about Aussie healthcare is that it's all free, so no one ever has any worries about how they're going to pay for it, which is an enormous problem in the US. It's bad enough to be sick and undergoing serious treatments or surgeries, but then so many of our patients fret about how they're going to pay for all of it. It's just not fair. We have a very flawed system,

but of course I've always known that. Universal healthcare is so complicated that only 24 of the top 25 nations have been able to successfully offer it... The US, sadly, will never get on board.

Through Caroline, I was also able to meet with faculty from University of Melbourne, Swinburne University, and Deakin University, and exchange ideas about interprofessional education and learn more about the differences between US and Australian nursing education and practice. I made some great contacts there, including a few others who have doctorates in interprofessional education.

## ITALIA



Nursing education in Italy is structured differently than in the United States. In Italy, nursing education is provided through universities and is integrated with the medical education system. To become a nurse in Italy, students must complete a three-year Bachelor's degree in Nursing Sciences (*Laurea in Scienze Infermieristiche*), which includes theoretical and practical components. The nursing curriculum in Italy is standardized across the country and covers both theoretical and practical components, basically the same content as in Australia and the US.

In addition to completing the theoretical coursework, nursing students in Italy are required to complete clinical rotations in various healthcare settings, including hospitals, community health centers, and long-term care facilities. During these clinical rotations, known as “internships,” students work under the supervision of experienced nurses and physicians to gain practical skills and knowledge. There are no professors at the internships, just staff preceptors.

### **UniCamillus**

In Rome I partnered with the University of Saint Camillus, or UniCamillus. UniCamillus is an English-speaking medical arts university which has programs for nursing, medicine, dentistry, radiology technician, midwifery, and physiotherapy. My contact there was Dr. Fabio D'Agostino, the Bachelor of Science Nursing Dean, or “*presidente*” of the nursing program.

In Italy, nursing is a three-year bachelor's degree program. The order of the program can change from university to university because there is a law about the autonomy of each university. However, the content is basically the same because it must adhere to a national standard. What follows is how the curriculum is structured at UniCamillus.

In all three years, students take three units in the classroom, then one unit of clinical practice (which may just be lab and simulation). In year one, they have classes of clinical nursing followed by an internship, which is their clinical, held consecutively, not concurrently with their classes like our weekly clinical days. In year two they have more classes of clinical nursing, medical, and surgical nursing. In year three they have classes in specialization areas of nursing, e.g., critical area, maternal care, mental health, disabilities. In each year they also have laboratories, seminars, and extra elective classes that students can choose. But in each year or semester, the classes are held first, then the internships. Each year there is a clinical exam at the end of the internship. All together there are 4,600 hours of classroom and clinical internships, laboratories, seminars, and extra classes. Classes may be six days a week, 8-hour days.

### **Licensure in Italy**

In Italy, the nursing licensure exam is known as the *Esame di Stato* (State Exam). The *Esame di Stato* can vary by university, but it is an exam that assesses the competencies and knowledge required for safe and effective nursing practice in Italy. The *Esame di Stato* can consist of two or three parts: written, practical, and/or oral exams. The written exam covers a range of nursing topics, including clinical nursing, pharmacology, nursing ethics and law, and health promotion. The questions are designed to assess the candidate's ability to apply nursing knowledge to real-world situations and to make clinical decisions. The written exam usually includes both multiple-choice and short-answer questions.

After passing the written exam, candidates must then take the oral exam. The oral exam is typically a one-on-one interview with a panel of nursing experts. The interview assesses the candidate's ability to communicate effectively, apply nursing knowledge to real-world situations, and make clinical decisions.

To be eligible to take the *Esame di Stato*, nursing graduates must first complete an accredited nursing program and obtain a degree in nursing. After completing their nursing education, graduates must apply to take the State Exam through the Ministry of Health. The Ministry of Health sets the exam dates and locations and provides information about the application process.

The national nursing board is known as the National Federation of Nurses (Federazione Nazionale degli Ordini delle Professioni Infermieristiche, or FNOPI). The FNOPI is responsible for regulating the nursing profession in Italy and ensuring that nursing practice meets national standards. The FNOPI is composed of 21 regional nursing councils, which oversee the licensing and registration of nurses in their respective regions. (The 21 "regions" in Italy are like our states.) The FNOPI oversees the national licensing exam, which covers a range of topics, including clinical nursing, ethics and law, and health promotion.

In addition to licensing and registration, the FNOPI is responsible for setting standards for nursing education and continuing professional development. The FNOPI also promotes the nursing profession and advocates for the recognition of nursing as a vital component of the healthcare system. Nurses in Italy are required to be members of the regional nursing council in the region where they practice. The regional nursing councils are responsible for enforcing nursing standards and ensuring that nurses are providing high-quality patient care.

The *Esame di Stato* is not a standardized, computerized test like the NCLEX, but the procedure is somewhat standardized. Each university can customize their own exams, complying with the national standards. For example, it usually consists of a written exam AND practical exam, plus thesis defense, OR

a practical exam plus thesis defense. At UniCamillus it is a 15-question exam, multiple choice and essay. Then comes the practical exam where they have to demonstrate a few spontaneously selected skills, followed by a thesis defense, which is a report that is 40 pages minimum.

The Committee of the *Esame di Stato* is composed of professors of the degree course and two representatives of the Italian FNOPI, and two representatives of the Italian Ministry of University and Research. The representatives of the FNOPI check that standards are respected and take notes of the *Esame di Stato* modality, filling in a standard form. These data are then evaluated by the national board. Once licensed, RNs in Italy have a wide range of responsibilities, including patient assessment, medication administration, wound care, and patient education. There are also opportunities for further education in nursing in Italy. For example, nurses can do an additional one to two years of study to gain a specialization in wound or ostomy care, for example, or pursue a Master's or PhD in Nursing, which offers more specialized training and knowledge in a particular nursing field.

### **Collaborative Learning**

In addition to learning about their programs, I taught the Italians and Australians about ours. I prepared a PowerPoint presentation that outlined how our program, and nursing education as a whole works in the US. I presented this in multiple settings for faculty and students in both locations. I explained how ours is an associate degree program and how students can continue on in a BSN program, or they have the option of starting with a BSN program in the first place. Many participants had a hard time grasping how students can get the same RN license with either an ADN or BSN education. I explained how our ADN program contains only the core nursing courses and that the students must have completed all of the pre-requisites before applying, whereas in the Italian and Australian programs, like our standard BSN programs, the courses are built into the program.

Essentially, all of our programs contain the same types of classes, they just exist either inside or outside of the program, and possibly in a different order.

## **IPE DAYS**

One of the ways I sold myself to these schools was the promise to bring interprofessional education (IPE) to their programs. At Holmesglen they practice inTRAprrofessional learning (IPL) involving their diploma nurses (ENs) and their bachelor nurses interacting in simulations. I presented my IPE research to the Holmesglen faculty and board and they became excited and started talking about ways they could involve other programs to make their IPL become IPE. The other medical programs within their campus include pathology and laboratory technicians, physiotherapy, occupational therapy, health services assistants (which includes aged care and disability aids), and dental assistants. Although many of these disciplines will work together in the hospital or clinic setting, the biggest obstacle for them is schedules that do not align, making it difficult to bring many of these disciplines together. But they do understand the value and importance of IPE, and it is something they will look at when planning out the next school year.

In Rome, we had monthly preparatory meetings for an IPE Day to be scheduled in late May, 2023. We started these meetings in July 2022, beginning with me presenting my research on IPE. UniCamillus is ideal for this sort of thing, given the different disciplines they have on one campus. They have nursing, medicine, dentistry, midwifery, physiotherapy, radiology technician, nutrition science, and biomedical laboratory techniques programs. (Only the first five were able to participate this year.) Many of them were immediately sold on the idea, and excited about it, but had no idea about all it would take to produce such an event. I used all of our documents and plans as the template and gradually won more buy-in and participation from the faculty there. I had them divide into different committees to help plan the simulation, the skills demonstrations, and the ethics and team-building aspects of the day, and we met monthly for ten months to keep things on track. Because they have so many students and



limited faculty and space, we needed to run it on two days. There also needed to be quite a few changes made because our ethics portion involves a DNR, and they don't have that there; and they have different disciplines, so our skills and simulation needed to be revised as well.

In the spirit of COIL, in September I invited Mel and Deb to one of my Zoom meetings with my Italian team at UniCamillus, just to see what I'm doing with them. They both took an interest and serendipitously, they were both going to be in Italy for a conference in May right before our IPE Days. They made arrangements to stay in Rome and participated in the first ever Roman IPE Days with me! So, I was actually able to bring my two sabbatical worlds together! Here is an [interview](#) and some video from the day, recorded by the UniCamillus media team.



Fabio D'Agostino, Debra Kiegaldie, Melissa Ciardulli, Peter Brooks



The simulation portion required the most extra work and revisions. Because they have midwives, initially we thought the patient would be pregnant. But there are very few of them and since they couldn't realistically do exams on the patients, they decided to make the mom post-partum and do breastfeeding education for the groups who had a midwife. Also, for these simulation groups, obviously the patient needed to be female. In the other groups without midwives, the gender didn't matter. In all cases, the patient had had a fall and hurt their back and broke a tooth, so the physio and dental students had something to do. They also had sleep apnea, but refused to wear a CPAP, so the dentist was going to make a mold to make some kind of mouthpiece that would help with that. We also had an over-abundance of medical students, three times as many of them as nurses, so in all simulation teams, the patient and family members were med students. In exchange for them having what some might consider a lesser role in the simulation, it was these two who took the lead during the skills demonstrations.

Because the faculty didn't really understand everything about IPE Day going into it, they did not fire up the students or make it mandatory. This was a problem because the medical faculty firstly made it optional, so only a portion of the medical students signed up to participate, and in my opinion, they need this kind of training more than anyway. Secondly, of those who did sign up, just over fifty percent of them showed up on the day, so it was very frustrating and required a lot of scrambling at the last minute to rearrange the teams that I had spent hours creating and balancing. However, it all worked out in the end, and all of the faculty and attendees were so happy and excited as they saw what was happening and the potential impact these kinds of events can have. They are going to tweak it, as we have every year, and repeat the event in coming years with the lessons learned.

### **Measuring Success**

As we do with IPE Day at Grossmont, we did pre- and post-surveys about students' perceptions and attitudes about IPE. We use the valid and reliable ten-question SPICE-R2 survey. Statistically significant differences were noted from pre- to post-survey in every category, indicating that the students experienced a lot of growth in knowledge and experience, and gained appreciation for IPE. We had a strong response, with 100 students completing the pre-survey and 115 completing the post-survey. There are other things we looked at, but just to simplify it and show a few examples, the increases in the "strongly agree" responses from pre- to post-survey ranged from a low of 7.7 points to a high of 25.3, with most being in the high teens or twenties.

For example, one questions states, "My role within an interdisciplinary team is clearly defined." On the pre-survey, 54% of participants chose "strongly agree." On the post-survey, it was 78.3%. Another question, "I have an understanding of the courses taken by, and training requirements of other healthcare professionals" saw an increase from 46% to 71.3%.

The two questions that brought down the average were numbers 3 and 9. "Patient/client satisfaction is improved when care is delivered by an interprofessional team" went from 74% to 81.7%.

“Patient/client-centeredness increases when care is delivered by an interprofessional team” went from 66% to 73.9%. Awkward English could be partially to blame for this one (centeredness). Still, the overall increase in “strongly agree” from pre- to post-survey averaged 15.47 percentage points, and we are all very happy about that. As previously stated, we did look at other elements as well, but I think what sums it up best are some of the comments from the surveys (slightly edited for English grammar and clarity):

“I fell in love when I saw my colleagues of health care professions doing her/his job in a very comfortable situation, loving what they were doing, and explaining everything to us as we watched.”

“I guess my favorite part was the experience I was able to have, also thanks to Mrs. Debra, Australian nurse coming with us.”

“I just didn’t think that everything could be so amazing like it was... I felt so excited to experience these types of things and increase the knowledge to be in a team.”

“I learned a lot about other professionals that I didn’t know before (example: dentists also work on the respiratory system, for me I thought it was only the teeth) and I also see that working as a team has a better result for the patient.”

“I think this initiative should stay as a legacy for the other students for the future! GOOD ONE!”

I couldn’t say it any better than that! Roman IPE Days were a huge success!

### **Conclusion**

My travel and experiences of the past year have been amazing and invaluable. I always tell people not to worry about the cost of travel, because with travel, you earn much more than you spend. As an avid world traveler since my 20s, I have known this for a long time. This year I got to see and learn how socialized medicine works and is so much better than our system. I learned how easy it is to be green in the hospital and in nursing school when the faculty and administration are on board with it. Sadly, none of these things will ever be embraced here, but I got to see and believe that there is a better way out there, a better path, and a better work-life balance. I got to see that our education systems are not that different, and I got to bring my expertise in IPE to two different universities who are committed to carrying it on into the future. I am grateful for all the knowledge gained and the opportunities afforded to me. It’s been a great year!

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**Sabbatical Report - ABSTRACT**

**Dr. Peter Brooks**

**August 11, 2023**

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The goal of this sabbatical was to compare the nursing education systems between the United States, Australia, and Italy. I spent time working with an English-speaking medical university in Rome called University of Saint Camillus, a technical and further education (TAFE) institute in Melbourne called Holmesglen, and the premier cancer research and treatment facility in Australia, The Peter MacCallum Cancer Centre. I also had a few meetings with faculty of two other universities in Melbourne (Swinburne and University of Melbourne) and observed some training at UniMelb.

In working with the universities, I got to observe and participate in some classes, training exercises, and simulations. I shared with their students and faculties how nursing education works in the US, and talked a lot about interprofessional education (IPE), which is something the World Health Organization said must be a part of all healthcare education. In Rome, after about ten months of planning, I led their faculty in facilitating two large-scale IPE events in late May. Two of my Australian colleagues were also able to be there and participate in that.

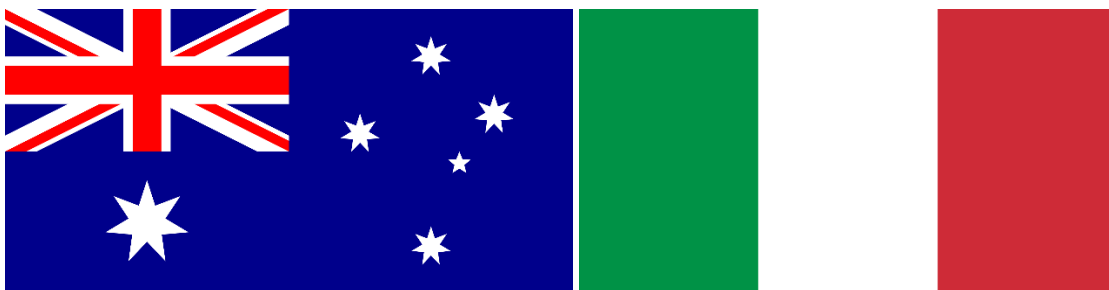
What I learned about the educational systems in these two other countries is that they are more similar to each other than to ours. They both are three-year bachelor degree programs (which has to do with the secondary education systems there, where they have “high school,” “college,” then “university”), and they both run classes and clinicals consecutively, rather than concurrently like we do. Neither has clinical professors, trusting their students’ clinical education to the hospitals’ staff nurses.

Regarding licensure, Australia is similar to the US in that they use the NCLEX-RN standardized test as the licensing exam, taken after the completion of an accredited nursing program. The Italian system is unique in that the *esame di stato* (state exam) is administered by the universities, and each university has autonomy in determining how that exam will look. It can be any combination of written, practical, and oral exams.

The best thing about healthcare in both of these countries is that it's all free, so no one ever has any worries about how they're going to pay for it, which is an enormous problem in the US. We have a very flawed system, but I've always known that. Universal healthcare is so complicated that only 24 of the top 25 nations have been able to successfully offer it... The US, sadly, will never get on board.

The personal implications of this experience were immeasurable. My confidence was bolstered as a result of being accepted by these facilities as an expert in the field of IPE. I presented on this topic at eight different international conferences during the year, as well as at the unis and hospital where I worked. The impact to the discipline, at least my small portion of it at this college, is that I plan to incorporate the theme of "A Global Perspective" into my classes. Over the years we have had themes of water, mental health, diet, etc., where the students need to incorporate that theme into their presentations. This year, they will need to have one of their sources be from an international nursing journal, and they will discuss research and treatment of their chosen disease from an international perspective. Americans travel so much less than Europeans or Australians, and if I can't help them experience other cultures and other ways of doing things through travel, at least I can get them to read about it.

I am grateful for all the knowledge gained and the opportunities afforded to me during this amazing year.



Here is an [interview](#) and some video from the Italian IPE days, recorded by the UniCamillus media team.



Fabio D'Agostino, UniCamillus; Debra Kiegaldie and Melissa Ciardulli, Holmesglen Institute, Myself





# **US, Australian, and Italian Nursing and Nursing Education: Similarities and Differences**

Dr. Peter Brooks  
Sabbatical Report,  
August 2023

**17 new tattoos**

**Visited 25 countries**

**Worked with 3 Universities**

**Spoke at 8 conferences**

**Traveled over 97,000 miles**

**Experienced 5 Ancient Civilizations**

## **My Year in Numbers**

**Visited 75 Cities**

**Slept in 44 beds**

**13 SIM cards → Watchlist?**

**Conducted 2 major IPE Events**

**Wrote 24 U-World education modules**



**First, let's start down under!**



# How to speak Australian



They have so many ways of saying things that are different to ours. Medical terminology and abbreviations are no exception.

NPO = NBM

RBS = BGL

A-fib = AF

BR = RIB

GERD = GORD (oesophageal)

Chux = Bluey

HTT = A to E (ABC, disability, exposure)

Femoral neck = NOF (neck of femur)

Ischemic heart disease = IHD

Surgery/OR = Theatre/OT

EKG = ECG (German k)

GI Tract = GIT

# How to speak Australian

In healthcare, it's important that we're all on the same page.  
So that was my first barrier, learning the language.

Labs are called “bloods.”

Vitals are called “obs.”

Surgery/OR = Theatre/OT

Abdominal = Abdo (spoken)

Type and cross = “group and hold.”

Have a BM is to “open your bowels.”

If labs are out of range, they are “deranged.”

IV Catheter = Cannula (no IV, just cannula)

RRT = MET (Medical Emergency Team)



# Nursing Education in Australia

Nursing is a 3-year bachelor's degree program. They also have a "diploma nurse" program, which sounds like LVN. They are not "registered," but "enrolled." ENs can then skip the first year of the BSN program, similar to LVNs here.

In years 1-2, students take three units in the classroom, then 1-unit clinical practice (which may just be lab and simulation). In year 3 it flips, 1-unit classroom and 3 units clinical.

Clinical block schedule, not concurrently. No professors at clinical, just preceptors.

800 clinical hours, 8-hour days. School year is Jan to Dec.



# Holmesglen Institute



Holmesglen has seven different branches, and is a leading Australian provider of vocational and higher education and one of the largest government-owned TAFEs in the state of Victoria.



# Holmesglen

Holmesglen takes in 200 students per semester, as opposed to our 40. State of the art facilities. Amazing simulation theatre







# They are GREEN! They separate trash



- Everywhere you go, in Oz and Italy, there are trash, separate recycling bins, and food waste bins.

# Green Initiatives in Australia

- Janet Connor, the Lab Manager at Holmesglen Institute, is as much of a green advocate as I am.
- Several years ago, she wanted to make a difference with nursing supplies, not only for cost savings, but more importantly, to keep plastics out of the landfill.
- If we can separate trash, why can't we do it with lab supplies and recycle or reuse them too?



# Green Initiatives in Australia

- Listen to Janet explain the processes in her own words on the next slide or [on this link](#). The volume is low, so turn it up.
- Especially note at the end where she says her efforts have saved the program AU \$20,000 PER YEAR! (US \$14,000)
- Some examples of her efforts and a recently published article follow...



# How Holmesglen Reuses Supplies



Refinancing shouldn't be stressful. We make it easy.  
Talk to your local lending specialist today.



Membership eligibility and T&Cs apply. Health Professionals Bank is a division of Teachers Mutual Bank Limited ABN 51 367 455 493 AFSL/Australian Credit Licence 238991

[Find out how](#)

< Previous

Next >

# The recycling, reusing, and repurposing of nursing and medical equipment in nursing education

By Janet Conner and Michelle McAlister | May 3rd, 2023 | 1 Comment

<https://anmj.org.au/the-recycling-reusing-and-repurposing-of-nursing-and-medical-equipment-in-nursing-education/>



## Medical equipment can be recycled for teaching nursing

We would be grateful if students could return the following used and unused equipment to the black recycling bins for repackaging.

**Let's reuse and recycle!**

Dressing Pack



Catheter Pack



including:  
plastic tray,  
drape,  
plastic wrap,  
forceps,  
swabs and  
gauze (clean)

Staple removers



Catheters

Nasogastric tubes

IV lines *including end caps*

Syringes

Burettes



Medication vials

Packing gauze

Blueys *(clean)*



# Recycling Signs

- Laminated signs are in the hallways and in all classroom and lab areas.
- The students are given a thorough intro to this at the beginning of their training, and then given a brief reminder at the start of every subsequent semester.
- ← These are the main items they recycle

## Medical equipment can be recycled for teaching nursing

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Staple removers



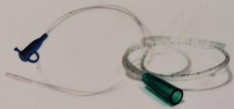
Catheters

Nasogastric tubes

IV lines including end caps

Syringes

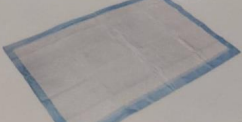
Burettes



Medication vials

Packing gauze

Bluesys (clean)



### Any questions?

Talk to Laboratory Manager, Janet Connor,  
T: 03 9564 6264  
E: janet.connor@holmesglen.edu.au

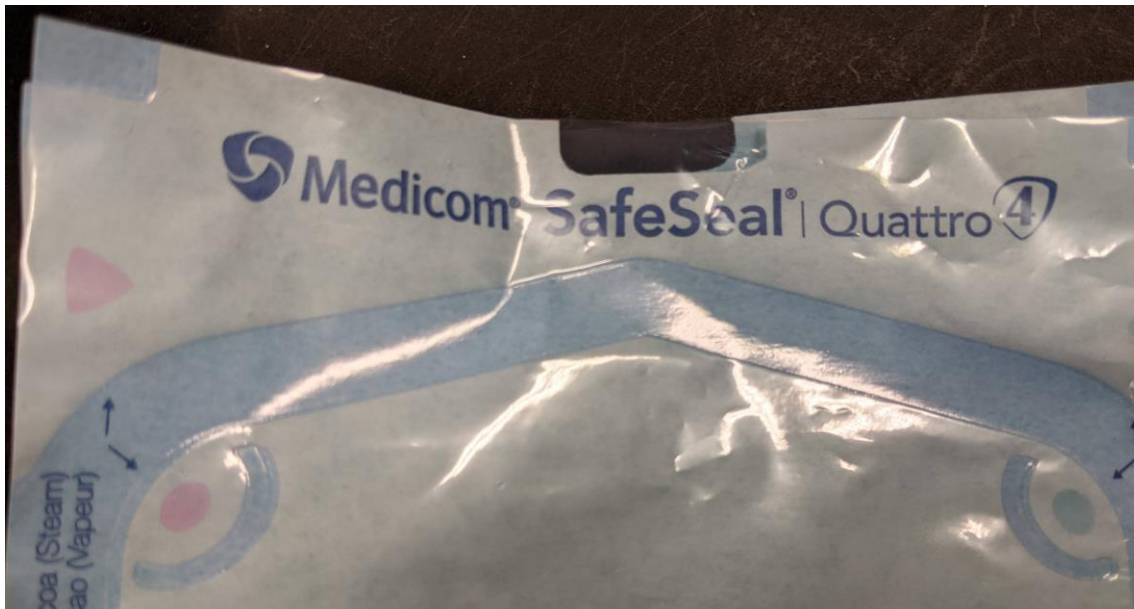
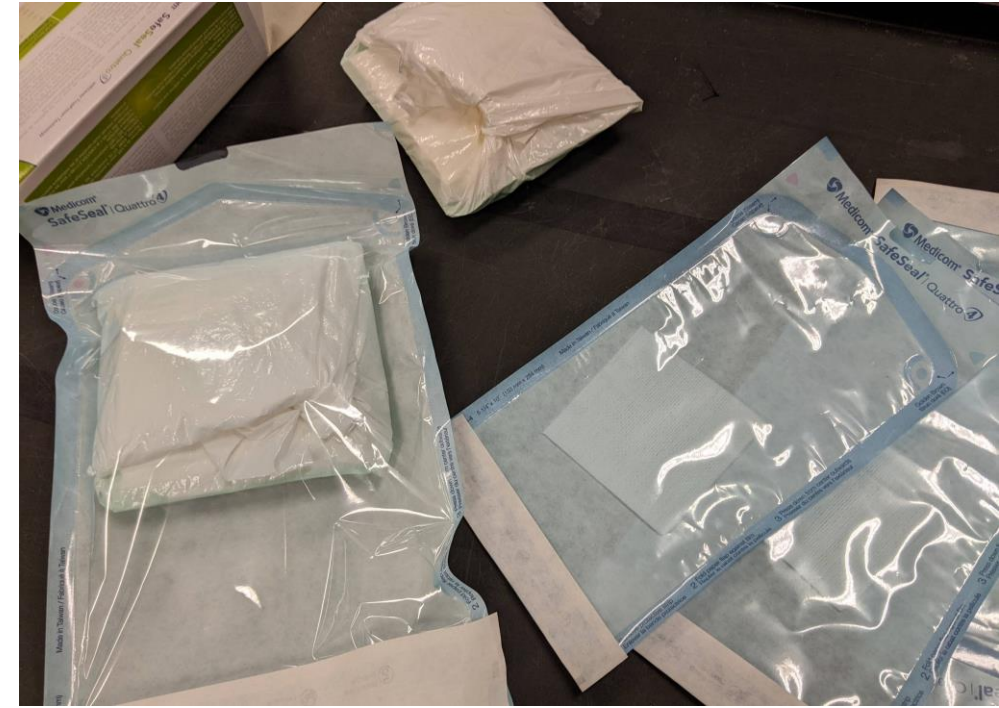
# Recycling Bins

- Special bins are in all labs and classrooms.
- The students and faculty fill them up with appropriate items and they are emptied each week for recycling.
- Could be student employment job?



# Peel-pack Bags

- By repacking almost any supplies in these, they are closer to the real thing for reuse by students.
- They come in a variety of sizes and do not cost very much.



Nearly every supply the students use, if not new, at least *appears* new, and gives them the feeling and practice of opening sterile packaging.



# Gloves

- Think of how many gloves students waste!
- They are completely clean and non-contaminated.
- They are also completely recyclable!

# DISPOSABLE GLOVES WASTE



**ACCEPTED WASTE** : Latex, nitrile vinyl and plastic gloves.



**UNACCEPTED WASTE** : Please do not include hair nets, ear plugs, and/or lab coats and garments.

# Gloves

- TerraCycle sends an empty box that is filled up with gloves over time.
- They are melted down and turned into pellets that can be molded and extruded to produce new products.



← This is the box. Once it's filled up, it's mailed back. All included in the cost.

<https://zerowastebboxes.terracecycle.com/products/disposable-gloves-zero-waste-box>



## Gloves

This is the BARE MINIMUM  
we can do to be greener.

[TerraCycle Website](#)

# DISPOSABLE GLOVES WASTE



**ACCEPTED WASTE :** Latex, nitrile vinyl and plastic gloves.



**UNACCEPTED WASTE :** Please do not include hair nets, ear plugs,  
and/or lab coats and garments.



# Syringes

- The plungers are pulled from syringes and they are all sorted by size.
- They are rinsed if something other than water was used in them.
- Once dry, they are put into new peel-packs for reuse, good as new!

# IV Bags: Explained in the video



100  
200  
300  
400  
500  
600  
700  
800  
900

free flex<sup>®</sup> 1000 mL

Code K690531

Sodium Chloride 0.9% w/v  
For Intravenous Infusion

Each 1000 mL contains:	9 g
Sodium Chloride	1000 mL
Water for Injections to	
Total Electrolytes per 1000 mL approx:	
Sodium	154 mmol
Chloride	154 mmol

Sterile non-pyrogenic  
Osmolality Approx 308 mOsm/kg water  
Isotonic  
pH 4.5 - 7  
Store below 25°C

Directions for use: Refer to package insert. Use only when solution is clear and practically free from particles and container is undamaged. Contains no antimicrobial preservatives. Use in one patient on one occasion only. For single use only. Discard any unused mixture. Keep out of reach of children.

Fresenius Kabi Australia Pty Limited  
Level 2, 2 Woodland Way,  
Mount Kuring-gai NSW 2080, Australia

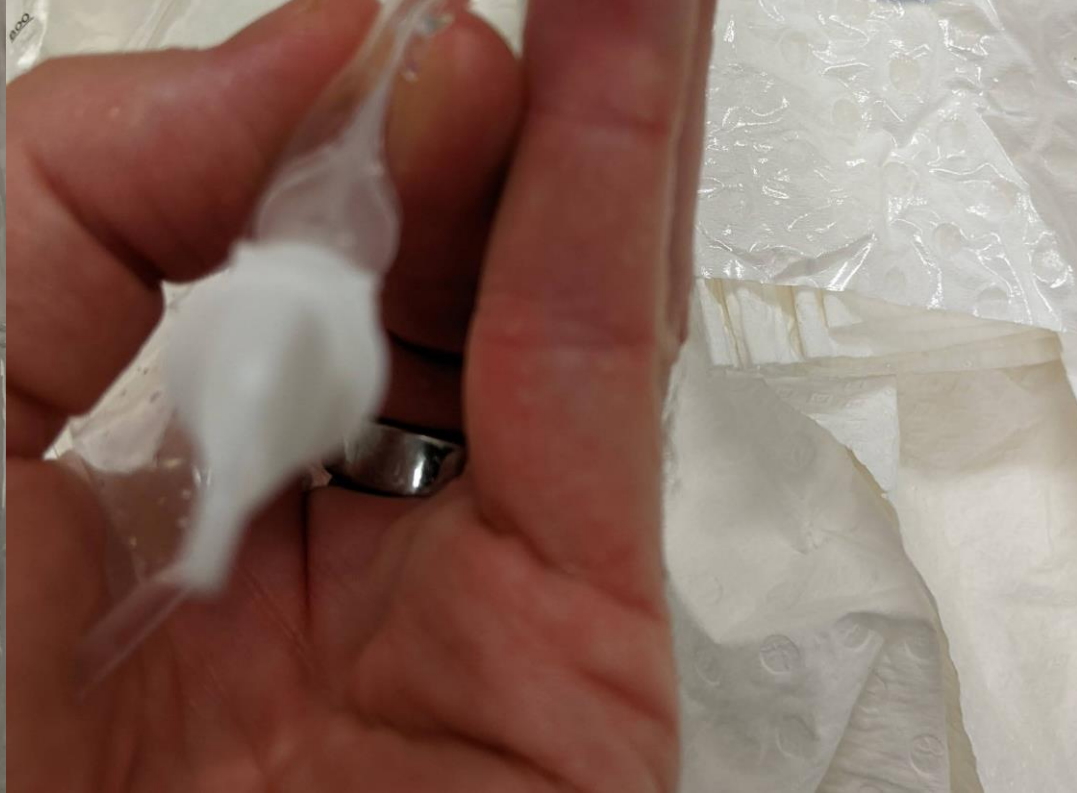
Manufactured by:  
Fresenius Kabi, Germany  
Fresenius Kabi, Norway  
Fresenius Kabi, India  
Code No.: MH/DRUG/PD/LVP/1  
AUST R 47400



Batch No.: 82PM695803

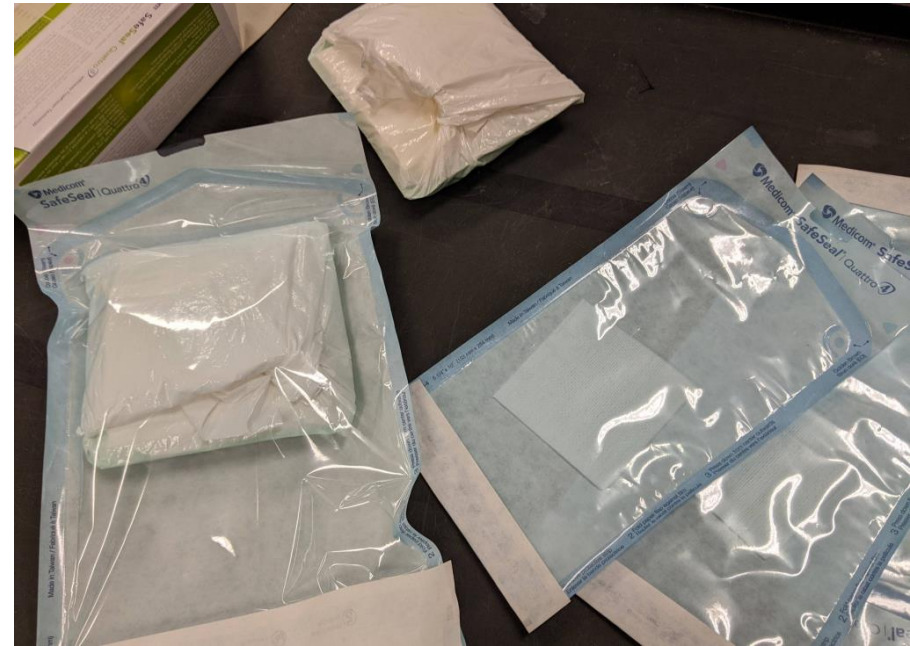
Expiry Date: NOV. 2023

NSIHFFX/B/17/00 AUS



# Dressing Kits

- These are refilled, wrapped to appear sterile, and peel-packed so students have the experience of opening a “sterile” package every time.
- The same is done with Foley kits and many other supplies, even sterile gauze!





# Vials

- Instead of standard one-time use medication vials, they buy this kind that has screw off-tops.
- When emptied, the top is unscrewed and they are refilled with water for liquid medication.
- For powdered medication that needs to be rehydrated, she puts in baking soda.
- Then she just prints out whatever label is required.



# Medication vials drying





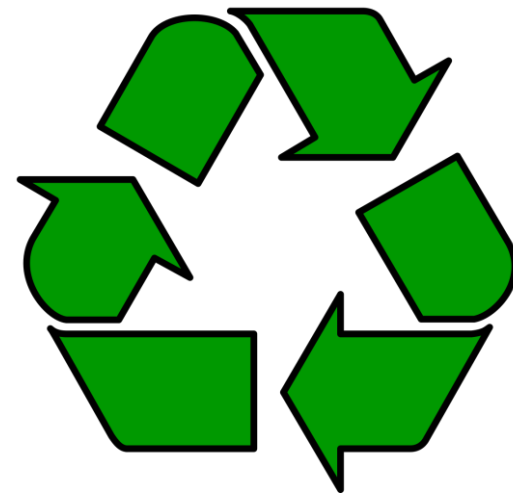
# IV Tubing

- This is another thing I know we try to reuse, but they hang on IV pumps or sit like rats' nests in buckets.
- After each use, they drain them and blow out the remaining droplets with a nebulizer.
- When they are completely dry, like everything else, they are peel-packed to appear brand new, and again, every use is like a brand new product!



# We have to be better about Recycling!

- It saves money
- It saves plastic
- It saves the earth
- It just makes sense!



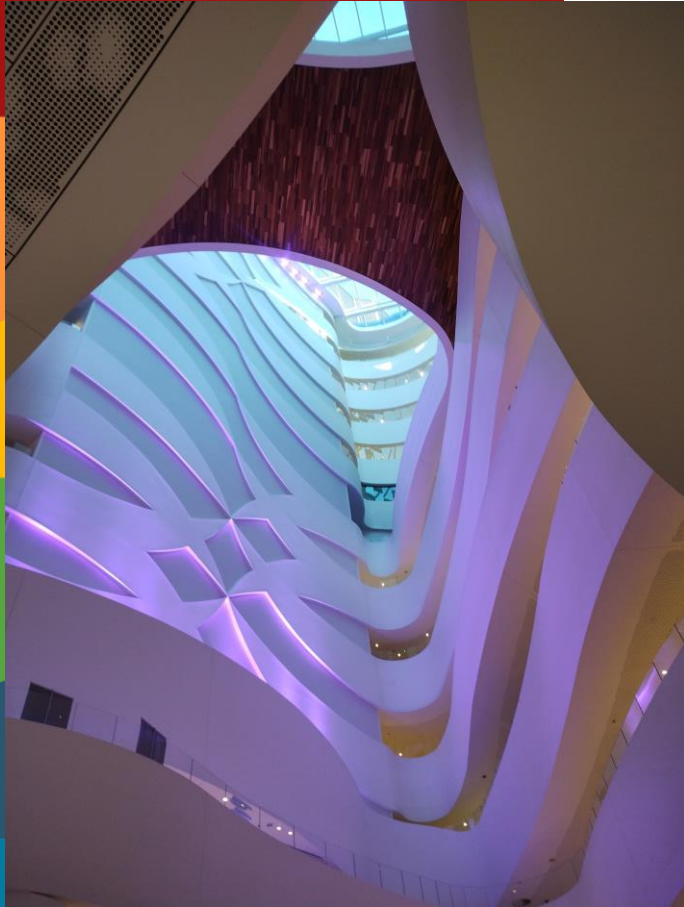
# Peter MacCallum Cancer Centre



This is Australia's premier cancer centre. It was amazing to work there.

Work Experience

**This building is incredible, and healthcare in Australia is so advanced.**



Peter Mac, or The Peter McCallum Cancer Centre, is the largest cancer research and tx centre in the country. Peter was an oncologist in the 1940s and he convinced the govt that they needed depts of oncology, and they agreed in 1949. He headed the School of Onc at UM for a time. PM is the only public cancer centre in Aus. They strive to be an embedded medical research institute.

# My Roles

Worked in the education department

Produced written and video content on

- Prehab
- Ostomy Education
- Surgery School

Conducted seminars on interprofessional education (IPE) for Ed. Dept. and new grad residents in several disciplines.

Observed in the Operating Theatre and two medical-surgical floors to find differences and similarities.



# In the OT

More Staff! Separate RNs for anesthesia, scrubbing, and circulating/documenting.  
Much more pleasant and collegial atmosphere, less hierarchy.  
Many doctors go by first names.  
Separate anesthesia room, where pt is inducted before going into OT.





# Floor Nursing in Australia

Nurse to pt ration is 1:4, can be 1:2 for acute or if getting blood products or chemo.

Shifts are overlapping to provide help in the afternoon:

0700-1530

1300-2130

2100- 0730

Ten hours on nights

New grad pay starts around \$32/hour



# Medications

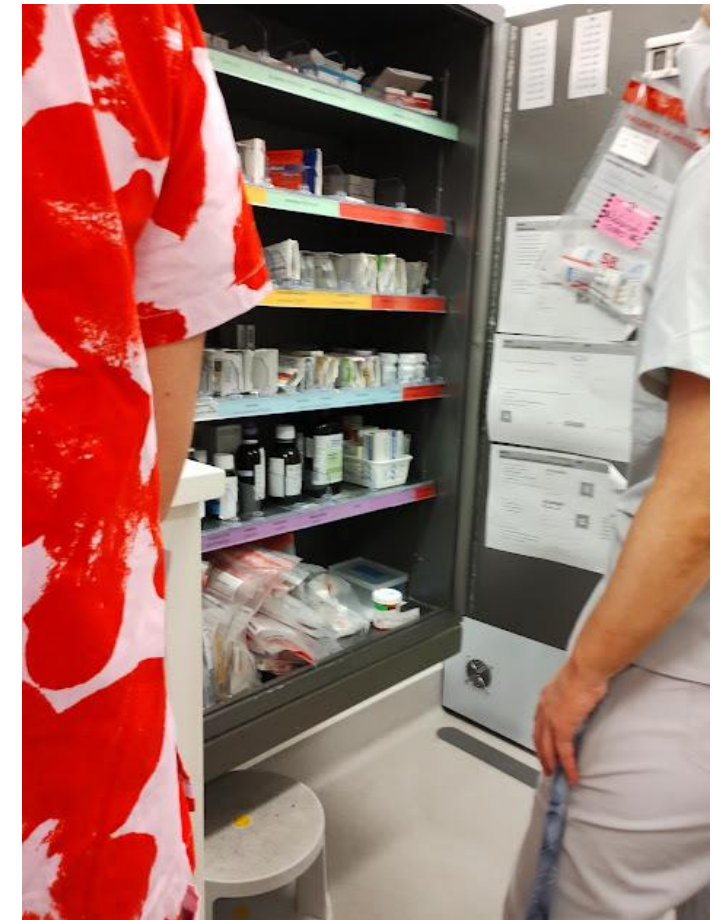
There is no Pyxis. The med room is just like a supply room, with pills in bottles on shelves, like at the pharmacy. The nurses have their pt assignments in their phones. They use their phone to scan the bottle, it verifies the med, and tells them how many tablets to take.



# Medications

Controlled substances are in a cabinet that two RNs have to scan their badges to open.

They pull the med with a witness, who then goes to the room and also witnesses the administration of the med.



FULL counts are done every day.

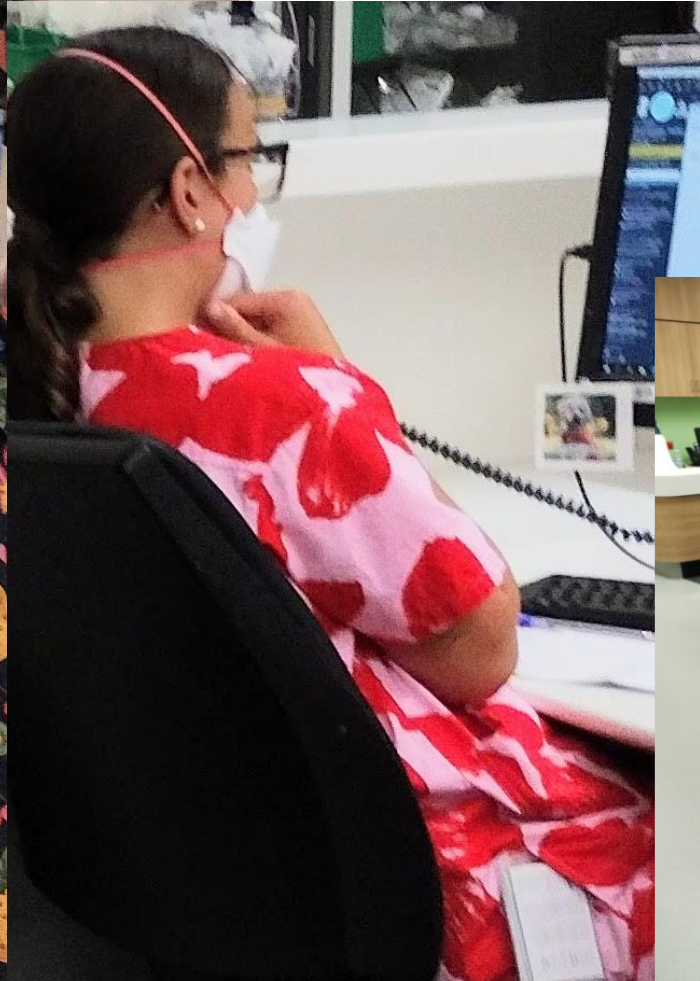
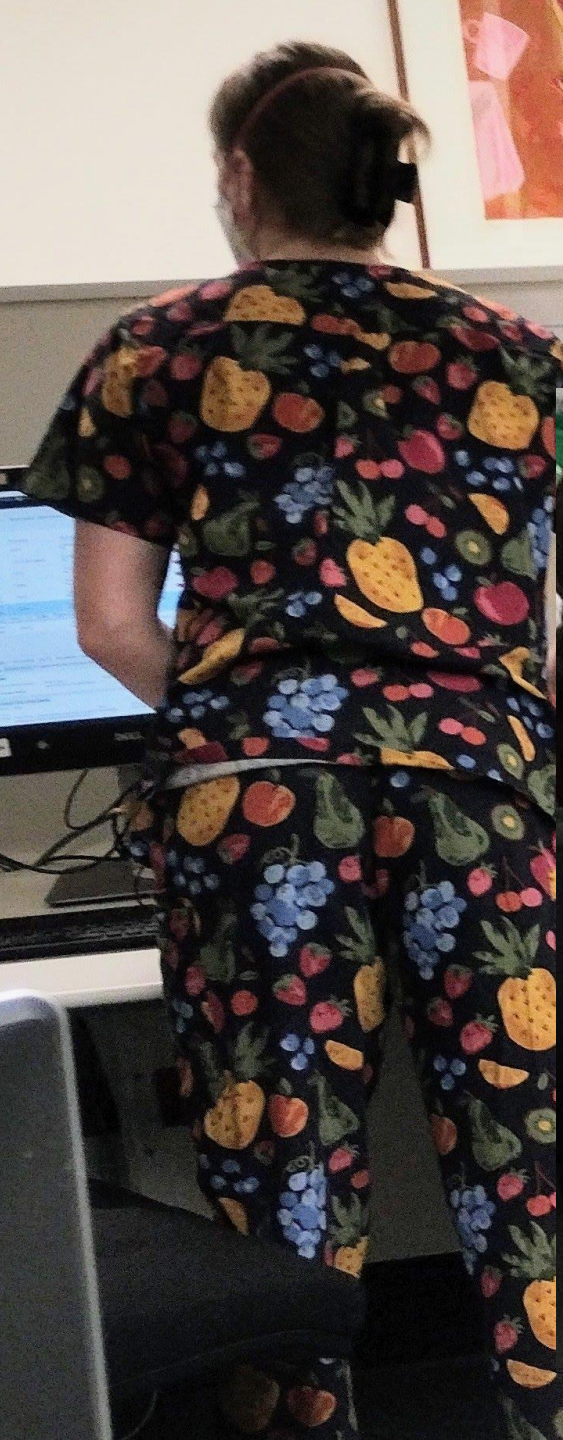
# Medications

Apart from controlled meds, the nurses just tell the pts what the meds are and leave the pills with them. 😞

This is bad practice, and I saw it backfire my first day when a chatty old lady called us in (not my pt) to ask “What’s the capsule? I’ve never taken it before.” 😞

Second day, OT found a mystery pill in a bed. 😞

# Bold Scrubs!



## GOING HOME CHECKLIST



- Take a moment to think about today
- Acknowledge **one** thing that was difficult on your shift: let it go
- Be proud of the care you gave today
- Consider **three** things that went well
- Check on your colleagues before you leave: are they OK?
- Are you OK? Your leadership team are here to listen & support
- Now switch your attention to home: **Rest and Recharge**

**They care about  
each other and their  
wellbeing.**

# Vernacare

## 102 AA 100

QUANTITY : 100



Quality Assured



- QA system complies with BS EN ISO 9001
- Independent audits by British Standards Institute ensure Vernacare products meet PAS29 for water retention and inactivation.



**They are also  
super green!  
Almost no single-  
use plastics.**



**Compostable  
urinals  
and  
bedpans!**





# Super Green Compostables

- Hats can be used directly, bedpan liners go in a fracture pan, which is then put into a dishwasher



# Super Green Compostables

- Urinals and compostables have been proven no leaks for >24 hours
- Items are put into a macerator that shreds them and flushes them away.
- No mess, no odor, and NO PLASTIC.



# Super green and logical

The nurses have the common sense to use paper med cups instead of plastic, as they know that plastic never goes away, and is only for liquids.



# No alcohol

No alcohol and no wiping of the first drop for blood glucose.

No alcohol with shots. I had five vaccinations there with no alcohol, the use of which is not EBP.



# Group chat

They have individual and group chats that they can use thru Epic and thru their phones. This way, they can quickly get ahold of each other to ask for help, to relay info to MDs, or to ask for orders.

Doctors are much less hierarchical, some going by their first names.



**Now, let's travel halfway around the world...**

(And realize that I made this trip four times this year)

**Benvenuti a Roma!**



# Nursing Education in Italia

Nursing is a 3-year bachelor's degree program.

Each year, students take three units in the classroom, then one unit of clinical practice.

Clinical is consecutive, not concurrent with their classes like ours.

No professors at clinical, just preceptors.

4,600 hours of classroom and clinical internships, laboratories, seminars, and extra classes.

Classes may be six days a week, 8-hour days, most of the year.



FNOPI

FEDERAZIONE NAZIONALE ORDINI PROFESSIONI INFERMIERISTICHE

# Nursing Education in Italia

STUDYING

NURSING

IN ITALY



<https://www.youtube.com/watch?v=SCNBk89n2AU>



# Nursing Licensure in Italia

Licensure exam is known as the *Esame di Stato* (State Exam).

The *Esame di Stato* can vary by university, but it is an exam that assesses the competencies and knowledge required for safe and effective nursing practice.

The *Esame di Stato* can consists of two or three parts: written, practical, and/or oral exams.

Each university has autonomy in delivering an *Esame di Stato*.

Graduates are eligible to take the exam after completing an accredited nursing program and obtaining a degree in nursing

# Interprofessional Education (IPE) Days

- UniCamillus International Medical University of Rome
- Five disciplines: Nursing, Medicine, Dentistry, Midwifery, Physiotherapy
- Around 250 students over two days, May 25-26
- First IPE experience, same format we use, was a huge success!



# Interprofessional Education (IPE) Days



<https://youtu.be/mKWc3ydcMwM>













# Interprofessional Education (IPE) Days

- IPE Day was a huge success!
- First time this was done at UniCamillus, and won't be the last.
- Significant differences found between pre-survey and post-survey on ten questions in three categories.
- But the real proof was in the excitement and smiles of the students, as they learned for the first time about, from, and with each other.

# IPE Student Comments

“I fell in love when I saw my colleagues of health care professions doing her/his job in a very comfortable situation, loving what they were doing, and explaining everything to us as we watched.”

“I guess my favorite part was the experience I was able to have, also thanks to Mrs. Debra, Australian nurse coming with us.”

“I just didn’t think that everything could be so amazing like it was... I felt so excited to experience these types of things and increase the knowledge to be in a team.”



# IPE Student Comments

“I learned a lot about other professionals that I didn’t know before (example: dentists also work on the respiratory system, for me I thought it was only the teeth) and I also see that working as a team has a better result for the patient.”

“I think this initiative should stay as a legacy for the other students for the future! GOOD ONE!”

I couldn’t say it any better myself! IPE Days, and this entire year, were a huge success!



# In Summary

We all have roughly the same education, with a few tweaks, and in a slightly different order.

Australia is much greener than Italy or US.

Working conditions are different for both faculty and working nurses, but with many of the same challenges.

Socialized medicine works but needs more IPE!





**With thanks to:**

**The Sabbatical Committee**

**Caroline Owen, Peter Mac**

**Fabio D'Augustino, UniCamillus**

**Melissa Ciardulli, Janet Connor, &**

**Debra Kiegladie, Holmesglen Institute**

**Katie Rivas, Grossmont College**