

Nurse Fellow: Margaret Howes
Dates of Fellowship: 6/2/2023-6/17/2023
Location: Mbarara University Science and Technology (MUST) Mbarara, Uganda
Program: Master's level, Mental Health Nursing
Goals of training program: Teach curriculum to 5 students in the first cohort of mental health nursing master's program at MUST. Content included review of Person-Centered Care (PCC). Review of some of the more common psychiatric diagnoses seen on the mental unit at the Mbarara inpatient psychiatric unit with some emphasis on differential diagnosis and the importance of nursing assessment for accurate diagnosing and treatment planning. In class discussion and assignments also focused on awareness about the leadership opportunity and new role of Advanced Practice Mental Health Nurses in Uganda and the importance of collaboration and communication.
Learning outcomes: By the end of the educational sessions, the nurses will be able to: Students will approach mental health assessment and treatment planning with a person-centered focus. - Verbalize the history and importance of the shift to PCC from the pure medical model for improved outcomes. - Understand and conduct patient assessments with a PCC focus. - Have a firm understanding of psychiatric diagnosis including depression, anxiety, and substance use disorder. - Present a case study to class and discuss rationales and critical thinking associated with the case. - Participate in evaluating peer cases and contribute to professional discussions. - Critically analyze feedback to improve learning, use evidenced-based (EVB) resources in practice and with care. Students will have a better understanding of leadership roles in mental health nursing in Uganda. - Review literature specific to Uganda and the initiatives outlined for improved services for mental health. - Students will establish professional relationships with key stakeholders in the psychiatric unit and nursing faculty. - Identify gaps in knowledge for patients, staff, communities. - Develop a tool for improved patient care planning, education of patients, staff, and family.
Nursing Fellowship Activity
Background: The nursing school at MUST has developed a graduate program for advanced practice mental health nursing. The curriculum is anticipated to include overlapping general classes with other graduate specialties including critical care, pediatrics, and midwifery. This is the first cohort of advanced practice mental health nursing students and currently there are 5 students in their second semester of the program. Clinical hours are completed in the psychiatric unit at Mbarara Regional Referral Hospital.
Baseline Assessment findings: A curriculum was forwarded with some direction around PCC and review of psychiatric diagnosis. On the first day of the fellowship a focus session was held with the students and faculty to review the opinions and concerns of the students and faculty as well as prioritization of goals for the two weeks. It was not possible during the first week to collaborate with the Psychiatric HOD of the unit due to a training taking place but introductions and meetings with various leaders including house officers and nurses were informally conducted with no significant direction identified by them. A group interview of a patient and the University of Auckland case study was conducted as a group to prepare students for independent assignments going forward.

1. Educational sessions

a. Training topic and brief outline of material covered

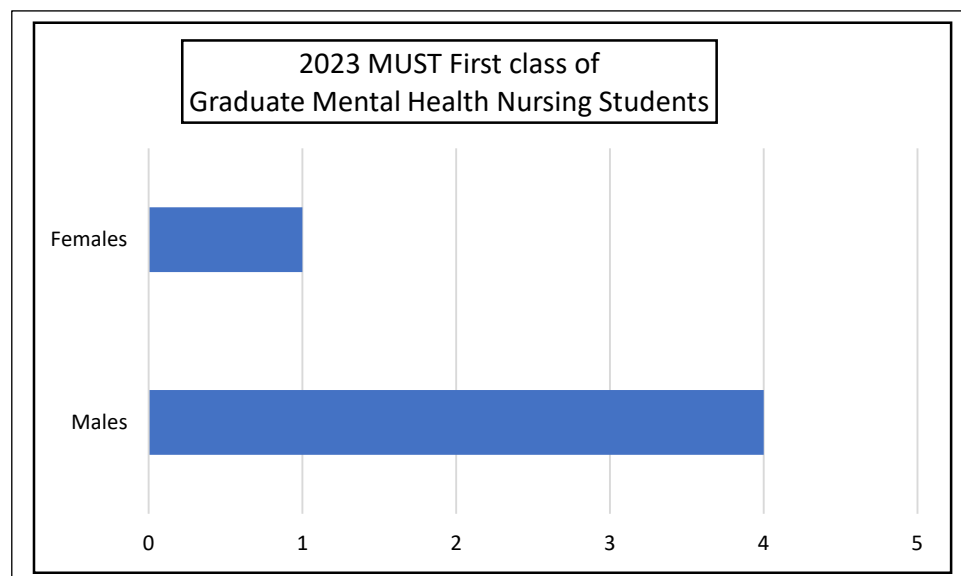
Person-Centered Care (PCC): use of articles from the syllabus and more current articles reviewing hx and current practice, TED talk Dr Ellen Saks “A tale of mental illness”, review of assessment tools used by MA DPH for management of dysregulation with a PCC focus. A common thread was synthesis of material within the nursing process to include assessment, nursing diagnosis, establishing treatment goals with rationales, and evaluating outcomes reviewed in case presentations by students.

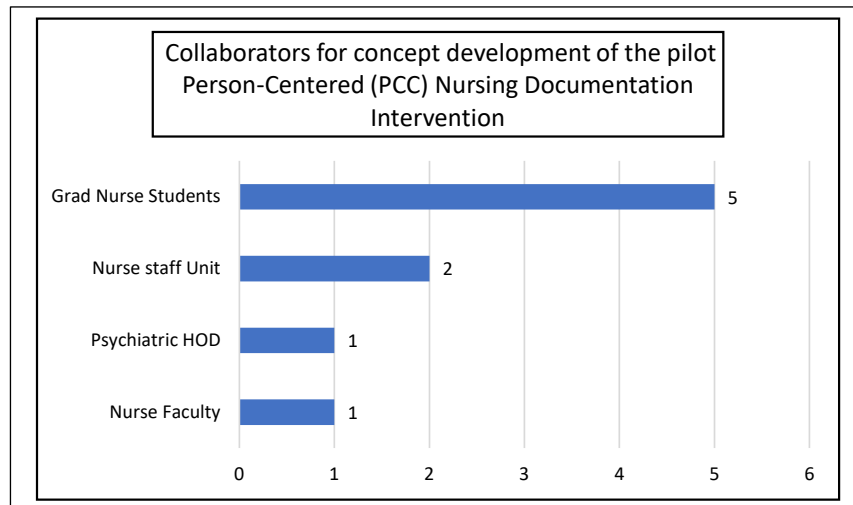
Review of Psychiatric Conditions and treatment planning: Review of Depression, anxiety, and substance use disorder within case presentation by students with an emphasis on differential diagnosis to rule out medical conditions. Resources used for teaching included the Massachusetts General Hospital, Handbook of General Psychiatry left with students, Nursing: Mental Health and Community Concepts downloaded for students, ICD-10 online and some current journal articles related to EVB practice.

Review of EVB therapeutic interventions that can be effective: Motivational Interviewing with a video by Bill Matulich, “Introduction to motivational Interviewing”, along with current articles offered related to bedside nursing and substance use disorder. Cognitive Behavioral Therapy reviewed with online materials and discussion.

Leadership and Communication: Articles regarding the national initiative to increase access to care for mental health reviewed and discussed with all case studies. The importance of recognizing the challenge for the first group of master’s level students discussed and debriefed with opportunity for reflection and feedback. Development of collaborative relationships with key stakeholders to address barriers including stigma, resources, lack of structural framework and burnout. Developed nurse documentation tool for the Psychiatric unit as a group. Collaborated with faculty, the HOD on the psychiatric unit, unit staff, patients and families to address immediate needs as well as contribute to long term planning for patients with a goal of diffusion at the community level as patients return to their villages.

b. Total number of participants trained (students, nurses, interns, residents, faculty)





Focus Group

Group Work & Discussion

After Meeting with HOD

Below: Estimated collaborators for education & care planning of the Pilot PCC Nursing Documentation project until the end of the 2023 summer semester. Psychiatric Grand rounds included live attendants including Psychiatry, Psychologists, Nurses, and online viewers to discuss a case and treatment planning. The focus of rounds was to increase the psychosocial lens of support in care.

Collaborators	Est impact #
Grad Nurse Students	5
Nurse Faculty	6
Psychiatric MD's	4
Psychiatric Residents	6
Staff Nurses	10
Rehab staff	3
Counselors	1
Student Nurses	>10
Patients & Families	>30
Communities	>4

2. Clinical Skills

a. Application of new skills in clinical setting

- Person centered interviewing and treatment planning.
- Rolling out a nurse note template in the psychiatric unit.
- A student will be the first nurse to present at grand rounds for the Psychiatry Department Tuesday 6/20/2023.

b. Completion of competency packet or how skills were assessed - if applicable

- Case Presentations were discussed in class, written up and graded per the Auckland University Case Study Template
- 10 questions for an exam were left with faculty for evaluation.

3. Evaluation/assessment:

● Pre/post educational sessions:

- Focus group meeting prior to teaching included feedback from students about support with nursing process, multidisciplinary collaboration, and measurable evaluation.
- Focus group meeting at the end of the two included improved verbalized understanding of the potential professional roles following completion of training, increased confidence in collaboration with Psychiatric Team and much improved understanding about PCC.
 - **Overall increase in knowledge:** Students showed improvement with critical thinking and synthesizing PCC in direct care, organizational and community-based interactions, and planning.
 - **Results of student's final evaluation:** Students all had the highest grades for case presentations. Exam questions are pending currently.

Development of Nursing Protocols, if applicable: Patient presentation to HOD

The patient nursing care chart is a pilot nursing tool that will be utilized by the Master of Nursing Science – students to offer holistic mental health nursing care to patients while employing both the techniques of offering person centred care (PCC) and nursing process with the aim of improving the overall mental health nursing care outcomes of patients with mental health problems.

Person centered care can be defined as treating patients as individuals and as equal partners in the business of healing; it is personalized, coordinated, and enabling (Health Foundation; 2014). Nurses acknowledge the need for compassionate involvement of patients and relatives in care decisions and care delivery as a way of offering PCC (Ross, Tod & Clarke, 2015). In addition, nurses also need to embrace the use of 'Nursing process' which can be defined as a systematic approach to care using the fundamental principles of critical thinking, client-centered approaches to treatment, goal-oriented tasks, evidence-based practice (EDP) recommendations, and nursing intuition (Karttunen et al, 2020; Younan et al, 2019) which is clinically significant in this dynamic, complex world of offering patient care.

In development of this 'Patient nursing chart', both the concepts of Person centred approach and the Nursing process have been incorporated.

Objectives include.

1. *Offering of holistic care to people with mental health problems as the skills of person centred care and nursing process will be employed.*
2. *Foster the offering of psychoeducation to both patients and their caregivers which enhances treatment compliance.*
3. *Enable nurses and patients/caregivers to work together to establish goals and achieve the desired outcomes.*
4. *Improve the follow-up of mentally ill patients by both nurses and other health care teams.*

References

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2. American Nurses Association, American Psychiatric Nurses Association, and International Society of Psychiatric-Mental Health Nurses. (2014). Psychiatric-Mental Health Nursing: Scope and Standards of Practice (2nd ed.). Nursebooks.org

3. Ackley, B., Ladwig, G., Makic, M. B., Martinez-Kratz, M., & Zanotti, M. (2020). *Nursing diagnosis handbook: An evidence-based guide to planning care* (12th ed.). Elsevier
4. Ross H, Tod AM, Clarke A. Understanding and achieving person-centred care: the nurse perspective. *J Clin Nurs*. 2015 May;24(9-10):1223-33. doi: 10.1111/jocn.12662. Epub 2014 Jul 22. PMID: 25047737.
5. Health Foundation *Person-centred care made simple*. London: Health Foundation; 2014
6. Coulter A, Entwistle VA, Eccles A, et al. Personalised care planning for adults with chronic or long-term health conditions. *Cochrane Database Syst Rev* 2015;(3):CD010523.
7. Karttunen M, Sneek S, Jokelainen J, Elo S. Nurses' self-assessments of adherence to guidelines on safe medication preparation and administration in long-term elderly care. *Scand J Caring Sci*. 2020 Mar;34(1):108-117.
8. Younan L, Clinton M, Fares S, Samaha H. The translation and cultural adaptation validity of the Actual Scope of Practice Questionnaire. *East Mediterr Health J*. 2019 Apr 25;25(3):181-188.

4. Challenges and how you handle them.

- Scheduling was confusing and unpredictable. Students were very eager to learn. For example, they came to school during a holiday, and it seemed at times they were missing other clinical time or classes to meet as much as possible during the two weeks. It was never clear to me their schedule but the times we planned to meet students arrived and the students who couldn't were well informed by their peers of the content and plans.
- Communicating with the group outside of class was a challenge because the class president was away. Another student stepped in to manage communication between all the students and myself, but it was a daily debrief.
- The students and faculty did not seem to have a routine or consistent system of assignments, grading or writing expectations. Over the two weeks with many discussions the routine of reading, writing and expectations became clearer. Communication and culture also contributed to some of the confusion. Often at the start of the class we would have a brief planning session to ensure we all understood the plan, goals, and expectations.

Personal reflections of the Fellowship

1. Lessons learned (professional and/or personal)

This experience was filled with profound lessons, both professionally and personally. Teaching person-centered care helped me realize that the very framework I was promoting in the classroom also defines my own clinical practice. Reviewing its historical roots and current evidence-based applications allowed me to better understand and articulate why a shift from a purely medical model to a more collaborative model that includes the patient, staff, and family is so essential.

As my confidence in my teaching and clinical knowledge grew, I began to understand that part of the support I offered the students came not only from what I taught, but from who I was and how I was perceived. As a white clinician from MGH, my presence afforded the students more visibility; appointments were easier to secure and their voices more readily heard by faculty and staff in the psychiatric unit. That realization was humbling.

On a personal level, the cultural learning was immense. Building relationships with individuals from such different lived experiences prompted daily reflection. Communication was especially challenging for me. I had to learn to slow down, actively listen, and embrace a storytelling style of dialogue so different from my own direct approach became part of the daily practice. Even when faculty and staff were clearly pressed for time, they consistently took time to share, reflect, and listen with intention. It was a powerful reminder of the importance of presence in human connection.

2. Success stories

- ✓ One of the first successes was creating space for students to voice their concerns to faculty and psychiatric staff - a dialogue we helped facilitate within a short two-week timeframe. The first focus group when they had shared goals for things like being graded on assignments to pass the course and their hope to build an intervention for improved patient care on the psychiatric unit was discussed. During the two weeks working together we accomplished graded case studies, I left questions and a study guide for Jannat and the HOD accepted a meeting to discuss the intervention. The meeting with the HOD was a little stressful as it included some critical feedback at first regarding nursing but ultimately built rapport and included an invitation for one of the psychiatric nursing students to present the nursing role on the

team at the grand psychiatric rounds. Per the nurse instructor this will be the first nurse to present the important role of nursing at the hospital psychiatric grand rounds and it was so exciting to watch this on zoom from the USA 6/20/2023. Another example of the collaboration included the students invited me to their research proposal presentation which meant they presented first and that helps them stay on track with their research work to hopefully graduate on time which is a significant stressor they shared.

- ✓ The class discussions were an amazing time for critical thinking and reflection. The discussions brought up so much opportunity to share their own work experiences and shared barriers including stigma, access to care, culturally accepted alternative treatments and the stress related to lack of resources. When the words in the discussion started to include empowering patients and supporting family education it felt to me like a breakthrough for opportunity was being nurtured. They are the pioneers for this opportunity for their country and I am so hopeful they will be leaders of improved care in Uganda.
- ✓ Building rapport with a patient during the first week was a powerful moment. The shared experience helped reinforce the value of person-centered care for both students and the patient. The patient-centered focus was a continued theme related to that case and the patient benefited so much from feeling heard during his patient stay. It was clear the concepts made more sense when we had all experienced the same interview with the patient and mother. With the patient we worked together to engage his perspective while offering psychoeducation and treatment planning for his depression and mania.
- ✓ Not only was teaching and Uganda an amazing success overall but the relationships within the context of MGH were an amazing success. This opportunity provides important talking points and increased awareness about the importance of community and healthcare from the ground in Boston all the way to Africa. Relationships within the fellowship were great opportunities of growth as well as bringing awareness to my own communities about the shared human experience of life on this planet and the resilience of people.

Name _____

Date _____

Critical Care Nursing Training Program Pre/Post Learning Assessment

This assessment will be made on the *first course day and the last.*

Please **circle** the number rating yourself on the following learning areas:

Topic area	Uncomfortable Comfortable		Need More Experience		
1. Calculating/and mixing medications	1	2	3	4	5
2. End of life care	1	2	3	4	5
3. Identify/manage types of shock.	1	2	3	4	5
4. Identifying cardiac arrhythmias	1	2	3	4	5
5. Resuscitation skills BCLS/ACLS	1	2	3	4	5
6. Ventilator management	1	2	3	4	5
7. Blood gas interpretation	1	2	3	4	5
8. Prevention of nosocomial infection	1	2	3	4	5
9. Neuro assessment	1	2	3	4	5
10. Fluid/electrolyte balance	1	2	3	4	5
11. Assessment surveys in trauma	1	2	3	4	5
12. Nutritional needs in critical illness	1	2	3	4	5
13. Diabetes management in critical illness	1	2	3	4	5
14. Acute GI bleed management	1	2	3	4	5
15. Acute stroke/brain injury management	1	2	3	4	5

GLOBAL NURSING

Nurse Fellow: Carole MacKenzie, BSN, M.Ed., RN-BC

Dates of Fellowship: August 14 – September 1, 2017 (Course held August 21-25, 2017)

Location: Mbarara University of Science and Technology (MUST) Mbarara, Uganda

Program: Clinical Instruction Training Program

Goal:

Increase the knowledge and competency level of Clinical Instructors at Mbarara Regional Referral Hospital and Mbarara University of Science and Technology enabling them to teach and assist MUST nursing students in the acquisition of knowledge and skills in the clinical setting. To achieve the program goal, the broad objectives established for program development were to: role model teaching techniques for the learners, increase the learners' teaching competency, expand the learners' confidence in utilizing strategies for learner engagement and encourage and advance teaching in the clinical setting. Our aim with engaging the learner in education is to improve retention, reinforce learning and advance how the new knowledge embeds into practice.

Learning Outcomes:

By the end of the Clinical Instructor Training Program, the participants will be able to:

1. Demonstrate the core competences of a Clinical Instructor, in order to direct, manage, and evaluate preceptee learning in the clinical setting.
 - a. Teach and instruct students in the clinical setting
 - b. Communicate effectively with clinical teaching team and students
 - c. Demonstrate leadership skills
 - d. Demonstrate professionalism
 - e. Utilize principles of skills laboratory methodology in teaching
 - f. Apply evidence based practice in clinical teaching
2. Discuss the importance of ongoing communication and feedback between the Clinical Instructors and the faculty of the school of nursing, in regards to the goals and objectives of the nursing students, in order to ensure that the students have the best learning experience they can in the clinical setting.
3. Describe roles and responsibilities of the Clinical Instructor as part of the clinical teaching team, in order to assure the following elements are supported:
 - a. Assist students in the integration of theory into practice
 - b. Observes and guides students' clinical learning activities
 - c. Identify students learning needs and opportunities in the clinical setting

Work Activity

Background and Base Line Assessment findings:

The following baseline assessment that informed the teaching methodology for the Clinical Instructor Training Program was obtained from the strong work that had been previously accomplished by the Global Health Nursing Team.

Teaching in nursing and midwifery requires the integration of knowledge, skills, and attitudes that enable graduates to become competent nurses and midwives in the course of their practice. Competent nurses and midwives are able to use clinical judgment in the provision of care to improve, maintain or recover health. There is a need to balance between the knowledge that nursing students achieve in classroom learning and its application in the clinical setting. In order to have qualified and competent nurses and midwives, there is a need of ensuring effective and standardized clinical teaching and learning that is achieved through the presence of clinical instructors who facilitate as guided by guidelines for clinical teaching.

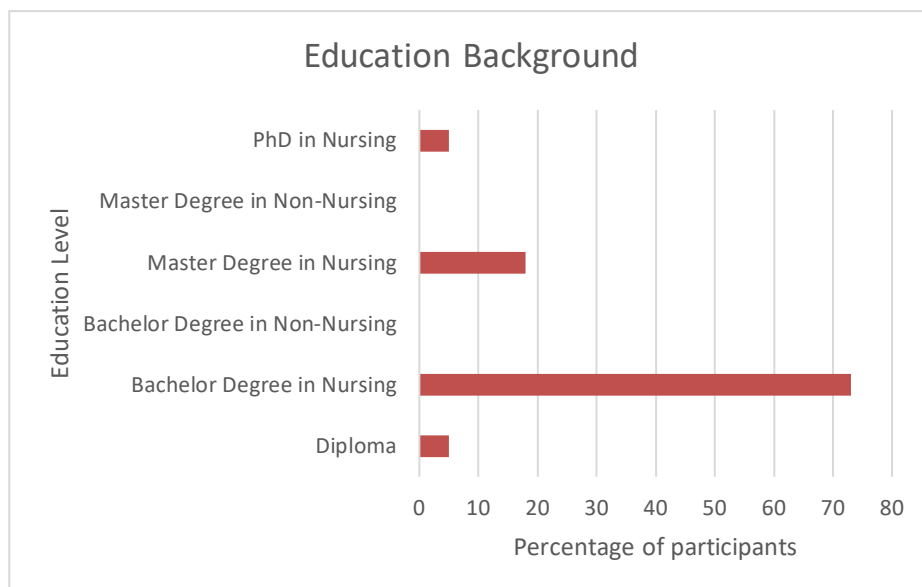
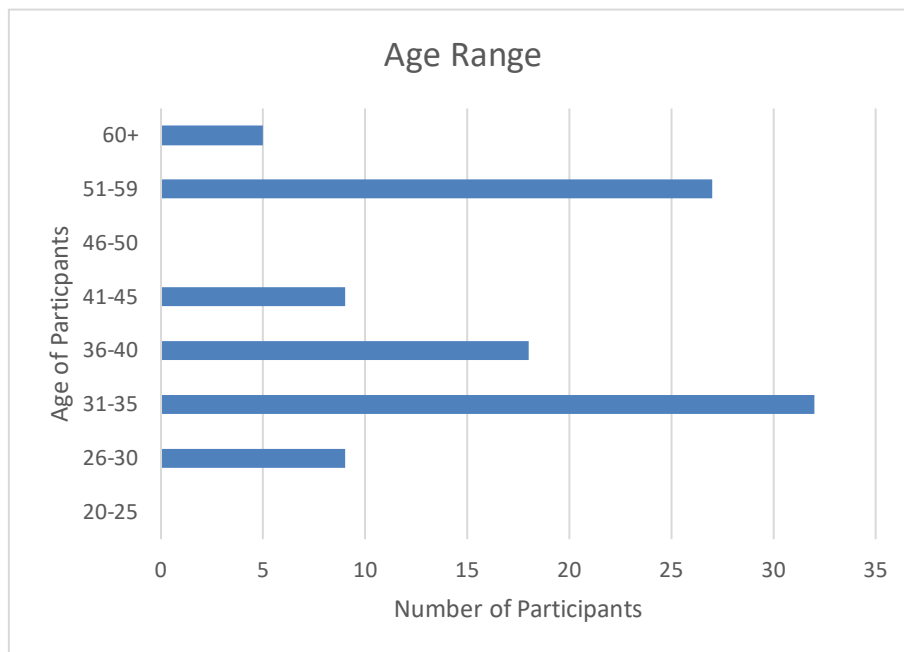
Teaching in the clinical setting at MUST is insufficient for the students for several reasons. First, the number of faculty members is low, using Global Health Service Program volunteers to fill in necessary gaps. Secondly, the faculty members have been out of the clinical setting for a time and may be uncomfortable returning to the hospital side. Additionally, the ratio of nurses to patients in the hospital is 1 nurse to 30-40 patients. As a result, the hospital nurses are unable to devote time to the students during their clinical rotations. The Head of Department would like to see an increase in the number of faculty members teaching in the hospital and would like to see an increase in the ability of the hospital nurses to be comfortable and encouraged to teach the students.

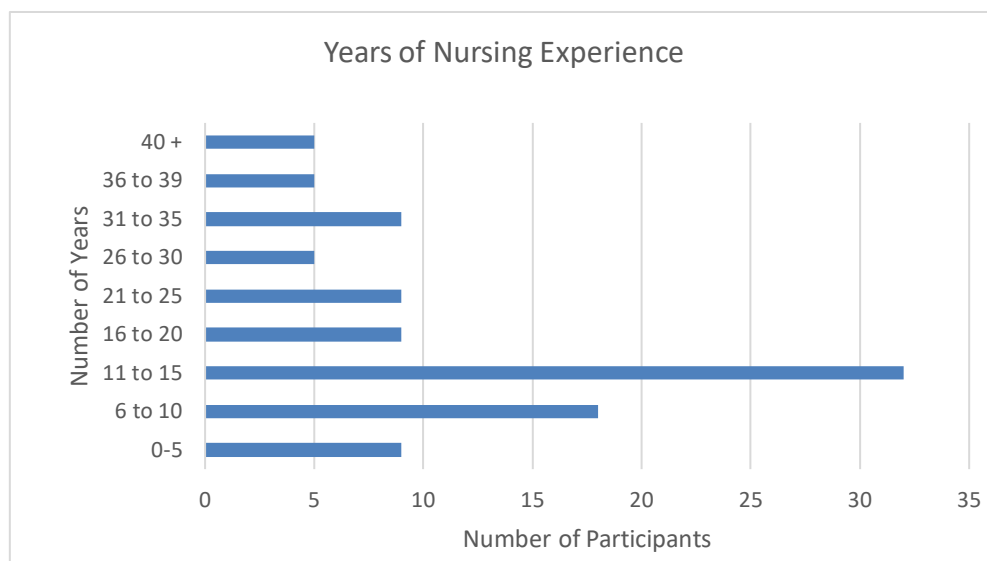
In addition to the assessment specific to the learners at MUST, assessment Studies in the United States put forth recommendations to transform education and learning for the 21st century starting in 2007. The 2007 Carnegie Foundation report *The National Nursing Education Study* was followed in 2010, by The National Academies of Sciences Engineering Medicine report *The Future of Nursing: Leading Change, Advancing Health*, through the most recently released 2016 reports from the National Council of State Boards of Nursing report *A Changing Environment: 2016 NCSBN Environmental Scan* and American Association of Colleges of Nursing report, *Advancing Healthcare Transformation A New Era for Academic Nursing*. These recommendations also informed the teaching design and methodologies for the Clinical Instruction Training program.

5. Educational sessions

c. Participation from nurses

The following slides represent student demographics





Active student participation in class discussions and activities and a comfort level among the students to ask questions were course objectives. The following pictures help to illustrate the students' participation.



d. Pre/post assessments



A multiple-choice quiz/assessment was developed to address the students understanding of the content contained in each of the course topics listed below. Learners completed the assessment prior to taking the course and at the completion of the course.

e. Topics covered

Module 1: Adult Learning Theories and Learning Preferences

Module 2: Clinical Instructor Roles and Responsibilities

Module 3: Communication & Collaboration - Essential Skills for Professional Nurse Practice

Module 4: Conflict Resolution

Module 5: Goals, Objectives and Teaching Plans

Module 6: Stages of Clinical Competence: Developing from a Novice to an Expert

Module 7: Strategies for Clinical Teaching

Module 8: Effective Clinical Bedside Teaching

Module 9: Guiding and Assessing Performance and Competence

The educational framework used to present the course was built upon the best practices for 21st century learning. Best practices include designing and implementing education that is Learner and Outcome Based, Interactive, Blended, Interprofessional, Cross Generational, Collaborative, Social, Built in Short Segments, Measurable and Sustainable.

To further guide the development of the clinical instructors, the following points of emphasis for learning were threaded throughout the course

- More information doesn't mean more learning
- Cognitive load is an essential consideration
- Our emotions impact our learning
- A positive learning environment is key to learning
- Our brain responds well to something with a new twist or approach
- Learners benefit from exploration and discovery

6. Clinical Skills

c. Application of new skills in clinical setting – practice sessions

The students studied Patricia Benner's model of skill acquisition from novice to expert. During discussing each of the course topics, they worked during class to apply the model to the role of the clinical instructor. Each day at least two active strategies were incorporated into the lesson plan, affording the students to practice apply their skills. The students also received a tool kit of active strategies to engage learners.

One example of an active learner engagement exercise included having the students practice giving and receiving information using the framework of feedforward. Feedforward is a tool to support and strengthen clinical reasoning and critical thinking. Feedforward was contrasted with the concept of providing feedback. To embed the students in the content, an active learning exercise was designed to have the students provide each other with a performance recommendation using the feedforward methodology. The image below captured the students carrying out this exercise.



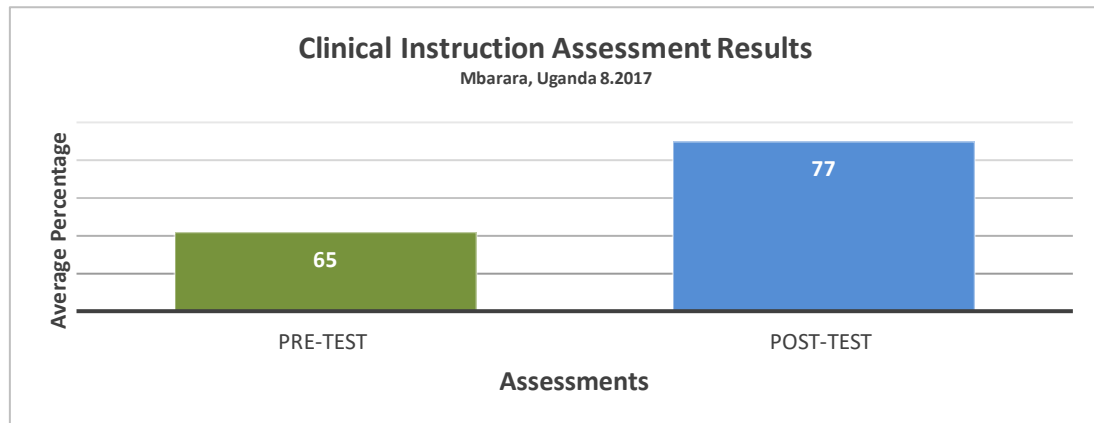
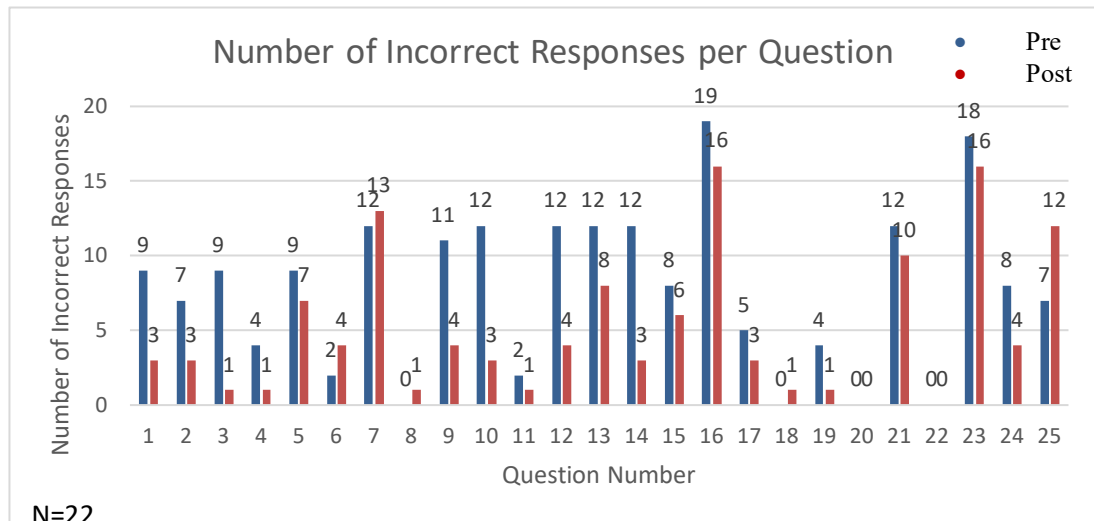
7. Evaluation/assessment:

- Pre/post educational sessions

Formative evaluation was used throughout the course to assess the student's progress in processing and applying class content. Adjustments to the course agenda and teaching strategies could then be made each day, if/as indicated. As mentioned previously, a multiple-choice quiz/assessment. The results of the assessment are included in the slides below.

- Overall increase in knowledge

Course evaluation and student observations indicated an overall increase in knowledge.



8. Development of Nursing Protocols, if applicable – NA

9. Challenges and how you handled them

I was most fortunate to step into a positive learning environment that had been cultivated and clearly well established by the Global Health Nursing Team. The clear evidence of the work accomplished by the Global Health Nursing Team to establish a positive learning environment was reflected in the participants. The students were attentive and a pleasure to meet and work with and were active participants involved in a collaborative teaching/learning methodology.

Some challenges that presented were related to the availability of equipment to support the use of classroom technology and intermittent problems with connectivity for utilizing the technology. Of note, these challenges can present in any education setting and experienced faculty are prepared to work around these challenges by having an alternate teaching plan in place. Mary and I remained ready with alternative plans for education delivery.

Another challenge was in determining if certain language phrases commonly used in the United States, such as the phrase “all set”, translated accurately to the learners in Uganda. Mary Sebert was my trusted source of guidance in helping me to clarify phrases that were not readily understood.

10. Recommendations for next steps

As a next step to further assess how participants are applying the content learned to their practice, I would recommend developing and implementing a follow up survey to program participants or holding a focus group with participants, within 4 to 6 months post program launch. Survey questions could be focused on the participants’ level of confidence in applying the program content to practice, how many participants had assumed some of the roles and responsibilities of the clinical instructor, whether certain components of the program were easier to apply to practice and others more challenging, has the participant manual been a resource participant have referred to since completing the program, if there would be value in receiving additional information about clinical teaching. Two methodologies for providing additional information about clinical teaching that may be of value to consider include, sharing relevant professional nursing journal articles and sending short reminders about key points from the modules via email that could serve as education boosters.

I wonder if there would perhaps also be an opportunity to survey the Head of the Nursing Education Department to gather additional post program feedback?

Please write your personal reflections of the overall experience. You may include the following and/or add any comments you wish. (Narrative)

3. Pre-departure Education:

- a. From the pre-departure education, what did you personally find particularly helpful as you began your experience?

Mary Sebert’s prior experience living in Uganda and working within MUST and Mbarara Regional Referral Hospital provided information through a wide lens. I could not have garnered this level of knowledge without Mary’s experiential insights, knowledge base, skill sets and well developed expertise. Mary’s investment in her role and her dedication to Global Health Nursing is inspiring and enriching to Nursing Fellows.

The binder of information that was developed and reviewed by Mary included very practical information, such as packing and travel documentation, to valuable reference materials about the country of Uganda, the cultural guidelines and the profession of nursing within the country.

Learning more about and further considering personal safety was transferable to so many aspects of life, in addition to the important considerations when traveling to another country.

- b. Are there aspects from the education that were not particularly helpful to you?

No, each part of the pre-departure education was helpful.

- c. Did the overall presentation of information help to increase your confidence when working with the local population? Please explain.

Absolutely! The review of cultural norms, the common mistakes that could be made when communicating and the challenges and opportunities when teaching within another culture were most valuable in increasing my confidence.

4. What actions by MGH Global Nursing Department made you feel supported? Would you recommend more, less, or same amount of support for future nurse fellows?

Mary accompanied me on my trip to Uganda and was my trusted travel companion, adviser and supporter extraordinaire. This experience was the first time I traveled to another country to fulfill a specific professional role. Having the guidance and support of a person who knows the country and the work that is needing to be completed, afforded me a level of support that enabled me to solely focus on delivering high quality education. I anticipate this same level of support would be very welcome by another Nursing Fellow.

5. Lessons learned (professional and/or personal)

One of my personal goals for teaching this course was to determine if the strategies we are using to teach students the best practices for 21st century learning could be applied successfully within another country and culture. I learned many of the challenges facing nursing as a profession across the United States also applied to our nursing colleagues in Uganda. Based on the excellent foundation for advancing nursing practice in Uganda that Mary and Pat have developed, the wider work underway within the U.S. and our work at MGH to address best practices for teaching and learning in the 21st century, translated very well to our respected colleagues in Uganda.

The lessons I learned on a personal level were very powerful. Despite the excellent pre-departure education I received, I don't think one can be fully prepared for the contrast between life at home and life in Uganda. The contrast in the resources available for everyday living was of course identifiable, but for me, the contrast in resources available within the acute care hospital setting was the most impactful experience. Having the opportunity to visit and tour the hospital crystalized the value of MGH's Global Health mission and work.

Along with my sincere appreciation to Pat and Mary for selecting me for this fellowship, I am also appreciative to several other people. I am grateful to Gino Chisari, DNP, RN-BC, The Director of the Norman Knight Center for Nursing Clinical and Professional Development for having recommended our Nursing Leadership Course to Pat and Mary and for recommending and supporting me to teach the course, to Labrini Nelligan, MS, The Executive Director of the Lunder Dineen Health Education Alliance of Maine, for affording me the time away from my Professional Development Specialist role and responsibilities and for supporting me in this experience and to Jen Curran, MSN RN-BC and Tricia Crispi, MSN, RN-BC for having taught this course successfully in Tanzania and for sharing their experiences in teaching the course with me. I am also appreciative to my family for supporting me to travel to a distant country and fully experience the wonderful benefit of working with the MGH Global Health Team.

To illustrate the value of taking small steps to accomplish something and doing one's best, I have been drawn several times when teaching during the last decade, to using Wangari Maathai's lesson "*I will be a hummingbird*". Now I am so fortunate to have the context and experience to appreciate both her hummingbird lesson and her quote that's included below and I thank you.

Wangari Maathai
1940 – 2011
Nobel Peace Prize
Laureate of 2004



"It is important to nurture new ideas and initiatives which can make a difference in Africa"

6. Personal challenges you may have faced in-country and how you handled them

Having Mary with me enabled me to know how to navigate through any challenge. I'm forever appreciative of her expertise, kindness and support.

7. Any recommendations to improve the experience for future nurse fellows?

I cannot think of any recommendations for improvement.

8. Success stories – as many as you want to share

Throughout the week of teaching, I was focusing on establishing and achieving small measures of success each day. During the evening, I would reflect on how teaching had been received that day. I would aim to identify if and how the students were engaged in the class, if they were staircasing their learning by demonstrating the ability to apply content learned one day to the next day. This reflection helped me to prepare for teaching the class content scheduled for the following day. Each evening I felt I could measure student progress and then plan for next steps to advance the students' progress further. Each day working with my nursing

colleagues in Uganda was a positive and rewarding experience for me! I very appreciated and valued their kindness, flexibility, intelligence and team work.

The measures of success that stood out to me were an increasing comfort level among the students in sharing their insights, offering advice to each other and asking questions. The following examples spotlighted to me how the students represented the acquisition of knowledge and skills.

One student presented a case involving an ethical dilemma and students provided thoughtful, insightful recommendations for consideration in addressing the dilemma. They listened carefully, acknowledge the challenge of the situation and thanked the student for bringing the situation up for a class discussion.

One of the students who oversees the use of the simulation lab shared with me that she felt faculty and master degree students did not understand how simulation can be integrated into teaching. I asked her if she would like to demonstrate a mock, low fidelity exercise for the students. An exercise was developed to represent the high-risk situation of the delivery of a baby, when the shoulders fail to deliver after the head has been delivered. The nurse responsible for the skills lab and two fellow nurse midwife students demonstrated the simulation using a mannequin. Watching this simulation unfold and comparing it to teaching this content via a lecture provided the students with valuable information about incorporating simulation into their toolkit of active learning strategies.

To explore the use of reflection as a teaching strategy, the students were asked to draw an image of how they were feeling on their first day in a clinical setting. I anticipated this engagement exercise would involve 20 minutes of time. To my surprise and delight, each student not only drew a reflective image but wanted to share and discuss their image with the class. The student pictured below had been more reserved in some class discussions, but through the use of this reflective exercise, she was clearly engaged in wanting to discuss her experience.



Report due to MGH Global Nursing 30 days after your return to the United States

Please attach or send any photos of your experience if you wish.

Send report to:

msebert@partners.org