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Developing a Nurse-Led Critical Care Course in a Low Income Country Highlights Global Collaborations

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The University in New England and a Hospital in Georgetown Guyana South America share a commonality through the Sisters of Mercy. Faculty from the Nursing Department began working collaboratively with the nurses at the Hospital and the attached Nursing School and that tradition continues. The authors are both educators and, by training, a doctorally prepared critical care nurse and a psychiatric nurse practitioner respectively. When approached by local Government and Pan American World Health Organization leaders with a request for a sustainable nurse led program we set to work.

In low income countries obtaining continuing education and supplies is a long term challenge (Noel, 2001; O'Brien, Broom, Ulla, M., 2015). The research on knowledge transmission in these countries has yet to identify one overall strategy for success (Santesso & Tugwell, 2006; Tuxbury & and McCauley, 2015). Training the healthcare resources in place is a lower cost/higher yield proposition. Train the trainer (TTT) models are one way for Guyanese nurses to achieve sustainable educational and practice results to bridge the practice and evidence gap (Santesso & Tugwell, 2006). WHO knowledge management strategy 2. Vision, mission and objectives (2005) champions an approach which identifies needs in the country, builds capacity that is targeted to the current state of development, focuses on driving improvement in health services and requires collaborative work with partners.

Nurses are tasked with working to prevent and treat serious diseases of the body and mind and promote well-being in that population. World Health Organization (WHO) Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages. (Target 3.4) is a one third reduction in premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being by 2030. Having highly trained nurses in more than half of the regions will support achievement of this goal. The indicators of progress include 3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease. 3.3.2 Suicide mortality rate.

The CEOs of Guyanese regional hospitals identified a need for a critical care nursing course to Government and Non-governmental (NGO) authorities. Historically, a three-month program had been led by individual physician specialists from the United States and Canada. We were introduced to the NGO and Government leaders and asked if we could provide assistance. We were aware that nurses in the Guyana critical care units would be successful leaders with the educational content and support along with mentoring. We developed a 30-week online platform that included a systems-based curriculum. The University of Saint Joseph allowed us to locate our program on their electronic learning system and granted access to the platform to the Nurse Educators in Guyana.

Integrating mental health constructs and education into the critical care course was seen as a necessary component. Guyana has at times had the highest suicide rate in the world according to the WHO. Mental health training is not a part of nurses RN training. Within the last 3 years there have been times there were only 3 psychiatrists for the entire country, 2017 population was 777,859 (Ministry of Public Health, Guyana, 2018). Nurse Practitioners and psychiatric nurse curriculum is being developed by our team in conjunction with the University of Saint Joseph, University of Guyana, the Pan American Health Organization, The Guyana Ministry of Public Health and their Division of Health Sciences Education.

To begin we traveled to six of the 10 regions of the country and identified five nurse leaders and with their assistance identified 12 preceptors. The hospitals' medical and nursing leadership identified 15 students

representing six of the ten regions of the country. After completion of BLS, ACLS, and the final exam, 13 of 15 students earned a certificate of completion.

It was the plan that the program would be transferred to local authorities and the student graduates will become the Nurse Leaders for the next cohort of students thus promoting sustainability and the strengthening of clinical knowledge and practice. However, the stakeholders did not feel ready to accept such responsibility so we will change roles and be co-leaders again strengthening sustainability, global connections and inter-professional collaboration.

Title:

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References:

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Abstract Summary:

The objective of the project was to create a sustainable nurse-led critical care course in the low-income country of Guyana, SA. As nursing faculty leading service-learning trips, we forged partnerships with the Pan American Health Organization and the Ministry of Public Health to achieve their identified goal.

Content Outline:

Creating a Sustainable Nurse-Critical Care Course in a Low-Income County

- I. History of Presence in Guyana
- II. Forming Reciprocal Relationships
- A. Government Agencies (Ministries of Public Health and Education)
- B. Non-Government Organizations
- III. Identifying Critical Care Nurse Leaders within Guyana
- A. Traveling and Interviewing Nurses where they live (Interior Regions)
- B. Setting Expectations and Outcome
- C. Earning Trust of Hospital Administrators
- D. Planning Sessions with Hospital Administrators and Ministry Representatives throughout Regions to Facilitate Travel Expenditure Reimbursement
- IV. Creating the Learning Platform for 30-Week Program
- A. Home University Approval
- B. Creating a Platform to Enhance Learning from Multiple Perspectives
- C. Integrating Mental Health and Critical Care Topics into each Weekly Module
- V. Process
- A. Student/ Nurse Preceptors Outcomes Clearly Stated
- B. Clinical Practicum Hours Articulated
- C. Class Time Hours Articulated
- VI. Evaluation
- A. Weekly Reflections
- B. Weekly quizzes
- C. Clinical Check-lists
- D. Mid-term and Final Exam

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Author Summary: Janet was a critical care clinical nurse specialist for twenty years before becoming a faculty member almost ten years ago. She has been working with senior nursing students in an undergraduate nursing program in central CT. She has developed pedagogy related to service learning both in her community and globally working with the Pan American Health Organization in South America. Janet is now working to advance Interprofessional Education on a global platform.

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