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

Janet G. Knecht, PhD, RN
Mary Lou Graham, MSN, APRN

Objectives
- To create a sustainable nurse-led critical care course with integration of mental health content, including end of life nursing skills, to advance care of critically ill patients.
- To have students demonstrate knowledge, clinical, and technical skills and decision making capabilities pertinent to the management of critically ill patients.
- To increase the knowledge of, and demonstrate awareness of, ethical principles pertinent to critically ill patients.
- To model synergy based upon current level of infrastructure and demonstrate evidence-based knowledge of AACN.
- To improve assessment, diagnosis and knowledge of treatment options for common mental health conditions including suicide.
- To mentor future critical/acute care nurse leaders and novice critical care nurse to increase autonomy in practice.
- To demonstrate the efficacy of distance teaching and mentoring using an electronic learning platform.

Background
- There has never been a nurse led critical care course in Guyana, South America.
- Since 2000, there have been two US/Canadian physician-led critical care nurse courses: they incorporated lectures over 12 weeks with no clinical experience.
- We had identified critical care nurse leaders practicing and recruited them to be the in-country trainers.
- Capacity building done through mentoring and provision of structure and content during the 2 semesters.
- Dearth of mental health knowledge coupled with one of the highest suicide rates in the world per WHO.
- Guyanese stakeholders are invested in offering education to nurses.

Design
- A two-semester 15-week course was developed with Guyanese interprofessional stakeholders: Ministry of Public Health (MOPH), Pan American Health Organization, MOPH Division of Health Sciences Education, country-wide hospitals and nurses. Based on the AACN framework for critical care nursing tailored to the current stage of development.
- All participants earned BLS and ACLS certification.

Method
- Relationships were developed with the Pan American Health Organization in Guyana.
- USJ faculty created an electronic learning system platform.
- Each week included 8-hours of didactic:
  - 2-hours of mental health education and 6-hour sessions of AACN topics.
  - Trainer-led discussions, case-study analysis, review of current EBP, discussion boards, video vignettes, and quizzes.
  - 3 in-person visits with classes, clinical visitation and stakeholder consultation occurred over the course.

Results
- 5 nurse leaders were identified.
- Nurse leaders assisted with identification of 12 critical care preceptors.
- 15 critical care nurses started and 13 successfully completed in the entire program.
- The two participants who were unsuccessful will remediate and complete more clinical prior to certificate of completion.

Conclusions
- The first independent Guyanese nurse-led critical care course has begun June 6, 2019.
- 2 critical care Nurse Leaders earned ACLS instructor certification to provide in country, nurse led training.
- The local partners have asked us to still provide support for the 2019 cohort.

Challenges
- Poor networking infrastructure.
- Poor connectivity at times to weekly materials:
  - Provided flash drives with entire content pre-loaded.
  - Provided flexibility in course.
- Faculty were available; WhatsApp promoted low-cost effective communication.
- Access to high acuity clinical sites required continued oversight.
- Not all nurses able to devote adequate time to the course.
- Lack of timely reimbursement for travel for clinical.
- To begin to identify and create critical care nursing policies and protocols.

Sample Student Objectives
- To optimize the critically-ill patient’s status.
- To introduce patient management principles for the critically ill patient to nurse participants. Topics include palliative care, mental health of the nurse, patient, and family.
- To engage nurse participants in the practice environment with a critical care nurse preceptor to reinforce theory and foster learning.
- To sustain healthy work environments through mutual respect and trust to breed a culture of safety.