THE CLINICAL SCHOLAR PROGRAM
A FULBRIGHT COLLABORATION IN NORTHERN THAILAND

Alyce A. Schultz, RN, PhD, FAAN
Owner/Consultant, EBP Concepts
Alyce A. Schultz & Associates, LLC

alyceaschultz@gmail.com
Objectives

- Describe the global connections provided by the Fulbright Senior Specialist program in promoting nursing science and practice.

- Discuss application of the Clinical Scholar Program in promoting leadership skills among nurse clinicians and faculty in northern Thailand for improving patient outcomes.
Expecting the use of research and other forms of evidence in nursing practice is a global expectation!
Fulbright Specialist Program

- Started in 2001 to provide U.S. faculty and professionals with opportunities to collaborate with professional counterparts at non-U.S. institutions on curriculum and faculty development, institutional planning and a variety of other activities where the traditional Fulbright Scholarship program did not fit.
- Countries eligible to participate in the program include those where there is a U.S. embassy or a Fulbright Commission.
- Provides short-term grants of 2-6 weeks.
If your country has not participated in the Fulbright Specialist Program and wishes to inquire about their eligibility, contact CIES.org

(Council for International Exchange of Scholars)
The goals of the Fulbright Specialist Program are:

- To increase the participation of leading U.S. scholars and professionals in Fulbright academic exchanges.
- To encourage new activities that go beyond the core Fulbright activities of lecturing and research.
- To promote increased connections between U.S. and non-U.S. institutions.

Central to the new program, however, is the original Fulbright purpose of advancing mutual understanding, establishing long-term cooperation, and creating opportunities for institutional linkages.
Types of Activities

- Present lectures at graduate and undergraduate levels
- Participate in or lead seminars or workshops at overseas academic institutions
- Conduct needs assessments, surveys, institutional or programmatic research
- Take part in specialized academic programs and conferences
- Consult with administrators and instructors of post-secondary institutions on faculty development
- Develop and/or assess academic curricula or educational materials
- Conduct teacher-training programs at the tertiary level

Note: Personal and clinical medical research as well as related projects involving patient contact are not allowed.
Open to qualified U.S. scholars and professionals

- U.S. citizen at the time of application. Permanent resident status is not sufficient. If a naturalized citizen, applicant must provide actual date of naturalization.

- For academics, a Ph.D. or equivalent professional/terminal degree at the time of application plus a minimum of five years of post-doctoral teaching or professional experience in the field in which you are applying.

- Sound physical and mental health

- For professionals and artists outside academe, recognized professional standing and substantial professional accomplishments plus a minimum of five years of professional experience in the field in which you are applying.

- Fulbright specialists must be residing in the United States at the time they are approved for a grant and intend to return to their U.S. institution after the grant's completion.

Full application available at www.cies.org/specialists
Eligible institutions submit Specialist project requests through the appropriate Fulbright agency in their country. Once approved by the Fulbright Commission or U.S. Embassy, the Specialist project request is forwarded to the U.S. Department of State Bureau of Educational and Cultural Affairs for final approval.

The eligible institutions may identify a member of the Specialist Roster that will meet their program goals or ask the Program to match a specialist with their needs.
The grant period for a project is determined by the host institution and includes travel days to and from the host institution as well as weekends.

Programs can last for 2-6 weeks. Specialist are only eligible to participate in 3 programs in 5 years of appointment.

Grant benefits include international economy fare travel and approved related expenses plus a $200 per day honorarium. The honorarium is payable upon completion of the grant and submission of an online final report and travel expense report. These benefits are paid by the Fulbright Program.

Host institutions normally cover in-country per diem costs for lodging, meals and transportation.
Making the Connection

- It started with a friendly conversation.
- ....someone who knew someone who knew someone else who knew how to get it done!!
2006--- Complementing Alliance for Research and Evidence-Based Practice (CARE) was initiated to develop regional capacity for emphasizing evidence-based practice (EBP) in international health; 5 projects were initiated.

2009---Making Evidence and EBP Consultations Accessible to Practitioners (MEECAP) was added to accelerate the uptake of EBP using a nurse clinician-instructor model.
Dr. Lorga and I worked together, with the ongoing support of Dr. Locsin, to match the Clinical Scholar Program©, a series of workshops for Evidence Based guideline development and implementation by nurse clinicians, to the needs of the MEECAP Program.

Dr. Thaworn Lorga
Director of Research at Boromrajonani College of Nursing Nakhon Lampang, Thailand
Clinical Scholar Program for EBP and Clinical Research

An inductive approach that requires the support of management and cultivates the curious, creative, reflective mind of point of care nurses


In addition to the first international conference on Qualitative Research held in Chiang Rai, December 3-5, 2010, we completed THREE workshops series of 6 workshops each.
Where do you start?

Select innovations or changes that are:

- High volume, high risk, high frequency, high cost
- Observable to others that the change will make a difference
Indicators of Quality in Thailand (2005)

Patient
- Nosocomial infection rate for urinary tract infection
- Fall
- Skin integrity

Staff
- Nursing staffing
- Nursing hours

Satisfaction
- Satisfaction with health education information
- Satisfaction with pain management
- Satisfaction with general nursing care
- Nursing staff satisfaction

Will an evidence-based guideline improve pain management in older adults through the use of an appropriate risk assessment scale?
Pressure Ulcers

Will adding a nutritional supplement to the turning protocol reduce the incidence of pressure ulcers?

- How do you know that all nurses stage pressure ulcers correctly?
- What is the inter-rater reliability among nurses in their use of the Braden Scale or whatever scale you are using to predict patients at risk for skin breakdown?
- At what Braden Scale score, do you order expensive pressure-relieving devices or beds?
Clinical Scholar Innovators

- High level of curiosity
- Critical thinker
- Continuous learner
- Reflects on experience
- Seeks and uses wide spectrum of resources
- Uses evidence to improve effectiveness of interventions
- NEVER STOPS ASKING WHY?
Have a Vision that excites and converts potential followers
See the big picture
Constantly sell and model that vision
Work to convince others but recognize and accept that there will be failures and course corrections along the way
Create trust
Charismatic; believe in themselves
Always visible in leading the vision
Can be counted on to lead the charge
Unswerving commitment
Provide lots of praise and rewards
Does evidence-based diabetic education improve HbA1c, fasting blood glucose, patient and family knowledge, and reduce complications?

Will an evidence-based guideline reduce the incidence of foot ulcers and amputation in patients with diabetes?

Will empowerment of patients with diabetes enhance self-care and knowledge?

Will an evidence-based guideline reduce urinary tract infections in patients with long-term indwelling catheters?

Will the use of aseptic technique and separate flushing sets reduce catheter-associated urinary tract infections?
Will evidence-based criteria for hospital admission for women in latent and active phase of labor reduce prolonged Stage 1, birth asphyxia, and pain and improve patient satisfaction?

Will the addition of an evidence-based guideline for breastfeeding in pre-term infants (32-35 weeks) improve outcomes?

Will an evidence-based guideline for hypothermia maintain the body temperature and reduce hypoglycemia in pre-term infants and improve parent satisfaction?

Will an evidence-based asthma management program for children reduce ED visits, hospital admissions, and self-efficacy?
- Will an evidence-based education program reduce pain and improve knowledge in patients with osteoarthritis of the knee?

- Will the use of an alcohol withdrawal protocol reduce the use of physical restraints and injuries from restraints in trauma patients?

- Will an evidence-based guideline improve the outcomes for patients with head injuries during transfer?

- Will a circuit therapy program improve the quality of life in patients who experience a stroke?
90 nurses in Northern Thailand participated in the 3 series. 39 new evidence-based clinical practice guidelines addressing nurse-sensitive quality indicators were initiated. 24 hospitals and schools of nursing.
Let us never consider ourselves finished nurses....we must be learning all of our lives -- Florence Nightingale
Questions

alyceaschultz@gmail.com