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Seattle University—University of Saint Francis Xavier Virtual Dialogues on Nursing Education Methodologies

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Background and Significance

- Numerous educational methods for forming global nurses are documented in literature.[1,2,3]
- Little is known about how areas of interest or knowledge gaps are identified when engaging in international academic collaborations.[4]
- The collaboration should be to benefit both parties.

1. de Mello et al., 2018; **2.** Garner et al., 2009; **3**. Kraft et al., 2017 Leh et al., 2004; **4**. Duffy et al., 2003.

Dialogues Aim

Jointly identify areas of interest and gaps in knowledge by faculty from SUCON and USFX prior to engaging in an exchange program on educational pedagogies with the goal of forming global nurses.

SUCON: Seattle University College of Nursing
USFX: Universidad San Francisco Xavier School of Nursing

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Method

- Qualitative framing including dialogues, field notes, recordings, and observations.
- Nine virtual dialogical sessions were completed.
- Participants: N = 16, eight Bolivian faculty and eight U.S. faculty.
- Structure and schedule for virtual presentations was collaboratively created.
- Dialogues after each presentation, followed by final session to define lessons learned, commonalities, and opportunities for future collaboration.

Logistics

- SUCON prioritized recruiting faculty for the exchange who had at least some Spanish language skills.
- Zoom multiple language meeting settings were critical.
- Lack of professional interpreters (with health and higher education vocabulary) created more work for lead faculty and may have affected the quality of dialogues.

Exchange Calendar: Bolivian Presentations

Order/Orden	Topic/Topico
Week/*Semana* 1 Day/*Día* 1	Basic Clinical Nursing/*Enfermería Básica Clínica* Comprehensive Community Adult Care/*Cuidado Integral del Adulto Comunitario*
Week/*Semana* 1 Day/*Día* 2	Comprehensive Clinical Adult Care/*Cuidado Integral del Adulto Clínico* Mental Health and Psychiatric Comprehensive Care/ *Cuidado Integral de la Salud Mental y Psiquiatría*
Week/*Semana* 2 Day/*Día* 1	Comprehensive Community Care for Women and Newborn/*Cuidado Integral de la Mujer y Recién Nacido Comunitario*
Week/*Semana* 2 Day/*Día* 2	Comprehensive Care of Women and Newborn/ *Cuidado Integral de la Mejer y Recién Nacido* Clinical and Community Rotating Internship/ *Internado Rotatorio Clínico Comunitario Rural*

Exchange Calendar: U.S. Presentations

Order/Orden	Topic/Topico
Week/*Semana* 3 Day/*Día* 1	Promoting the Health of Children and Families/*Promoviendo la Salud de los Niños y las Familias* Evidence-based practice in nursing/ *La Práctica Basada en la evidencia en Enfermería*
Week/*Semana* 3 Day/*Día* 2	Promoting Mental Health/*Promoviendo La Salud Mental* Senior Practicum/*Rotación Intensiva*
Week/*Semana* 4 Day/*Día* 1	Population Health Internship/*Pasantía de Salud de la Población* Promoting Health of Populations and Communities/*Promoviendo la Salud de las Poblaciones y Comunidades*
Week/*Semana* 4 Day/*Día* 2	Clinical Simulation in Nursing Obstetrics/*Simulación Clínica en Enfermería Obstetricia* Simulation Laboratory/*Laboratorio de Simulación*
Week/*Semana* 5	Closing Session/*Sesión de Clausura*

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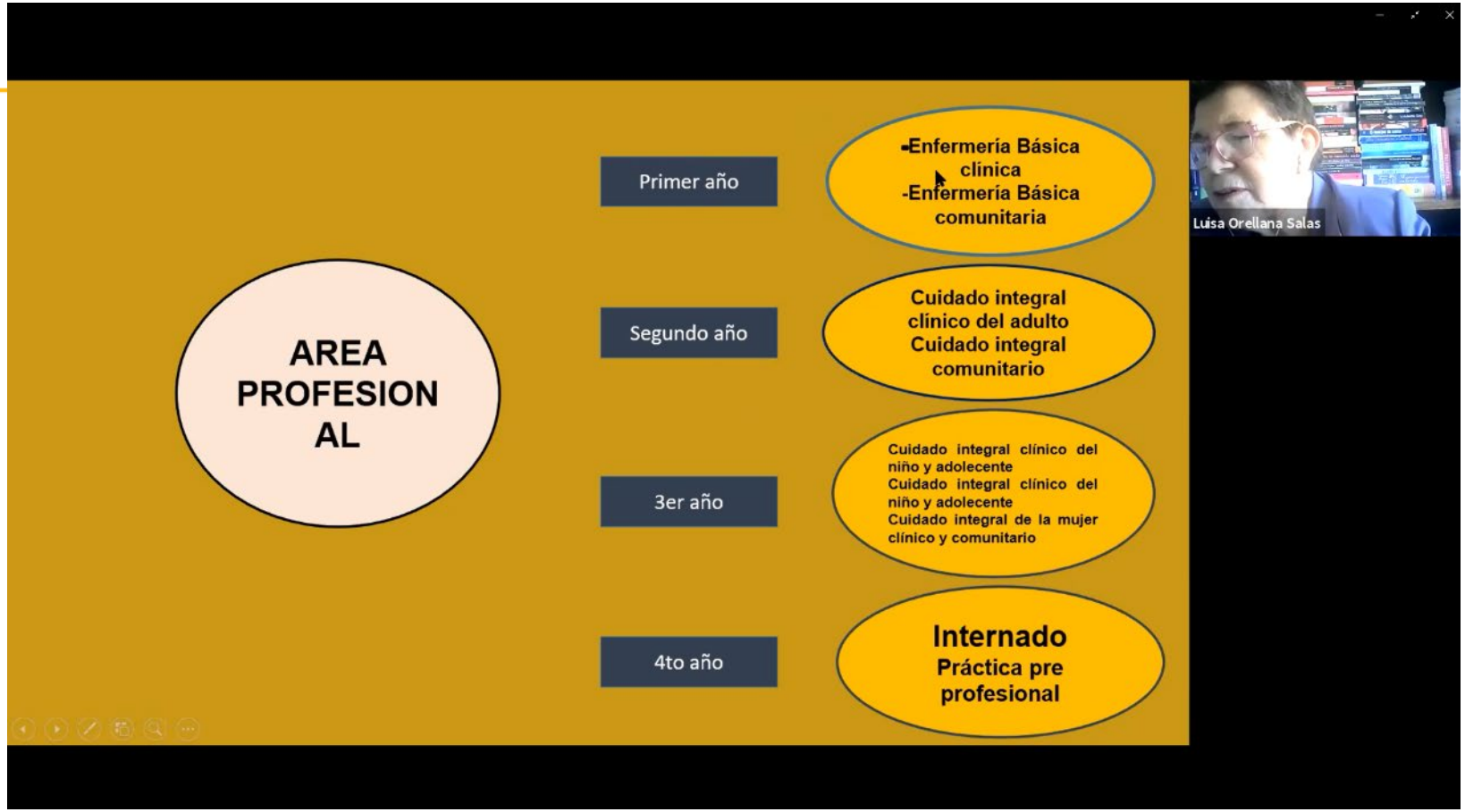
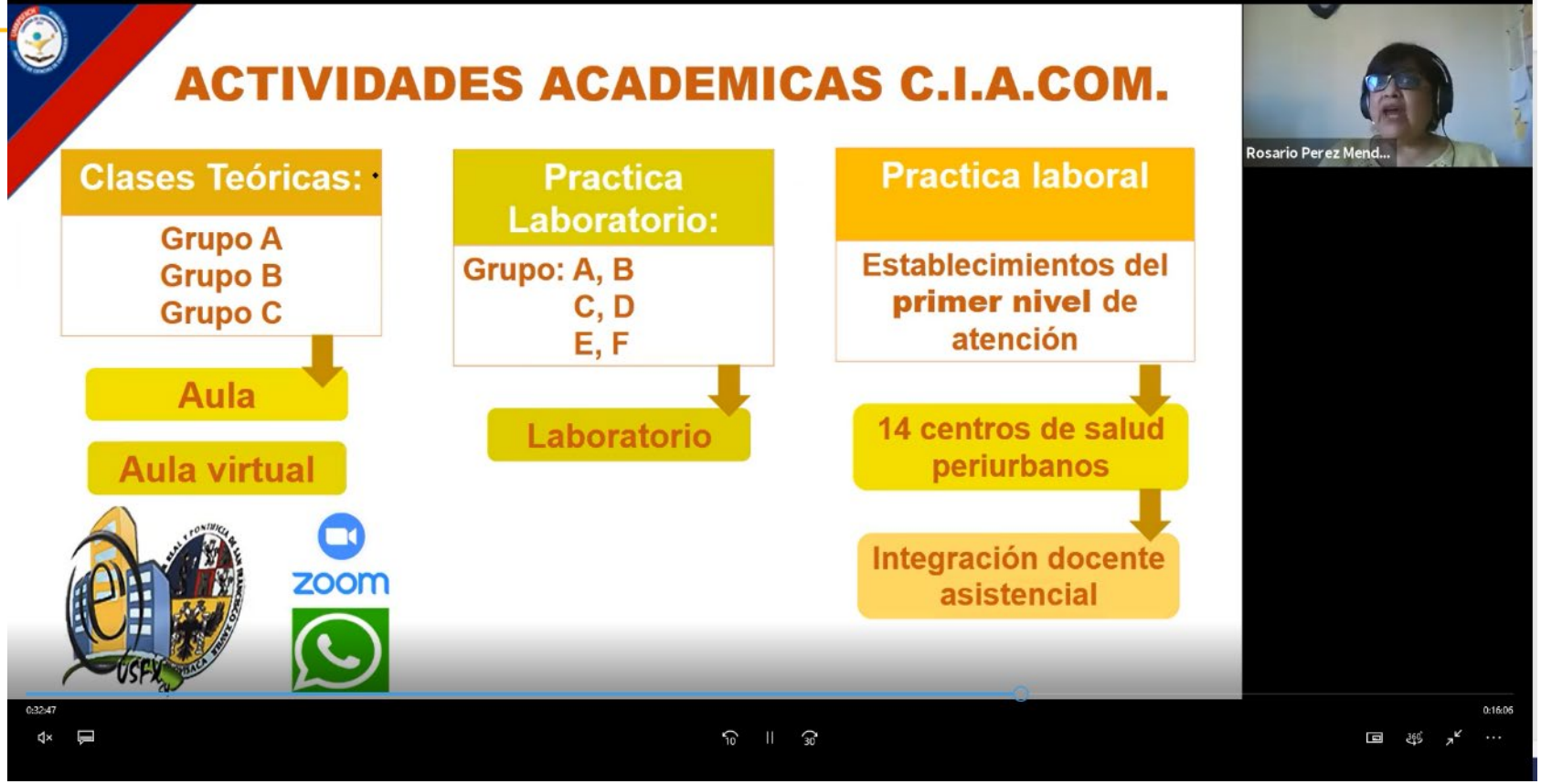
Brief tour through the virtual exchange.


AREA PROFESIONAL
Primer año
-Enfermería Básica clínica
-Enfermería Básica comunitaria
Segundo año
Cuidado integral clínico del adulto
Cuidado integral comunitario
3er año
Cuidado integral clínico del niño y adolecente
Cuidado integral clínico del niño y adolecente
Cuidado integral de la mujer clínico y comunitario
4to año
Internado
Práctica pre profesional
Luisa Orellana Salas

ACTIVIDADES ACADEMICAS C.I.A.COM.



Universidad San Francisco Xavier
Facultad de Enfermería
ENSEÑANZA POR COMPETENCIAS
APRENDER A SER
APRENDER A CONVIVIR
COMPETENCIAS
APRENDER A CONOCER
APRENDER A HACER
Lic. Luisa Orellana Salas
Docente Salud Mental y Psiquiatría
0:37:34

CARGA HORARIA TOTAL	HORAS TEÓRICAS	HORAS PRÁCTICA LABORAL
240	80	160

PROCESO

120 horas

80 horas

80 horas

PRACTICA CLINICA

LABORATORIO

AVANCE

0:30:50

0:44:13

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ESTRATEGIAS UTILIZADAS

- SOCIODRAMAS
- EXPERIENCIAS DE VIDA
- DINAMICAS
- ENTREVISTAS

DX. DE SALUD
IDENTIFICA PRIORIZA NECESIDAD Y PROBLEMAS
DEFINE EL PROBLEMA OBJETIVOS
Virginia
0:30:00
1:00:50

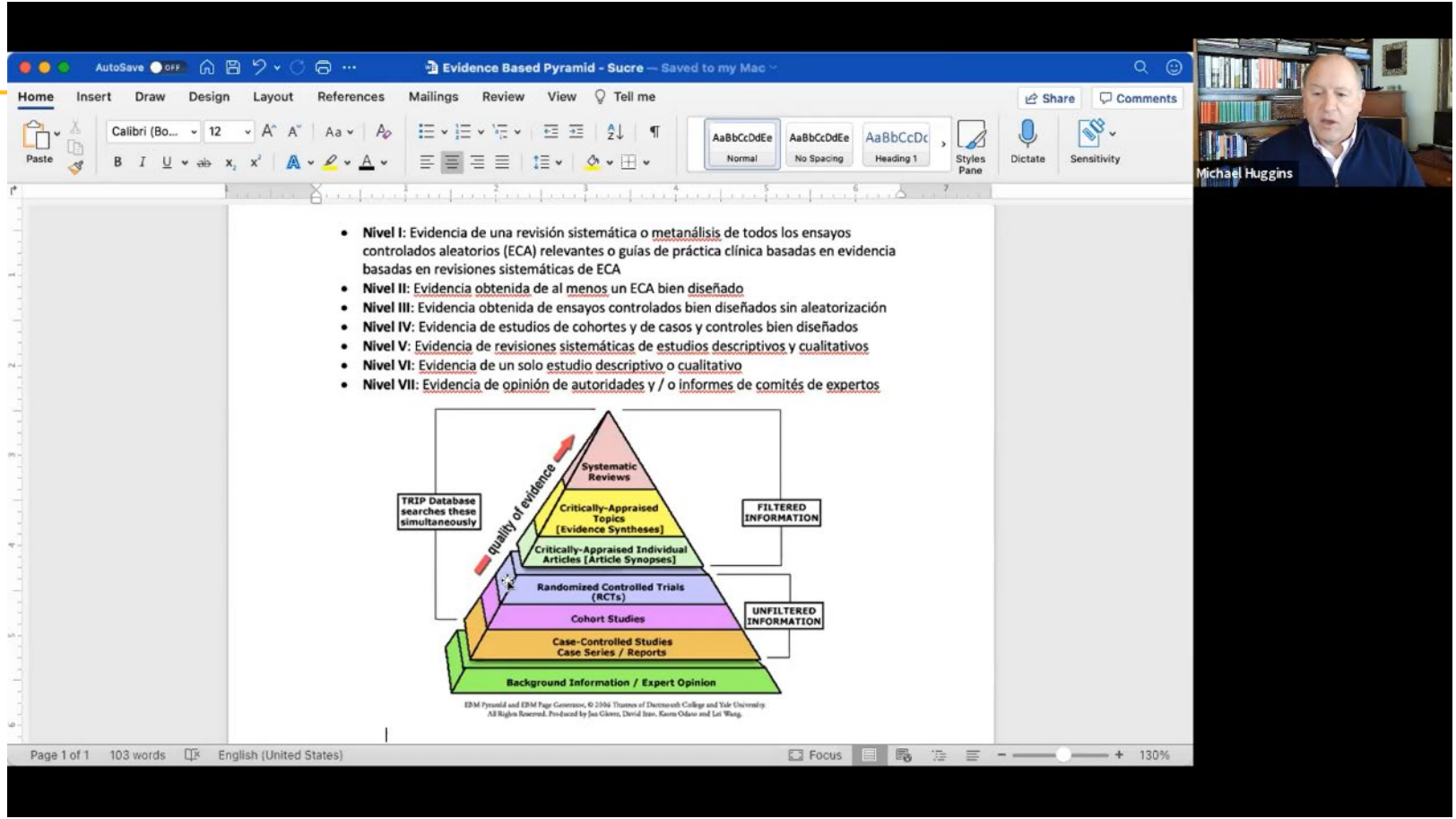
Evaluación de competencias
realizada mediante
centrada en el
participan
Juicio experto
Desempeño
Docente
Estudiante
basado en indicadores
basado en
ante
Compañeros de clase
Indicadores consensuados
Situaciones simuladas
Situaciones reales
referidos a la
de los campos
Dimensión cognitiva
Dimensión de actuación
Profesional
Social
Dimensión actudinal
Investigativo

COURSE DESCRIPTION

Este curso se centra en proporcionar un manejo de la **atención** de enfermería centrado en la familia, incluyendo factores fisiológicos y psicosociales que influyen en la salud de los bebés, niños y adolescentes.

Utilizando un marco ecológico, los estudiantes utilizarán habilidades críticas de razonamiento para planificar la atención a los niños en áreas de **promoción** de la salud, bienestar infantil, enfermedades, lesiones y enfermedades a través de la continuidad de la atención.

Los estudiantes **explorarán** enfoques informados sobre trauma y apropiados para el desarrollo para el cuidado de los niños y sus familias.


AutoSave
Evidence Based Pyramid - Sucre — Saved to my Mac
Home
Insert
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Design
Layout
References
Mailings
Review
View
Tell me
Share
Comments
Paste
Calibri (Bo...
12
Normal
No Spacing
Heading 1
Styles Pane
Dictate
Sensitivity
Michael Huggins
Nivel I: Evidencia de una revisión sistemática o metanálisis de todos los ensayos controlados aleatorios (ECA) relevantes o guías de práctica clínica basadas en evidencia basadas en revisiones sistemáticas de ECA
Nivel II: Evidencia obtenida de al menos un ECA bien diseñado
Nivel III: Evidencia obtenida de ensayos controlados bien diseñados sin aleatorización
Nivel IV: Evidencia de estudios de cohortes y de casos y controles bien diseñados
Nivel V: Evidencia de revisiones sistemáticas de estudios descriptivos y cualitativos
Nivel VI: Evidencia de un solo estudio descriptivo o cualitativo
Nivel VII: Evidencia de opinión de autoridades y / o informes de comités de expertos
quality of evidence
TRIP Database searches these simultaneously
Systematic Reviews
Critically-Appraised Topics [Evidence Syntheses]
Critically-Appraised Individual Articles [Article Synopses]
Randomized Controlled Trials (RCTs)
Cohort Studies
Case-Controlled Studies
Case Series / Reports
Background Information / Expert Opinion
FILTERED INFORMATION
UNFILTERED INFORMATION
Page 1 of 1
103 words
English (United States)
Focus
130%

CHALLENGES IN TEACHING MENTAL HEALTH NURSING

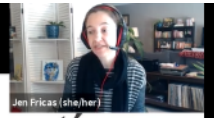
- Student attitude towards mental health nursing
- Previous experiences with mental health
- Varying clinical settings create challenges in standardization of student experiences

Transición a la práctica profesional

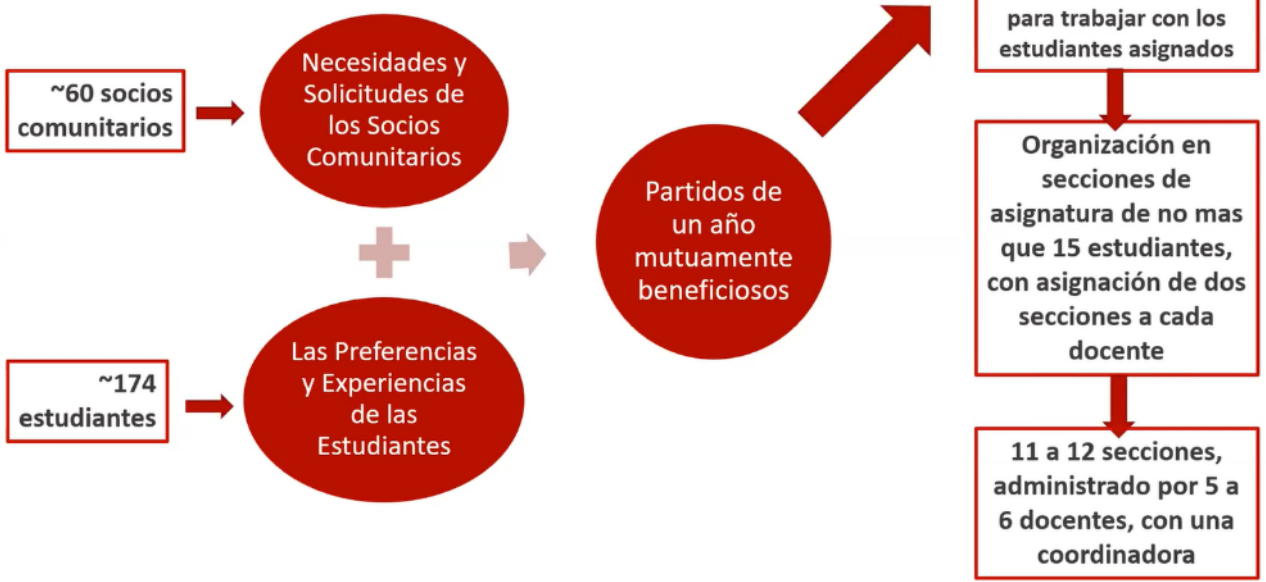
- El curso de seminario, **tomado en conjunto con el Practicum Senior**, permite a los estudiantes explorar temas de enfoque de especialidad clínica, así como temas pertinentes a la práctica de enfermería contemporánea.
- El seminario **modela los requisitos de aprendizaje permanente de la práctica** profesional de enfermería para la renovación de la licencia.
- **El contenido se proporciona a través de conferencias de profesores e invitados, presentaciones** de carteles de estudiantes y debates de estudiantes y actividades interactivas.

0:37:20

0:31:54



Organización de Colaboración y Supervisión de la Pasantía



UNIDAD IV: Políticas & Sistemas

- Política de salud. Sistema de salud
- Liderazgo de la SP
- Salud Global y sistemas de salud
- Reflexiones de las poblaciones vulnerables

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HIGH FIDELITY / *MANIQUIES ELECTRONICS*

Only 30-38% of programs had Victoria or Noelle Birthing Models

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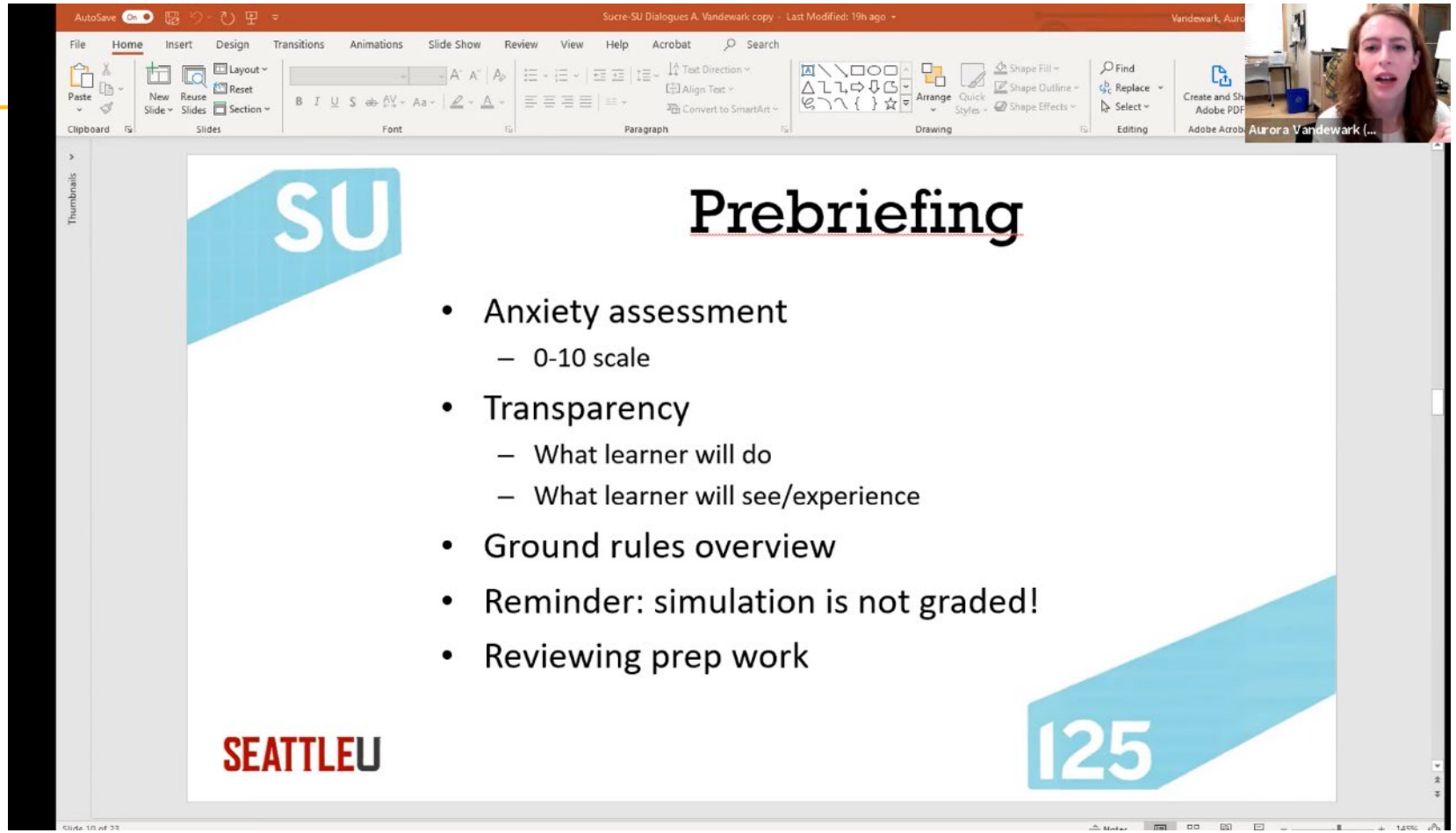
Sucre-SU Dialogues A. Vandewark copy - Last Modified: 19h ago
Vandewark, Aurora
File Home Insert Design Transitions Animations Slide Show Review View Help Acrobat Search
Aurora Vandewark (...
Thumbnails
SU
Prebriefing
Anxiety assessment
0-10 scale
Transparency
What learner will do
What learner will see/experience
Ground rules overview
Reminder: simulation is not graded!
Reviewing prep work
SEATTLEU
125

Results: Themes

1. Course ***content similarities.***
2. Differences in teaching ***nursing competencies.***
3. Benefits from and alternatives to ***technology usage.***
4. *Teaching methodologies* ***responsive to national trends.***

Theme 1: Course Content Similarities

- Nursing specialties taught across the programs.
- Teaching methodologies are student focused, with horizontal and vertical relationship among courses.
- Core courses and some electives subjects are taught by nurses.
- Syllabi are structured systematically, including the desired goals/objectives, skills/competencies for learners to attain, and corresponding formative evaluation.

Theme 2: Differences in Teaching Nursing Competencies vs. Outcomes Approach

- USFX follows competency-based education theory while SUCON uses the outcome-based education framework.
- USFX program adheres to Bolivia's health profile and follows the *Comite Ejecutivo de la Universidad Boliviana* recommendations.
- SUCON program content adheres to the AACN's BSN Essentials.
- U.S. nursing education transitioning to competency-based.

Theme 3: Benefits of and Alternatives to Technology Usage

- While USFX does not use high fidelity simulation laboratories as SUCON, low fidelity simulations are used in almost all nursing courses.
- Video taping and digital communication used by USFX during the pandemic greatly increased faculty digital skills.
- USFX students have opportunities to work on practical skills (including invasive skills) directly on actual patients.
- SUCON incorporates high-fidelity simulation and pre- and post-simulation debriefing/reflection; added more during pandemic as clinical sites were temporarily closed.

Theme 4: Teaching Methodologies Responsive to National Trends

- USFX: Guided by Bolivia's health profile and emerging health incidents regionally → nursing education oriented in close relationship between theory and (eventual) practice.
- SUCON: Standards of care guidelines for specific conditions and relevant national policies (e.g., Healthy People 2030) are incorporated into courses by individual faculty
- *Not sure about what else to say here for technology use? We covered a bit in previous slide*

Other Findings

- Thoughts on:
  - How faculty perceived some content of the presentations from their own worldview.
  - Motivation to engage in exchange programs.
  - Observations of over justification by presenters associated to concerns of not covering desired content.

Implications

- Dialogical design facilitated both close examination of own teaching methods and comparison to models in different contexts.
- Common critical areas of nursing knowledge identified/recognized.
- Possibilities:
  - Norming global approaches to nursing care to address inequities.
  - Improving design of international exchange programs.

References

1. De Mello, D. F., Caliri, M. H. L., Mamede, F. V., des de Aguiar Tonetto, E. M. F., & Reilly, J. R. (2018). An innovative exchange model for global and community health nursing education. *Nurse Educator, 43*(3), E1-E4. https://doi.org/10.1097/NNE.0000000000000454
2. Garner, B. L., Metcalfe, S. E., & Hallyburton, A. (2009). International collaboration: A concept model to engage nursing leaders and promote global nursing education partnerships. *Nurse Education in Practice, 9*(2), 102-108.https://doi.org/10.1016?j.nepr.2008.10011
3. Kraft, M., Kästel, A., Eriksson, H., & Hedman, A.-M. R. (2017). Global nursing: A literature review in the field of education and practice. *Nursing Open, 4*(3), 122-133. https://doi.org/10.1002/nop.2.79
4. Duffy, M. E., Farmer, S., Ravert, P., & Huittinen, L. (2003). Institutional issues in the implementation of an international student exchange program. *Journal of Nursing Education, 42*(9), 399-405.
5. Leh, S. K., Robb, W. J. W., & Albin, B. (2004). The student/faculty international exchange: responding to the challenge of developing a global perspective in nursing education. *Nursing Education Perspectives (National League for Nursing), 25*(2), 86-90.
6. Massoth, C., Röder, H., Ohlenburg, H. *et al.* High-fidelity is not superior to low-fidelity simulation but leads to overconfidence in medical students. *BMC Medical Education,* 19, 29 (2019). https://doi.org/10.1186/s12909-019-1464-7