

Global Nursing

Winter 2019



SCHOOL OF NURSING
UNIVERSITY OF MICHIGAN



UMSN students meet with women from a small village in rural Thailand to learn more about a health crisis in the village that was caused by contaminated drinking water. The women from that village are wearing scarves they weaved to raise awareness about the contamination issue and subsequent health crisis.

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Jody Lori visits with expectant mothers and Liberian health officials at one of the maternal waiting homes she helped found in Liberia.

Leadership thoughts

The University of Michigan School of Nursing is nationally and internationally renowned for our depth and breadth of global health through nursing and midwifery research, education and practice. In 2008, UMSN supported the first group of undergraduate students in obtaining clinical/practicum experiences in an international setting to meet course requirements. Student and faculty interest to expand the boundaries of learning and integrate global health into our undergraduate curriculum inspired this opportunity. To date, over 250 nursing students have traveled abroad for course-related credit. Additionally, 150 nursing students have participated in international co-curricular (non-credit) activities. During the past 22 years, we have developed numerous long-lasting global partnerships and currently have 24 active international memorandums of understanding. Our talented faculty are actively engaged in clinical education, research and service projects across the globe. These partnerships continue to enrich our students, staff and faculty.

As we look toward the future, we recognize the importance of nurses in influencing global health. The over 20 million nurses and midwives in the world account for 50% of the health workforce providing care across a spectrum of services. Through opportunities to engage with nurses and health care providers globally, UMSN students learn a diverse skill mix and have a unique lens to understand alternative health care systems. In 2019, we will host five faculty-led global health clinical immersion experiences for our undergraduate students in Copenhagen, India, Thailand and Uganda. We have deep roots, engaging with our alumni in Thailand and India and working with an interdisciplinary

team of nurses, social workers, pharmacy students and medical students in Uganda. This year we are adding Copenhagen as an opportunity for our students to better understand some of the structural differences in the delivery of health care around the world. We also have graduate students traveling to Thailand and Uganda for clinical experiences and students working on faculty-led research in Zambia, Liberia, Ghana, Peru and Armenia. We are committed to expanding a diverse community of global health leaders and scholars. Through pioneering scholarship, evidence-based prevention, innovative clinical training and timely international service, the Office of Global Affairs is cultivating a community of students and faculty to develop high-impact careers in global health. We look forward to continuing to establish strong international partnerships to improve global health and advance education and research in the field.

The following pages highlight some of the diverse experiences our faculty and students have engaged in over the past year. The impact on their lives and future practice is evident. These experiences are expanding and shaping the future of nursing.

Once again, I would like to take this opportunity to share with you some of our work from the past year and to thank all our dedicated faculty, staff, students and supporters. We could not do it alone.



Jody R. Lori, Ph.D., CNM, FACNM, FAAN
Associate Dean, U-M School of Nursing
Director, PAHO/WHO Collaborating Center

Students declaring global health minor increased from



↑ Student interest in global health on the rise

97% of UMSN students are considering a global immersion opportunity

95% said the variety of study abroad opportunities at UMSN impacted their decision to attend UMSN

83% said the global health program at UMSN positively impacted their decision to attend UMSN

The Office of Global Opportunities provided...

***\$40,000**
in scholarships to support global-health-related travel

***\$30,000**
to global health faculty development through the Capacity Building Grant

**7 new
memorandum of
understanding
agreements
in 2018**



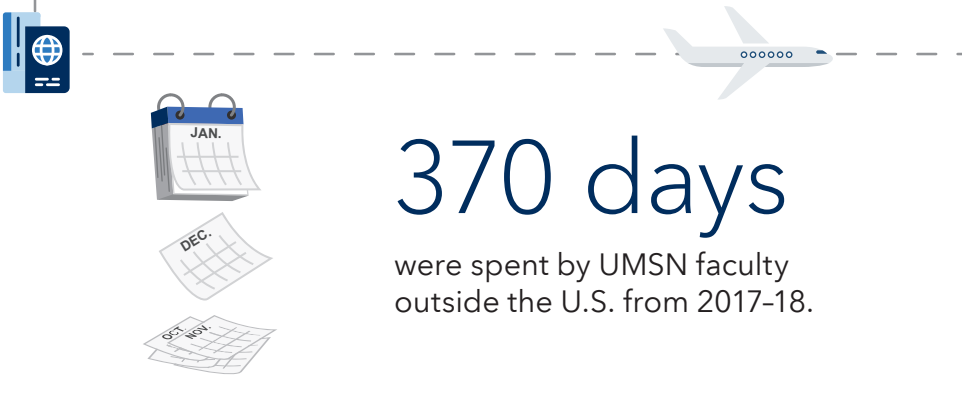
*These are approximate numbers based on 2018

Strategic partnerships opening access to learning around the world

UMSN has nurtured and built relationships with countries around the world in an effort to expand access to learning for nursing students and scholars. Its current partnerships with Thailand, India and Uganda are made possible by our alumni living in country and a long history of UMSN working to build educational programming, service programs for the local population and research opportunities for nursing scholars.

Faculty research and practice around the world

UMSN faculty traveled to 27 countries for work-related purposes during the 2017-18 academic year. Reasons for trips included leading student experiences, conducting or presenting research, attending professional conferences and serving as invited scholars, speakers and professors.



Global partners

India

- Community health undergraduate program
- Student internship opportunities

Thailand

- Community health undergraduate program
- Acute care graduate program
- Family nurse practitioner graduate program
- D43 agreement with visiting scholars
- UMSN faculty research collaboration with Khon Kaen University

Global health and faculty fellows program



The UMSN midwifery program has been collaborating with Faculty of Nursing Science of the Episcopal University to develop and implement a graduate nurse-midwifery/family nurse practitioner program in Leogane, Haiti. This model, where graduates are prepared as midwives and trained to provide primary care for the whole family, is well-suited to rural areas of Haiti where there is a critical shortage of health professionals, with one nurse for every 6,000 people and one trained midwife for every 50,000 people. The first cohort was admitted and began classes in May 2018, with an expected graduation in 2020.

The courses are taught sequentially and delivered in a blended format whereby students come to class one weekend a month and other coursework is delivered via Google Classroom, textbooks and assignments. A variety of expert faculty have volunteered to teach, including those from UMSN, DNP students, and other departments and universities.

Working together in Uganda

Written by Craig McCool

A group of eight students from the U-M Nursing, Medical, Social Work and Pharmacy schools traveled last summer to Uganda as part of a project that combines interdisciplinary education and research with global health.

Funded by a Health Sciences Council IPX-Research seed grant for interdisciplinary research collaboration, the month-long experience found students working in multidisciplinary teams at three rural sites in southwestern Uganda. Bringing interdisciplinary work to the global setting is both complex and rewarding, said PI Megan Eagle, a clinical instructor in the School of Nursing.

"The insights that come from global health - around working in low-resource settings, around cultural differences being way deeper than you realize - are not discipline-specific, and there is no reason you have to learn those things in a disciplinary silo," said Eagle, MSN, MPH, FNP-BC. "There are good reasons to engage interdisciplinary teams in the international setting, because the fact is other places have been doing interdisciplinary care, often out of necessity, for a much longer time than we have."

One of those places is in Uganda at Mbarara University of Science and Technology (MUST), where the U-M Medical School's Global



The student teams were led by professors from U-M's schools of Nursing, Medicine and Social Work.

REACH office has been working to build institutional collaborations across different health science disciplines. The two universities are working together to build a bilateral student exchange.

At MUST, students from all health sciences schools are required to participate in multidisciplinary community-based health projects prior to graduation. Last August, eight U-M students traveled to the MUST campus before splitting into three groups in three different communities - two small-town hospitals as well as a community-based program offering in-home hospice care. The goals: to build community-level partnerships and explore potential future research projects.

Some found on-the-spot projects to tackle while at their respective sites. Second-year medical student Yalda Toofan spent most of her time in a rural hospital in Rwibaale run by sisters in the region's Catholic diocese. She rounded with the two clinical officers who staffed the hospital, taught science in the nearby grade school and brainstormed a short-term project to complete in the few short weeks she was there.

Social work student Richard Robles was at a similar clinic in Bugoye, another small community about 50 miles away. In addition to observing on the wards with the local providers, he conducted interviews with everyone he encountered, asking a set of consistent questions about their work, lives and more.

At all three sites, the visiting teams included at least one student each from the Medical, Nursing and Social Work schools. They would gather at the close of each day to reflect as a group.

"The nursing students would ask questions that didn't even come to mind when I was shadowing the same person. Or the social work student would ask questions about home life and whether programs were available in different areas, so their perspectives were valuable," Toofan said.

It was also insightful for the U-M students to see how different members of the local care teams worked together in the host institutions, said Leslie Nestro, UMSN clinical instructor who accompanied the students to Uganda and split her time between the three sites.

"For our students in these settings, it is really big to see how people from all of the disciplines pitch in in terms of trying not to keep people siloed in their own profession. There's never this attitude of, 'Well, that's not my job,'" said Nestro, DNP, RN, FNP-C. "That's an important perspective for students to learn early in their careers."

While last summer's initial experience laid the groundwork and helped establish relationships, future plans call for additional student groups to return to Uganda in the spring of 2019 to embed with MUST students in their own ongoing community projects. ■



The student teams pose for a photo with professors from Michigan Medicine, UMSN, the School of Social Work, and local Ugandan health care providers.



Zumaya Otaduy-Ramirez

Written by Taryn Aldrich

Zumaya Otaduy-Ramirez became intrigued by nursing when her initial career plan took an unexpected turn.

"I thought I wanted to go into engineering. Then I took a physics class in high school and didn't like it. I realized I wanted to work with people, and I'd always been interested in the health care field."

Now Otaduy-Ramirez is a junior in UMSN's BSN program, minoring in population health in a global context. A recipient of a Foreign Language & Area Studies fellowship, she studied for nine weeks in Florianópolis, Brazil during summer 2018. Her program focused on language classes along with practical experiences.

"I studied Portuguese at the Federal University of Santa Catarina," Otaduy-Ramirez said. "I also had an internship with an organization that provides social services for individuals with disabilities, like supplementary language classes for people who were still in school, and more functional [lessons] for older people—how to prepare food, how to be self-sufficient."

During the internship, which was based in a local school, Otaduy-Ramirez worked closely with the school nurse twice a week for five weeks. Her time was split between shadowing the nurse and assisting in classes with various age groups. Therefore, Otaduy-Ramirez had opportunities to learn about the organization's scope and the school nurse's role within it.

"I'd go to the different classrooms but then spend days with [the nurse] to see what she did, which was basically community health nursing," Otaduy-Ramirez said. "She dealt with a lot of stressful things. She was the only nurse for 600 students, so she was pretty busy."

Luckily, the nurse's workload did not detract from Otaduy-Ramirez's learning.

"The nurse was great," Otaduy-Ramirez said. "She had so much going on that it was hard for her to find the time to sit down with me and try

to teach me everything. But she worked really hard to make sure I was engaged and learning."

The same could be said for the school staff.

"I think it was the first internship where they'd had a nursing student, so there was some confusion in the beginning over what I could and couldn't do. But everyone who worked there was really kind to me. I had a great experience, and I felt like they were happy to have me there."

Otaduy-Ramirez eased into life in Brazil relatively smoothly. She took two semesters of Portuguese during her first year at U-M and grew up speaking Spanish; thus, the language came more naturally to her than it might have otherwise. She also spent 10 weeks in Brazil the summer before her fellowship, volunteering at a childcare center and learning Portuguese. That trip greatly diminished any culture shock she might have encountered in Florianópolis.

"The first year, in 2017, was a lot harder for me because I wasn't used to everyone speaking so fast," Otaduy-Ramirez said. "It was a big change. And it was the first time I'd gone to a country where I didn't speak the language fluently. I learned a lot both years I went, but the learning curve was so steep the first year. This summer was a lot easier."

Although Otaduy-Ramirez's experience was not focused on nursing, her time in Brazil informed her career aspirations.

"I want to work with underserved populations, people who don't have access to quality care or don't have access to care at all. People with language barriers. I think working in a prison would be interesting—helping people who don't have access to the services they need. That's something that's really important to me and that I find myself being drawn to as the years go by."

Learning and living in Brazil taught Otaduy-Ramirez that cultural competence is an essential aspect of the health care field.

"The understanding that people don't see everything the same way you do is as important in nursing as anything else," she pointed out. "You can't assume your patients are a certain

way because they belong to a certain group. There are a lot of different ways to look at health care and people's experiences with it."

Beyond cultural sensitivity, learning about nursing in other regions can broaden one's perspective on what quality health care looks like around the world.

"I think it's easy to accept a certain level of care when you only have clinical experience at [Michigan Medicine], which is a really good hospital. It's important to go abroad and see that other countries have excellent health care systems. It would be a good experience for anyone because I think every country has a lot of great things to offer."

Otaduy-Ramirez said that openness is paramount to an enriching study abroad experience.

"Obviously don't do anything you're not comfortable with. But if you're not willing to try things that are a little bit out of your comfort zone or open yourself up to different opportunities, then I don't know if you can really have the full experience."

She also encouraged nursing students to consider integrating a global experience into their curriculum, even if it might seem difficult to do so.

"It's possible to do things other than nursing," Otaduy-Ramirez stated. "I think when you're in the nursing program, it's easy to feel like you're doing only nursing things. But it's still possible to pursue other interests—it's just a little harder." ■

ZUMAYA OTADUY-RAMIREZ (Junior)

WHERE

United States → Brazil

TAKEAWAY

"I want to work with underserved populations, people who don't have access to quality care or don't have access to care at all."





HaEun Lee

Written by Taryn Aldrich

For HaEun Lee, a second-year Ph.D. student at UMSN, being open to new cultures is something of a family tradition. Originally from Korea, Lee lived in several countries as a child thanks to her parents' missionary work.

Lee chose nursing because she felt it would allow her to help no matter where she was in the world.

She quickly learned that at UMSN, she can go anywhere. She traveled to Zambia this spring as part of Jody Lori's *Zambian Mothers' Shelters* (ZAMS) project. This initiative focuses on establishing residential housing for expectant mothers who live far from health facilities; they come to the shelters to deliver and receive postpartum care.

"In a lot of countries in sub-Saharan Africa, the distance between health facilities and where people live is a huge barrier," Lee said. "[Many women] don't access [maternal] care because they need to walk for hours. If there are complications, it's hard for them to find transportation."

Lee works as a graduate research assistant for Lori, collecting data on people's experiences with the shelters and how ZAMS can be sustained in the future. Traveling to Zambia afforded her a new perspective on ZAMS, which currently focuses on 10 districts in the country.

"Zambia was the first time I went abroad for a research experience," Lee said. "This project, working with [the AfriCare team] in Zambia, getting to know our partners ... and staff there was really fun. Being in the field, I learned so much. We're looking at what types of women come to use the shelters: how far do they travel, who do they come with, what do they bring with them, how long do they stay, what was

their experience like?"

She was especially grateful for the chance to discover what a project of this magnitude entails.

"I was able to see the impact and the amount of interdisciplinary work that goes into this. We worked with the ministry of health, local people. There are so many moving pieces. [ZAMS is] a partnership between so many different countries, organizations and universities."

In addition to working on the ZAMS project firsthand, Lee's six weeks in Zambia proved eye-opening on a personal and professional level.

"Every time I go to a new country, it's a very humbling experience," Lee said. "Zambia has 75 different languages. A lot of people do speak English, but it's very limited. You have to come in with humility—out of their own kindness, they're showing you around and translating things for you."

For Lee, two factors are essential to ensuring a worthwhile global experience: cultural humility and openness.

"People who have never been abroad can go somewhere totally new and learn so much. Just being open and having humility is huge. We are here to learn, and we are culturally the minority; they're the ones who are being vulnerable and kind and generous by sharing their culture with us."

She also realized the nearly endless opportunities that a career in nursing brings.

"Nursing is such a versatile field," she said. "If you tell people, 'I'm a nursing student,' there's a specific image that comes to mind, usually bedside nursing. And that's so important. But with this experience, I was able to see—this is public health work. It's policy work. It definitely changed the way I think about nursing and how unlimited it is."

Traveling to Zambia has shaped Lee's doctoral trajectory.

"Going in, I was more interested in the health literacy aspect. Now I'm looking more into financial barriers to accessing care. That was very [apparent] to me, how poverty influences literally every aspect of [these women's] lives. You're able to access a certain type of care, determined by whether you're poor or rich. Health is a basic human right, and maternal health, too. ... I want to work with these people, and for these people, and continuously learn from them."

The value of this global experience, and UMSN's program in general, is not lost on Lee.

"For me, it truly is a privilege to be here," she stated. "With this type of privilege comes a lot of responsibility. I want to be a good steward for this experience and the knowledge I gain. I want to be able to use it for people who may not have the same opportunity."

Lee would love to return to Zambia. Although she is not yet sure where the future will take her, one thing is certain.

"Wherever I'll be, I think I'll be doing work abroad for mothers and babies." ■

HAEUN LEE (2nd year Ph.D.)

WHERE

United States → Zambia

TAKEAWAY

"I want to be a good steward for this experience and the knowledge I gain. I want to be able to use it for people who may not have the same opportunity."



Katie Beres

Written by Taryn Aldrich

Katie Beres' career has taken her many places. She has traveled the world for nearly 20 years serving individuals in need, visiting locations such as Spain, Togo and Kenya.

Her global journey began as an undergraduate biology student. She knew she wanted to explore unconventional paths with her degree. A search led her to the Earthwatch Institute, a nonprofit environmental organization. She joined one of their research teams and spent two weeks in Spain. Later, after completing her BSN degree, she served as a ward nurse with Mercy Ships, a floating hospital that offers free surgeries in parts of the world where such care is not readily accessible.

"That's where it kind of all started," Beres said. "I thought, 'Oh, look, I can blend what I do at home and apply it overseas, then learn even more and bring it back home.'"

That's exactly what Beres has done. She has been a nurse for 13 years, primarily working in intensive care and surgical services. She graduated with her MSN in systems, population and leadership. She recently returned from a monthlong trip to Kenya and Uganda. The global missions director at Beres' church alerted her to the opportunity, which marked her fifth trip to Africa.

"I actually did three trips consecutively because the teams would leave after 10 days, and I would stay until the next team arrived," Beres explained. "But that was a wonderful experience—I got to be there for a month and do lots of different things."

The first portion of Beres' trip was in Kenya, working with the nonprofit Hope Water Project in collaboration with Pokot Outreach Ministries. The Pokot tribe resides in the northwestern region of the country. Hope Water Project, which was started by a gentleman at Beres' church, aims to bring clean water to the tribe.

"There's a huge problem for the Pokot in that they simply have no access to clean water and are considered a forgotten tribe," Beres said.

"So the government doesn't do much to help."

Hope Water Project has brought 100 wells to the Pokot people. In July, Beres contributed to the evaluation report.

"I traveled with the Hope Water Project team. We went all over northwestern Kenya and a little bit into Uganda. We went through every single stage of the well—even communities that had no water, no well. And we did a water walk where we took the 40-gallon jerry can of water and carried it from the dirty, contaminated water source all the way back to the village."

In early August, Beres traveled to Uganda for a week to go into the field and observe educational presentations about female genital mutilation. The informational sessions were delivered to groups as large as 250 villagers.

"Some of them had never heard that female genital mutilation is no longer practiced and is illegal," Beres said. "Some [knew], so they had questions. That was a remarkable experience and totally different from the water project."

But Beres' work with Hope Water Project was not done, even while she was in Uganda.

"I was also able to look at where these people were in the bush—did they have a well, were they carrying jerry cans? What was the health of the community, of the children?"

She noticed that communities with no access to clean water were clearly sicker than residents in villages with wells.

"It was interesting. ... How the effect of clean water is so highly valued, and to see the effects of that within the community."

The final leg of Beres' trip involved profiling children at orphanages in Kenya. Residents arrive at these 'children's homes' in many ways. They can be sent by their parents, similar to a boarding school. Orphans may stay at such homes to be cared for after their parents pass away. Still other children approach the homes on their own to seek food and water. The homes are run by Pokot Outreach Ministries, and they all have clean water sources.

"Myself and five other people, we interviewed 607 children in 12 days, updating their profiles for sponsorship back in the U.S. for their education or their stay at the orphanage," Beres said.

When asked what had underpinned her global experiences to this point, Beres shared her life motto.

"To serve those of greatest need. That's my thinking when I go into just about everything that I do. [When I started doing this work], I realized I could go overseas and serve people, and nursing could be that diverse."

Beres is interested in pursuing a doctorate in the future, although she is not sure of her direction just yet. She plans to gain more experience in research and population health to explore different avenues. Ultimately, she would like to teach in a nursing school and share global experiences with her own students.

"I would want them to get global experiences and learn about cultural diversity, why that's so important. And just learn a different way of caring because it isn't always just 'the American way.'"

Beres offered advice for those considering taking the leap to explore new places.

"Take the risk. If you have it in your heart that you're interested in doing this, just go ahead. I stopped listening to everyone who was telling me no. That's when I started realizing that I had to be true to myself. It doesn't matter if you're married, single, children or not—anyone can do this." ■

KATIE BERES (MSN)

WHERE

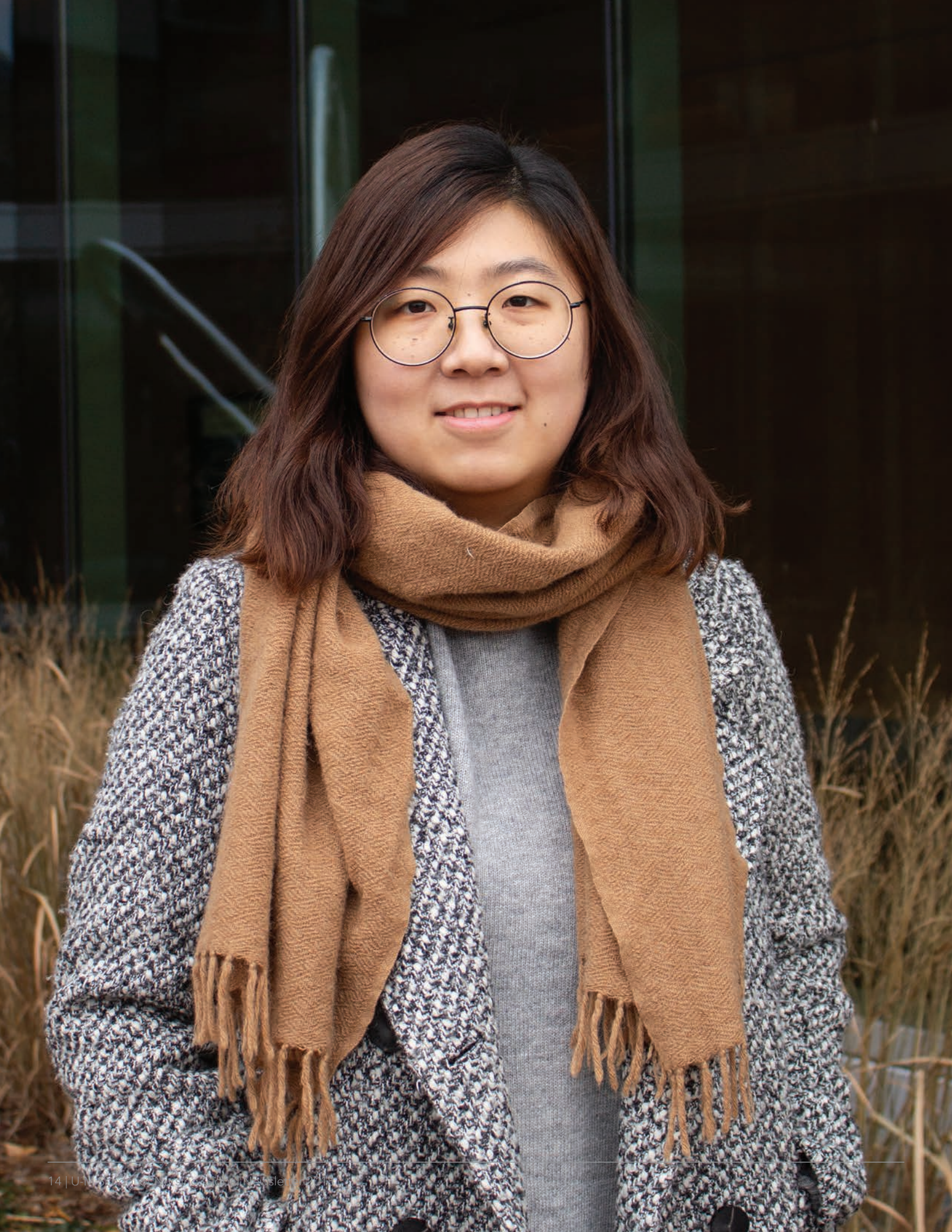
United States → Kenya & Uganda

TAKEAWAY

"Learn a different way of caring because it isn't always just 'the American way.'"







Youmin Cho

Written by Taryn Aldrich

Youmin Cho, a student in UMSN's nurse practitioner program with a focus on adult gerontology, came to the U.S. from Korea in August 2017. She earned her BSN in nursing in Korea and worked as a nurse there for nearly four years before arriving at U-M.

"My mom inspired me because she's a nursing school professor in Korea," Cho said. "My relatives, like my uncles and aunts, also work in the medical field—some are physicians, some are nurses. That's why I decided to go to nursing school."

Cho had long planned to come to the U.S. to continue her studies; her undergrad nursing professors in Korea suggested that students attend graduate school abroad. Although Korean nursing care incorporates evidence-based practice, the country is still striving to make inroads in that regard.

"We are trying to develop some standardized clinical practices in Korea," Cho explained. "That's why a lot of faculty recommend that students go to America or Britain—countries that have well-developed, evidence-based practice."

Although Cho would ultimately like to earn her Ph.D. and then return to Korea to become a nursing professor, she is grateful to have enrolled in a nurse practitioner program. She hopes to bring lessons from the U.S. back to her home country to contribute to a more advanced nursing system.

However, Cho's ambitions have not been without obstacles. The language barrier has proven especially challenging, particularly because Cho had not visited America prior to coming to U-M. Korea's approach to foreign language instruction also differs from that in America; even learning a language for years may not afford students the necessary fundamentals.

"Technically in Korea, we learn English starting in elementary school. But the system is focused on grammar and reading, not listening and speaking," Cho said. "So even though I had learned English for more than 12 years, I didn't start learning real English until after entering undergrad."

Then, she jumped in feet first during her initial semester at U-M and took 15 credits. Luckily, Cho had a support system to ease the transition: faculty, classmates and the broader administration.

"The faculty has really helped me a lot—they are very welcoming to international students and try to understand our problems," Cho said. "They have a lot of empathy toward international students. Some of the faculty would record their lectures, and I watched them three or four times."

Such assistance has extended beyond the classroom.

Cho explained, "I also have friends in my program from Taiwan, Indonesia and China, and we have a study group every week or two to talk about our difficulties. All of my classmates encourage me to talk about my experiences and clinical issues. I really appreciate them."

The Global Affairs Office at UMSN has been tremendously helpful for Cho and other international students, as staff meet with them regularly to discuss students' experiences and concerns.

In addition to language differences, certain cultural aspects of nursing in the U.S. have come as a surprise; Cho had not encountered LGBTQ patients in Korea, but she has met several during her time at U-M. She was also shocked by caseload differences between Korea and the U.S.: whereas she could see up to 15 patients in one nursing shift at home, she has the relative luxury of caring for only four or five per shift here.

America's labyrinthine insurance system

has also been hard to grasp. Cho is thankful to have worked in U-M's Student-Run Free Clinic, which taught her a great deal about navigating insurance-related issues.

"In Korea we have one insurance system from the government, so we don't really have to think about insurance problems because the government says if something will not be covered. But in the U.S., it depends on patients' insurance," Cho said. "I think Korea has a better system than the U.S."

By contrast, Cho appreciates the centralized nature of the primary care provider system in the U.S. compared to Korea's 'different problem, different doctor' approach.

"In Korea, if I have a sore throat, I can go to an ENT clinic. But I don't have a family medicine, 'whole medicine' provider. There is a lack of consistency in terms of health care management. I'm really inspired by the primary care system in the U.S., and I hope to apply that system in Korea."

Despite the challenges that come with cultural immersion, Cho's time at U-M has offered revelations about the benefits and drawbacks of nursing practice in the U.S. and Korea. She hopes that her growing familiarity with these differences will prepare her to work toward enhancing the system in her own country and eventually teaching a new generation of students to do the same. ■

YOUMIN CHO (2nd-year MSN)

WHERE

South Korea → United States

TAKEAWAY

"I'm really inspired by the primary care system in the U.S., and I hope to apply that system in Korea."





UMSN students pose with their homestay families in traditional Thai skirts while holding morning offerings they are taking to Buddhist monks. The skirts were made for the students by their homestay families.

Experiential Learning Abroad

Written by Taryn Aldrich

Experiential learning is a hallmark of UMSN's programs, and a recent trip to Khon Kaen, Thailand was illuminating for students and faculty alike.

For three weeks in June 2018, assistant professor Sue Anne Bell and clinical instructor Diane Asher accompanied 12 undergraduate students to Thailand to put their community health care learning into practice. The itinerary included educational lectures and fieldwork that revealed differences between the Thai and U.S. health care systems. The students lived in a dorm on Khon Kaen University's campus, sharing rooms with Thai students.

Although this hands-on experience marked several students' first adventure abroad, Bell and Asher were already convinced of the

value of global exposure. Bell had previously taken student groups to Ghana and the Caribbean as part of her interdisciplinary global health class, and she is a vocal advocate for community immersion.

"As faculty, experiential learning is so important—taking it out of the classroom and into hands-on experiences," Bell declared.

Asher had experienced the highs and lows of study abroad firsthand, having done so twice as an undergraduate. Now she is eager to begin training a new generation of nurses to be culturally sensitive, empathic health care providers.

"I really want to develop nurses who have compassion toward patients from other cultures," Asher said. "It's the most rewarding thing I've experienced professionally so far. I love being able to help the students this way."

A DICHOTOMOUS CULTURE

Asher and Bell had myriad opportunities to

support their students in learning about a new culture, particularly because Thailand is in the midst of a cultural shift itself.

"Thailand is so interesting right now because of its growing economy," Asher pointed out. "On one street you could be anywhere in America, and on the next street you see people cooking over a burner in a hut."

With such development comes a spate of emerging health problems.

Madeline Binz, a senior nursing student, described the types of community health assessments in which the group participated. She was taken aback by the extent of information access in the U.S. compared to Thailand, particularly in the villages they visited.

"You're providing basic education about chronic disease, diabetes, hypertension and obesity that is becoming a problem in Thailand. It was astounding because we came from a country where there's a plethora of information, but it's not as widespread yet [in Thailand] because an

epidemiologic shift is happening.”

New health-related concerns, especially regarding chronic illnesses, may be due in part to changing diets. Whereas many residents previously lived off the land, they are beginning to have more money to purchase food from stores; however, the focus tends to be on convenience rather than nutrition.

“There’s easy access to food that’s high in sodium and sugar versus fresh fruits and vegetables,” Binz said. “When that’s what your society is saturated with, you see long-term ramifications in health outcomes.”

Fortunately, Thailand’s health care system is modernized and robust. Asher, Bell and their students were pleasantly surprised by the state of health care in Thailand.

“We were consistently impressed with how sophisticated and more advanced the Thai health care system was than in the U.S.,” Bell remarked.

Asher concurred. “[The Thai] might be doing some things better than we are in terms of how patients in the community are treated.”

Outside of the hospital setting, Thailand boasts a strong system of volunteers who support community members who have chronic health problems. Community-based volunteers help residents with various tasks, from grocery shopping to checking blood pressure.

“Community nurses are paid, but their assistants are volunteer,” Brianna Curran, a senior nursing student, explained. “They stop in and make sure that residents are safe, their medications are being refilled and taken correctly, their house has enough food and water.”

Not all help is delivered by nursing assistants; village monks play prominent roles as well.

“Every village has its own temple and its own set of monks,” Curran added. “Since everyone donates to the monks and feeds them every morning, the monks take any

leftover food and money to the disabled in the village to donate and make sure the community is stable. It’s a huge circle of community working together and making sure everyone is getting some sort of help so no one’s being left behind.”

“MAI PEN RAI”

The country’s focus on community assistance is perhaps unsurprising given the Thais’ emphasis on coming together for the greater good. That helping spirit was extended to Asher, Bell and their students both in the community and in hospitals.

“In Thailand, there’s a big focus on Buddhist principles of helping your fellow man,” Bell said. “We saw that across everyone. We felt very welcomed.”

Several students agreed. Curran recalled the hospitableness of the nursing staff and community members.

“When we got to the hospitals where we did our tours, and in the villages, it was amazing how we were treated. Everyone was so grateful that we were there. And we were just there to learn—we weren’t going in there to change how they do things, like, ‘This is how we do this in America, you should try it here.’ We were more interested in ‘What do you guys do, how can we learn from you?’ They gave us snacks and followed us with water to make sure we were hydrated.”

The same generosity stood out to Christina Lindsey, a senior nursing student.

“Everyone was so happy and interested in seeing us and learning where we were from,” Lindsey said. “It’s an unconflictual type of environment. No one argued or yelled the whole three weeks we were there—I think it’s a less stressful culture than ours.”

This laidback life philosophy, known colloquially as *mai pen rai*, resonated with all students interviewed.

Binz summarized *mai pen rai* as an attitude of “It’s all good; everything’s going to be OK”, adding, “They approach a lot of their problems a different way that we do. They’re less uptight thinking about little things. [For example, in terms of universal health care], the nursing staff would basically say, ‘Yeah, there’s some problems, but we’ll figure it out eventually.’”

Curran noted that a spirit of helping underpinned the Thai lifestyle as a whole.

“In Thailand public hospitals are funded by the king and queen,” she explained. “If you donate to the king and queen—and to the sick—and volunteer to help the sick, then you won’t get sick. It’s motivation for the public to help others and volunteer to make others’ lives better so your life stays good. I thought America could really learn from that.”



UMSN students and faculty visit a local hospital to learn about the Thai health system.

GROWING PAINS

Even with this welcoming environment, the trip still presented challenges for some students. A day long flight, eight-hour overnight bus ride and new food and language led to an exhausting first few days. Asher anticipated this and drew from her own experiences to help students adjust.

"I wanted to try to prevent students from making the same mistakes I did in terms of being homesick and having culture shock," she said. "[Being abroad] can be incredibly overwhelming and stressful. So when students have challenges, I like being able to reframe them: 'I know today was really hard, but now you have the skills to be able to handle the next challenge.'"

Asher pointed out that being so far from home was a major contributor to students' struggles. Bell also acknowledged cultural distance as a common stressor, and the students said the same. Curran was surprised at how hard it was for her to adjust to life in Thailand.

"I had culture shock very, very badly," she admitted. "I didn't think I would. I've always been pretty resilient. This was probably one of the hardest things I've ever had to do in my life. Being in a different culture, different country, different time zone—not being able to call home whenever I wanted—was really hard."

Although the students agreed that the trip was difficult at first, they were ultimately grateful for the experience.

Binz said, "By the end [of the trip], I felt very lucky to be where I'm from. Our Thai roommates were so curious about our lives in the U.S. You don't realize how amazing and wonderful your life is until it's pointed out by someone else."

Several students discovered new coping mechanisms to help ease their transition into Thai culture: listening to American podcasts, developing a morning routine, or meeting to debrief at an Americanized restaurant for a taste of home. They also expressed their thanks

to Asher and Bell, noting that the faculty made the trip easier and let students know they were not alone in struggling to adapt.

"I'm pretty introverted, and I was proud of myself for how well I did on the trip," Lindsey stated. "It was good that I went with an open mind and stepped out of my comfort zone. And it was really helpful that the students all bonded so no one felt left out."

A TRIP TO REMEMBER

Asher, Bell and their students recalled their time in Thailand fondly despite the inherent difficulties of cultural adaptation.

"I love getting to experience new things and relate them to nursing in the U.S.," Bell said. "I'm learning at the same time [the students] are—I'm teaching about what I know and my experiences, and I'm learning alongside them."

In addition to expanding her own knowledge, Bell appreciated witnessing students' growth.

"To be able to have three weeks of intensive learning and share it together, it's a really important aspect of growing up in college," she remarked.

Asher also enjoyed being a part of students' transformations.



UMSN students at a Buddhist Temple, Wat Nong Wang, in Khon Kaen, Thailand.

"Every single student comes back a different person, and I know they're going to approach people with more humility, compassion and grace after this," she said.

The students were just as thankful for the opportunity to travel to Thailand. All said they would be interested in returning to the country and would jump at the chance to embark on a similar trip.

Binz stated, "This has been one of the highlights of my undergrad career. It was exactly what I was looking for in a study abroad experience because it was clinically oriented, and I got to see so much of our Community Health class displayed abroad. We get so entrenched in how the U.S. does health care. Seeing another country's health care practices and policies makes you more broad-minded."

Lindsey and Binz each agreed that learning about the Thai health care system changed how they will serve their patients in the future.

"Coming back, it made me think of my patients not just in terms of their diagnosis but 'What's their background? How do they live?'" Lindsey said.

Binz added, "I'll approach my treatment of patients from a more holistic standpoint versus a symptom management standpoint. [Nurses in Thailand] employ a lot of non-pharmacological interventions for pain and chronic disease. Now I'll look to see what our holistic interventions are before going to a next step that's more invasive."

Importantly, Curran urged students to remember the true purpose behind course-centered study abroad: cultural immersion rather than vacation.

"You're going to enhance your personal and professional growth, not to enhance your passport," she said simply. "You need to be whole-hearted and go in all the way so you can really learn and help." ■

News & Notes from the PAHO/WHO Collaborating Center at UMSN in 2018

Strengthening maternal health in Latin America and the Caribbean

Our PAHO/WHO Collaborating Center has continued an active role in the Advisory Committee to the Maternal Health Strengthening in Latin America and the Caribbean Project. Megan Eagle, UMSN clinical instructor, delivered three lectures on HIV, WHO STI treatment guidelines and Zika virus as part of the training course on the Campus Virtual de Salud Pública for country-level trainers.

Webinar series features mobile tech talk



UMSN's webinar series on current issues in chronic disease self-management featured associate professor Patricia Abbot, Ph.D. (left) speaking in April 2018

about the use of mobile technologies to support patients.

UMSN partners with Michigan Medicine to strengthen research-informed care



UMSN's Deborah J. Oakley Collegiate Professor Carol Boyd, Ph.D. (left) and Michigan Medicine's Director of Nursing Research, Quality

and Innovation, Leah Shever, Ph.D., supported an Annual International Research Internship for Health Researchers held at the University of



UMSN faculty at the Pan American Nursing and Midwifery Collaborating Centers (PANMCC) meeting held in Havana, Cuba.

the West Indies, a sister PAHO/WHO Collaborating Center in Jamaica. The research and clinical care workshops are structured to provide a unique training opportunity for academic researchers from the Caribbean to develop the necessary skills to launch their research careers and for clinicians to integrate research into their clinical settings. Over the past two years, 26 faculty members from schools of nursing across the Caribbean and over 100 practicing nurses from the West Indies attended the workshops.

Leading antenatal care education



Jody Lori (left) responded to a request to lead a WHO Technical Working Group on a review of a new antenatal care course developed for the AFRO region

based on the 2016 WHO Antenatal Care Guidelines. Volunteers from 10 WHO Collaborating Centers for Nursing and Midwifery gathered virtually to evaluate the 14-session curriculum and provide general feedback on each session within the context of current evidence and supporting documents from WHO.

Developing sexual health intervention protocols



UMSN professor Rob Stephenson (left) is working with WHO in Peru and Armenia to test a brief sexual health intervention to be delivered by health

workers. Over the past year Stephenson and his group have developed intervention manuals, study protocols, research instruments and received WHO and local IRB approvals.

Conference travel



Megan Eagle (left) attended the annual Pan American Nursing and Midwifery Collaborating Centers meeting held in Havana, Cuba. The meeting followed the

bi-annual conference of professional nurses in the Americas, XII Reunión de Redes Internacionales de Enfermería. The theme of this year's conference was the contribution of nursing in primary health care to achieve universal health.

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