



The College of  
*St. Scholastica*

***CULTURAL PERSPECTIVES IN  
ADVANCE PRACTICE NURSING:  
A New Elective Course in the BS to DNP and  
Post Master's DNP Program***

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*The Third National Doctors of Nursing Practice Conference*

*DNP Innovation and Leadership*

*San Diego, CA September 29-October 1, 2010*



The College of  
***St. Scholastica***

# Objectives

## The learner will:

- Explore service-learning activities as a means for integrating the Essentials into DNP curriculum.
- Discuss benefits and challenges of incorporating service – learning experiences into a DNP curriculum.
- Identify methods to adapt service-learning experiences into a DNP curriculum.
- Integrate/ investigate the use of an electronic clinical log to document patient and population care in association with the DNP Essentials.



# CSS School of Nursing

## Programs:

- Bachelor of Science
- Post-Baccalaureate
- RN-BS
- Graduate
  - FNP, ANP/GNP, FMHNP, CNS
- DNP
  - Post-Master's option
  - BS-DNP



# Introduction: Synthesis of Evidence

## Global Health- A Definition:

- Focus is “commonality” of health issues worldwide
- Combines population-based health promotion, disease prevention, w/ individual clinical care
- IOM, "Health problems, issues, and concerns that transcend national boundaries, may be influenced by circumstances or experiences in other countries, and are best addressed by cooperative actions and solutions."
- WHO calls for improving health and equity for persons worldwide, “In the 21<sup>st</sup> century, health is a shared responsibility...”.



Institute of Medicine (IOM),(1997). Board on International Health, “[America’s Vital Interest in Global Health: Protecting Our People, Enhancing our Economy, and Advancing our International Interests](#),” National Academy of Sciences.

Kaiser Family Foundation (2009, August). Global Health Background Brief.

[http://www.kaiseredu.org/topics\\_im.asp?imID=1&id=1033](http://www.kaiseredu.org/topics_im.asp?imID=1&id=1033)

World Health Organization, About WHO. <http://www.who.int/about/en/>

# Synthesis of Evidence: Service-Learning

- Integrates meaningful service with instruction and reflection to enrich learning experience
- Fosters social responsibility, moral development
- Increases motivation and retention
- Experiential learning
- Opportunities for leadership
- Consistent with values and mission of the College and Benedictine Sisters.



Uys, L.R. and Gwele, N. (2005). Curriculum Development in Nursing: Process and Innovations. London and New York: Routledge ,Taylor and Francis Group.

# Proposed Change: Needs Assessment

## Program Evaluation of Master's & DNP Curriculum:

- Transition from Post – Master's to BS to DNP
- Purposefully integrate DNP Essentials into courses
- Enhance clinical opportunities appropriate for DNP
- Limited number of pediatric clinical sites for direct patient care
- Augment cultural competence experiences



Uys, L.R. and Gwele, N. (2005). Curriculum Development in Nursing: Process and Innovations. London and New York: Routledge ,Taylor and Francis Group.

# Proposed Change: An innovative clinical experience

## Destination Belize, Central America

- Ability to focus on healthcare of children, women
- Travel logistics
- “Efficient” use of time– intense 10 day program
- Recognition of RN license
- English official language
- Safety
- Professional agency w/ stateside and on- site support
- Reasonable travel costs





# Proposed Change: An innovative clinical experience

## Relationship to DNP Essentials :

- I. Scientific underpinnings for practice
- IV. Information Systems/Technology
- V. Health Care Policy
- VI. Interprofessional collaboration
- VIII. Advanced Practice Nursing



American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*. Washington, DC: Author.

# Relationship to DNP Essentials

## I. Scientific Underpinnings for Practice :

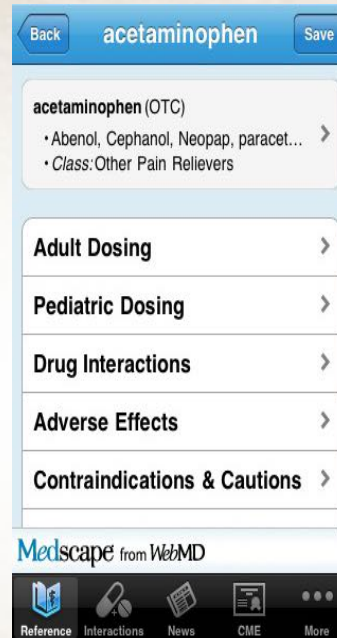
- Emphasize frameworks that guide clinical practice
- Revisit nursing metaparadigm
- Recognize overlapping roles w/ other professions
- Utilize, *practice*, and disseminate unique nursing contributions to care
- Nursing care highly valued by our Belize patients



American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*. Washington, DC: Author.

# DNP Essential IV. Information Systems/ Technology

## Point of care handheld references



## Nursing Experiential Log System (NELS)



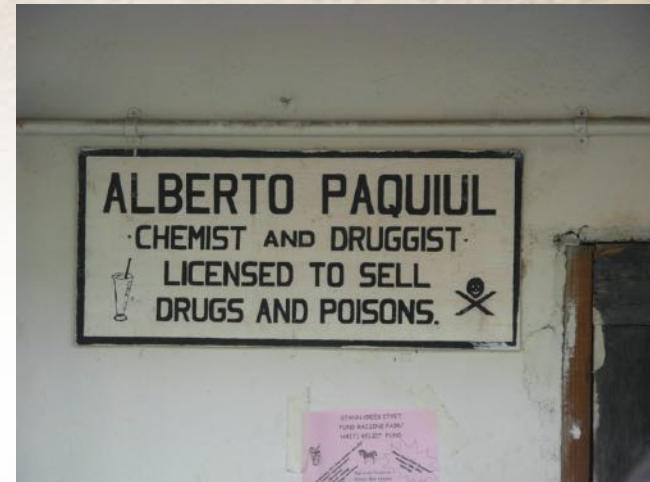
<https://www2.css.edu/app/depts/NSG/NELS/login.cfm>

American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*. Washington, DC: Author.

# DNP Essential V. Health Care Policy

## Issues:

- Global health concepts
- Belize health system
  - National health system
  - Health providers
  - Public health / public health issues
- Impact of privatization of health care
- Compare and contrast to US health care system



American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*. Washington, DC: Author.

# DNP Essential VI. Interprofessional collaboration

## Opportunities :

- Intraprofessional collaboration :
  - ANP, FNP, PMHNP, RN, DNP
- Interprofessional collaboration: local providers, community health care workers, ProWorld staff
- Potential telehealth linkages Dangria Hospital—RNs, Midwives, Psychiatric NP
- Future.... Include interprofessional teams—OT, PT, SW



American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*. Washington, DC: Author.

# DNP Essentials VIII. Advanced Practice Nursing

## Transition to the APN Role :

- Benner's Stages of Clinical Competence
- Faculty as preceptors to:
  - Support transition along the continuum towards competence
  - Foster the development of critical thinking capability
  - Provide developmental support in the clinical setting
- Cooperative learning--Practice teams



American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*. Washington, DC: Author.

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park: Addison-Wesley, pp. 13-34.]

# Proposed Change: Making a Case for the Experience

## Administrative Steps :

- Needs Assessment
- Prepare proposal
- Est. relationship and contract w/ [ProWorld Service Corps](#)
- Approval from: Dept Chair, Dean, VP Academic Affairs, VP Student Affairs
- Director of Business Office Services
- Travel Agent
- Potential funders
- Recruitment
- Course Approval Graduate Curriculum Committee



# Implementation: Planning Phase

## Interprofessional Team Development

- “The call of purpose” (Wheatley, 2005)
- Leadership is relationship: model the way, inspire a shared vision, challenge the process, enable others to act, encourage the heart (Kouzes & Pozner, 2007)
- Significant time in communication with each other: e-Meetings, phone conferences, email, face- to- face, most decisions group decisions
- BSN, DNP, PNP, FNP, PMH NP

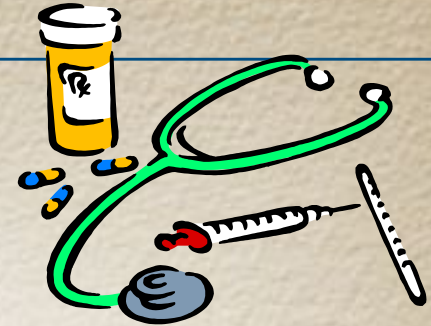


Kouzes, J. M., & Posner, B. Z. (2003). *The leadership challenge* (3rd ed.). New York: Jossey-Bass.

Wheatley, M. (2005). *Finding our way: Leadership for an uncertain time*. San Francisco: Berrett-Koehler.



# Student/Preceptor Safety Planning



Required travel visits for all students/faculty

Travel Medicine Specialist provided consultation and presentation:

“What to Expect in a Travel Visit”

- personal health issues

- vaccinations, including H1N1 and

- chemoprophylaxis

- education regarding prevention: food/water, animals, snakes, hydration etc

HIV medications for post exposure prophylaxis

Gloves, hand sanitizer, masks, plastic table cloths

<http://wwwnc.cdc.gov/travel/destinations/belize.aspx>

# Belizian Health Care

**Pan American  
Health  
Organization**  
Regional Office of the  
World Health Organization

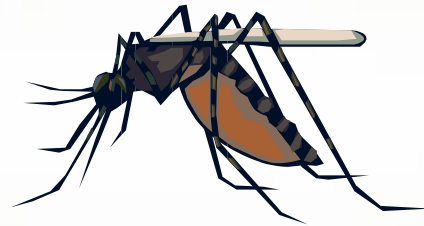


- Not unlike the US system in its lack of consistency
- Rural very underserved
- Some things done better than the US: immunizations
- Private care is not easily accessible, affordable, nor comprehensive
- Ahead of the US with regards to the desire for universal care
- Paradox: Implementation of Health Information System while many areas do not have basic needs of running water, garbage disposal
- Use of traditional healers and herbs

# Student Presentations

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- Belizian Culture / Health Beliefs
- Dengue Fever
- Malaria
- Diabetes Type 2
- Fungal Infections
- Chronic Wound Care
- Diabetes Foot Care
- Dental Care
- Parasitic infections
- Tuberculosis
- Bites: snake and insect
- Travel health precautions



# Comprehensive Care Card

NSG 6681/Belize 2010 Care Cards

DATE of Visit: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Marital status: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender: Male Female Site: \_\_\_\_\_ Ethnicity/Culture: \_\_\_\_\_  
 Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ BMI: \_\_\_\_\_ HC: \_\_\_\_\_ T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_  
 General survey: \_\_\_\_\_



<p>CC:</p> <p>HPI:</p> <p>PMH: Meds/herbals/remedies</p> <p>Chronic diseases</p> <p>Allergies</p> <p>Surgeries</p> <p>FH (as applicable):</p> <p>Health practices/habits/beliefs:</p> <p>Nutrition</p> <p>Alcohol/Tobacco/other</p> <p>Development</p> <p>Sleep</p>	<p style="text-align: center;"><b>Physical Exam</b></p> <p>Skin:</p> <p>HEENT:</p> <p>Neck:</p> <p>Heart:</p> <p>Lungs:</p> <p><u>Abd:</u></p> <p>Genitalia:</p> <p>Extremities/Foot exam:</p> <p><u>MS/Neuro:</u></p> <p><b>Assessment:</b></p> <p><b>Plan:</b></p>
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# Belize Experience: Conceptualized Care Process



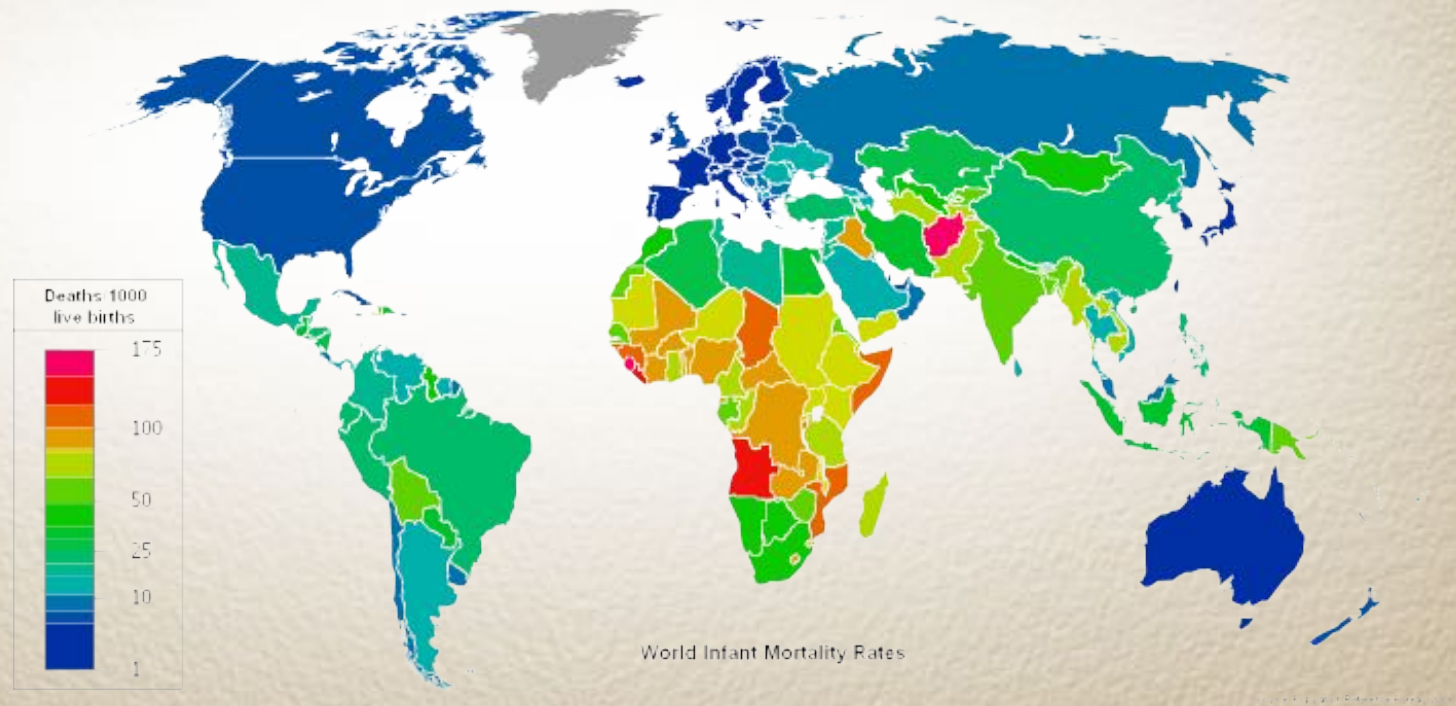
# Understanding Belizian Health

- Demographics: 50% population under 20; 50% women are childbearing age
- Economics: sugar, citrus, bananas & recently marine products
- Economy: mixed with privatization of some infrastructure (electricity etc)
- Per capita income: \$7000 Belize/year
- 50/50 urban /rural
- High unemployment
- Literacy (70%) and education (primary school is mandatory through age 12)
- Hypertension and diabetes & HIV are large concerns



# Health Indicators

	Infant	maternal	Life expect
Belize	18.4/1000 live births	10/1000 live births	72.2
US	6.78/1000 live births	1.2 per 1000	77.9



# Belizian Ethnic Groups

## *Diversity in a small space*

- Mestizos
- Garifuna
- Creole
- Mayan





# Implementation Goals: Ethics

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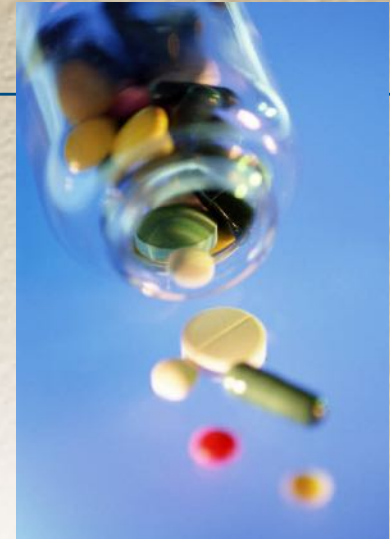
*First & Foremost...*

# Do no harm...

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## WHO (1999) Guidelines for Drug Donations

- Maximum benefit to the recipient
- Respect for wishes and authority of the recipient
- No double standards on quality
- Effective communication between donor and recipient
- [http://whqlibdoc.who.int/hq/1999/who\\_edm\\_par\\_99.4.pdf](http://whqlibdoc.who.int/hq/1999/who_edm_par_99.4.pdf)
- Donated drugs can cause more harm than good!



## ....“Do no harm”

*Enhance existing health resources:* what infrastructure is already in place? Belizian Health Resources, other mission groups visiting, foods, exercise options, etc?

Long term pharmacotherapy versus long term lifestyle habits. What non-pharmacologic management could we promote for chronic and acute disease?

- ~exercise for arthritis pain
- ~alcohol/vinegar drops instead of corticosteroid solution
- ~nutrition for heart disease prevention
  - ~diet modifications for diabetes
  - ~reduce triggers for asthma care (smoke from fires)



# Experience

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Culture sensitivity and shock/Reverse Culture shock

Developing trust with local leaders and ultimately community

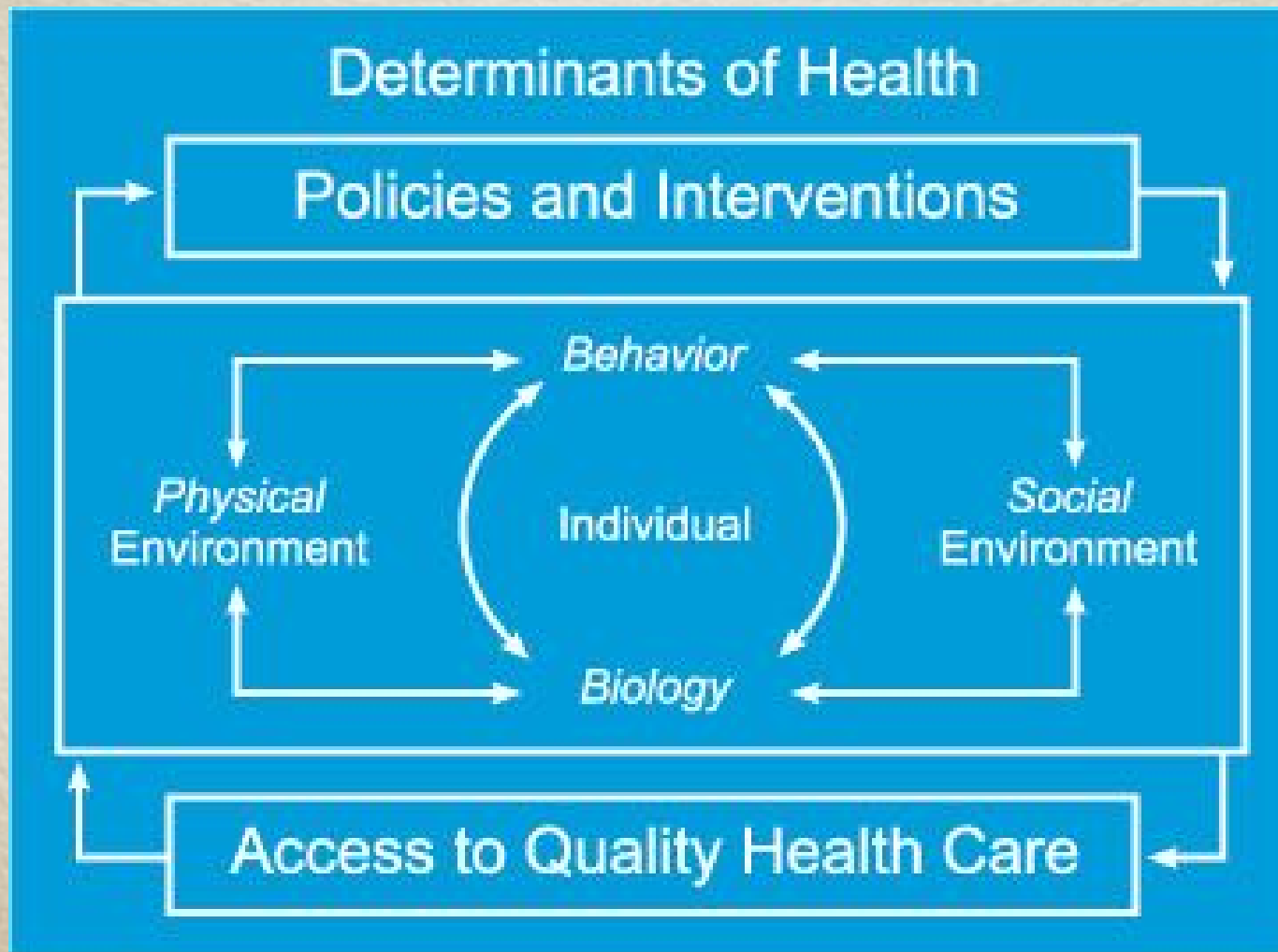
Clinic set up

Sense of community on Gales Point

Differences in three settings: Gales Point, Silk Grass, Mayan village



# Healthy People 2010 Determinants of Health



# National Belizian Diet

- The national diet of Belize - high fat, high starch, and few vegetables - is largely attributed to the growing health epidemic.
- "Vegetables in general are skipped out of the Belizean diet," said Mark Miller, executive director of the development organization *Plenty Belize*. "Most of the cultures here used to have a much healthier way of eating than they do today. As time progresses, people are eating less and less healthy."

<http://upsidedownworld.org/main/caribbean-archives-45/1176-belize-sows-seeds-for-food-security>



# Culture Shock versus Human Rights

- “Hyper-sexuality”
- HIV stigma
- Marijuana Use
- Mental health *The lady with the pink hat*



# Clinical Experiences

- Set up clinics
- Home visits
- School visits
- Numbers & Types of patients seen





# Visit Statistics

**Reports - Mozilla Firefox**

File Edit View History Bookmarks Tools Help

css.edu https://www2.css.edu/app/depts/NSG/NELS/faculty/report.cfm?report=experience-report

Blackboard Learn Purdue OWL Reports

HOME | LOGOUT | HELP

HOME  
ADD COMMENTS  
REPORTS  
LOGOUT

## Generate a Report

Select a Report Type:  
Clinical Experience Report

Parameters

Term: Spring 2010 Start Date (mm/dd/yyyy): none select

Class: Primary Health Care Mgt I End Date (mm/dd/yyyy): none select

Organization: No Organization Selected..

Site: Belize

Student: No Student Selected.. Preceptor: Ash, Laurel

Done

start Novell Group... Reports - M... 2 Windows... Seaman.Rhi... Search Desktop 9:19 AM

# Visit Statistics

**Clinical Experience Report - Mozilla Firefox**

File Edit View History Bookmarks Tools Help

css.edu https://www2.css.edu/app/depts/NSG/NELS/faculty/experience-report.cfm?report=experience-rep

Blackboard Learn Purdue OWL Clinical Experience Report

## Clinical Experience Report

07/01/2010

**Number of Patients:** 214

Patient Type	Percent
Adolescent (13-17 years)	6.07%
Adult (18-40 years)	0.47%
Adult (18-40)	23.83%
Infant (0-12 months)	4.67%
Mid-Adult (40-64)	12.62%
Middle-Old (75-84) Adult	2.34%
School age child (5 -12 years)	32.71%
Young Child (12 month-4 years)	14.02%
Young-Old (65-74) Adult	3.27%

DX/Problem Type	Percent
Not Specified	1.87%
Cardiovascular disorders (acute)	0.93%
Cardiovascular disorders (chronic)	2.34%
Endocrine disorders (acute)	0.47%
Endocrine disorders (chronic)	3.27%
Female reproductive disorder (acute)	0.93%
Female reproductive disorder (chronic)	0.47%
Gastrointestinal disorders (acute)	7.94%

Done

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**Clinical Experience Report - Mozilla Firefox**

File Edit View History Bookmarks Tools Help

css.edu https://www2.css.edu/app/depts/NSG/NELS/faculty/e

Blackboard Learn Purdue OWL Clinical

Gastrointestinal disorders (acute)	7.94%
Gastrointestinal disorders (chronic)	1.87%
Health counseling	2.8%
Health maintenance / screening	13.08%
HEENT disorders (acute)	11.68%
HEENT disorders (chronic)	1.4%
Infectious disease	1.4%
Multiple/complex DS (3 or more problems)	1.87%
Musculoskeletal disorder (acute)	5.61%
Musculoskeletal disorder (chronic)	4.21%
Neurologic disorders (acute)	0.93%
Neurologic disorders (chronic)	3.27%
Renal and urologic disorder (acute)	1.4%
Respiratory disorders (acute)	21.03%
Respiratory disorders (chronic)	2.34%
Sexually transmitted infection	0.47%
Skin conditions (acute)	6.54%
Skin conditions (chronic)	1.87%

Activity Name	Percent
Not Specified	38.71%
Acute illness management	16.13%
Care coordination	1.76%
Chronic disease management	7.92%
Disease prevention/ screening	13.2%
Health promotion	22.29%

Done

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# WHO: Social Determinants of Health

## *The Solid Facts (2003)*

- Stress
- Early Life
- Social Exclusion
- Addiction
- Food
- Physical activity/Transport
- Work/unemployment
- Socio-economic
- Gender



[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0005/98438/e81384.pdf](http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf)

# Maya Village: Sustainable, healthy lifestyle



# Herbal Medicine



# Drums not Guns



# Evaluation

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- Informal /qualitative
- Formal/ quantatative
- NELS
- FU conversation with ProBelize
- Benner
- Marketing again to the Dean, Department chair, and VP

# Social Determinants of Health

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*“Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death. We watch in wonder as life expectancy and good health continue to increase in parts of the world and in alarm as they fail to improve in others.”*

WHO (2005). *Closing the gap in a generation*. Retrieved from [http://whqlibdoc.who.int/publications/2008/9789241563703\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf)



# Big Picture Learnings for next trip: WHO

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## Three principles of action

- 1) Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age.
- 2) Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally.
- 3) Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.

# DNP Student Clinical Opportunities

- Team planning and coordination pre, post and during trip
- Systems thinking
- Evaluating health care system in the country you are going to
- Networking with existing infrastructure/lay health care and professionals
- Collecting data pre and post
- Communication
- Budgeting for donations, trip costs, etc
- Evaluating effectiveness of herbal and traditional medicines
- Evaluating outcomes
- Quantitative and qualitative research
- DNP Project



# Smaller Picture Learnings

- Learn about the community and its people
- Engage in active listening and gather comprehensive assessments
- Show your appreciation
- Gather more data before if possible
- “Scale up” with other organizations
- Utilize more non-pharmacologic treatments

The search for a definition of poverty: “Radical Compassion”

Smith, G. (2002). *Radical Compassion: Finding Christ in the Heart of the Poor*. Chicago: Loyola Press.



# Turning the World Upside Down: What can we bring home? ...*Sir Nigel Crisp*



*Thank You!*

