

THE GLOBAL NETWORK OF  
WHO COLLABORATING CENTERS FOR  
NURSING & MIDWIFERY PRESENTS:

JUNE 2020

LINKS

MAGAZINE



THE GLOBAL NETWORK OF WHO  
COLLABORATING CENTERS FOR  
NURSING & MIDWIFERY

# WELCOME

A warm welcome to the June edition of the Links Magazine 2020. As this is the Year of the Nurse and Midwife, for this edition we did something a little different.

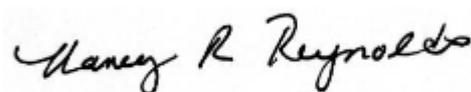
For the past year, we have connected with nurses and midwives in various parts of the world to document not only their daily impact on the community around them, but also how their careers have been shaped by the COVID-19 pandemic. You will see their responses at each time point, in addition to some background information about these respected colleagues.

We hope you enjoy this very special edition of the Global Network for WHO Collaborating Center's for Nursing and Midwifery's Link Magazine. Many thanks to our partners, Collaborating Centers, and wonderful colleagues who made this edition possible! We wish you all the safety, wellness, and perseverance necessary to get through these challenging times.

Sincerely,



**Patricia M. Davidson, PhD, MEd, RN, FAAN**  
Co-Secretary General



**Nancy Reynolds, PhD, RN, FAAN**  
Co-Secretary General

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# **WHO COLLABORATING CENTERS**

# AFRO

- **University of Botswana**, WHO Collaborating Centre for Nursing and Midwifery Development
- **University of Malawi, Kamuzu College of Nursing**, WHO Collaborating Centre for Interprofessional Education and Collaborative Practice
- **University of Natal, School of Nursing**, WHO Collaborating Centre for Educating Nurses and Midwives in Community Problem-solving
- **University of South Africa (UNISA), Department of Advanced Nursing Sciences**, WHO Collaborating Centre for Postgraduate Distance Education and Research in Nursing and Midwifery Development

# AMRO

- **University of São Paulo** WHO Collaborating Centre for Nursing Research Development
- **McMaster University** WHO Collaborating Centre in Primary Care Nursing and Health Human Resources
- **University of Chile** WHO Collaborating Centre for Development of Midwifery
- **Pontificia Universidad Católica de Chile** WHO Collaborating Centre for Health Services and Nursing Development for Noncommunicable Disease Care
- **The UWI School of Nursing, Mona (UWISON)** WHO Collaborating Centre for Nursing and Midwifery Development in the Caribbean
- **Escuela Nacional de Enfermería y Obstetricia, Universidad Nacional Autónoma de México** WHO Collaborating Centre for the Development of Professional Nursing
- **University of Illinois at Chicago** WHO Collaborating Centre for International Nursing Development In Primary Health Care
- **University of Pennsylvania, School of Nursing** WHO Collaborating Centre for Nursing and Midwifery Leadership
- **University of Alabama at Birmingham, School of Nursing** WHO Collaborating Center for International Nursing
- **Columbia University, School of Nursing** WHO Collaborating Centre for Advanced Practice Nursing
- **University of Michigan, School of Nursing**, Office of International Affairs WHO Collaborating Centre for Research and Clinical Training in Health Promotion Nursing
- **Johns Hopkins University School of Nursing** WHO Collaborating Centre for Nursing Information, Knowledge Management and Sharing
- **New York University Rory Meyers College of Nursing** WHO Collaborating Centre for Gerontological Nursing Education
- **University of Miami, School of Nursing and Health Studies** WHO Collaborating Centre for Nursing Human Resources Development and Patient Safety
- **University of West Indies School of Nursing** WHO Collaborating Centre in Nursing Policies and Leadership

# EMRO

- **College of Health Sciences, University of Bahrain** WHO Collaborating Centre for Nursing Development
- **Jordan University of Science and Technology** WHO Collaborating Centre for Nursing Development

# EURO

- **Paracelsus Medical University, Institute of Nursing Science and Practice** WHO CC for Nursing Research & Palliative Care Education
- **Katholieke Universiteit Leuven, Research Unit, Institute for Healthcare Policy** WHO Collaborating Centre for Human Resources for Health Research and Policy
- **Nursing Research Foundation** WHO Collaborating Centre for Nursing
- **Lithuanian University of Health Sciences** WHO Collaborating Centre for Nursing Education and Practice
- **Nursing School of Coimbra** WHO Collaborating Centre for Nursing Practice and Research
- **Glasgow Caledonian University, Department of Nursing and Community Health** WHO Collaborating Centre for Nursing and Midwifery Education, Research and Practice
- **Cardiff University, College of Biomedical and Life Sciences, School of Healthcare Sciences** WHO Collaborating centre for Midwifery Development
- **Public Health England, Chief Nurse Directorate** WHO Collaborating Centre for Public Health Nursing & Midwifery

# SEARO

- **Christian Medical College and Hospital** WHO Collaborating Centre for Nursing and Midwifery Development
- **National Institute of Nursing Education, Postgraduate Institute of Medical Education and Research (PGIMER)** WHO Collaborating Centre for Nursing and Midwifery Development
- **University of Nursing, Yangon** WHO Collaborating Centre for Nursing and Midwifery Development
- **Faculty of Nursing, Mahidol University** WHO Collaborating Centre for Nursing And Midwifery Development
- **Ramathibodi School of Nursing - Mahidol University** WHO Collaborating Centre for Nursing and Midwifery Development
- **Chiang Mai University - Faculty of Nursing** WHO Collaborating Centre for Nursing and Midwifery Development

# WPRO

- **University of Technology Sydney (UTS)** WHO Collaborating Centre for Nursing, Midwifery and Health Research Capacity-Building
- **James Cook University** Australia WHO Collaborating Centre for Nursing and Midwifery Education and Research Capacity-Building
- **The Hong Kong Polytechnic University (HKPU) School of Nursing**, WHO Collaborating Centre for Community Health Services
- **Peking Union Medical College School of Nursing** WHO Collaborating Centre for Nursing Policy-Making and Quality Management
- **St. Luke's International University, College of Nursing** WHO Collaborating Centre for Nursing Development in Primary Health Care
- **University of Hyogo, Research Institute of Nursing Care for People and Community** WHO Collaborating Centre for Disaster Risk Management for Health
- **Yonsei University, College of Nursing** WHO Collaborating Centre for Research and Training for Nursing Development in Primary Health Care
- **The Catholic University of Korea, College of Nursing, Research Institute for Hospice/Palliative Care** WHO Collaborating Centre for Training in Hospice & Palliative Care
- **University of the Philippines Manila** WHO Collaborating Centre for Leadership in Nursing Development



# ALYS GOWER

## BA, BSC, RM

**Region:** EURO

**Country:** Wales, United Kingdom

**Primary Role:** Community-based case loading midwife, as well as practicing in obstetric delivery & midwifery units as the local hospital



# BACKGROUND

## WHAT WAS YOUR REASON FOR GOING INTO MIDWIFERY?

Previously, I had spent time working at a women's shelter in India, where I cared for women and girls who had sought refuge from difficult familial and social situations. A few of them were pregnant and I found myself gravitating toward and feeling curiously protective of them, the healthcare they were able to access, the attitude with which they were regarded by the wider community and their emotional journey through their pregnancies. Many had left situations of community shunning and domestic abuse to forge a better life for themselves and their children and I was working with them as they took their first steps down an unknown path. Upon returning home, I talked with my sister (a nurse) about how the strength and dignity they exhibited had been inspirational and she kindly pointed out that midwifery was clearly my vocation, I had just never before considered it.

## WHAT DO YOU FEEL IS THE ROLE OF MIDWIFERY IN YOUR COMMUNITY OR REGION?

All midwives know pregnancy is not the passive experience of bearing a child, it is a transformative experience that affects every aspect of a woman's life. It is a rare opportunity to foster positive behavioral changes that empower women to make decisions for the long-term benefit of themselves and their families. The role of the midwife in the UK has evolved to include coordinating wider aspects of each woman's wellbeing; offering holistic care that uses pregnancy as a catalyst for positive life choices. This includes supporting women facing issues with social situations, family planning choices and wider healthcare needs such as smoking cessation and longer-term infant feeding planning, as well as additional roles slowly appropriated from our medical colleagues (e.g. the newborn infant physical examination). In particular, since the 2013 publication of the World Health Assembly's Mental Health Action Plan there has been much greater awareness on mental health that women themselves are aware of, thanks to media-led campaigns that have highlighted issues. Within midwifery, we now have a greater regard of it as a vital cornerstone of holistic care: we have more in-depth discussions with women, improved referral pathways and work closely with our wider multidisciplinary colleagues. Recently, I have begun working with fantastic national charity who support parents during pregnancy by offering classes teaching mindfulness techniques and relaxation skills. The charity fills a much-needed gap in service provision for women with mild to moderate mental health concerns, who do not meet criteria for intensive perinatal mental health involvement but would benefit from greater support than current midwifery resources allow.

## WHAT DO YOU FEEL ARE SOME CHALLENGES THAT MIDWIVES FACE IN YOUR COMMUNITY OR REGION?

I was fortunate enough to have a funded degree, wherein my university fees were paid for by the NHS. However, this financial support, which had been provided for all those studying nursing, midwifery and healthcare professionals, was axed by the government in 2017, leading to a decline in applications. Having already taken out a student loan during my first undergraduate degree I would not have been able to afford to become a midwife without the NHS funding and am extremely lucky to have been accepted before the changes. Currently, the Welsh government is covering expenses with a bursary scheme that obliges midwives studying at Welsh universities to work for two years post-qualification in exchange for their funding. England, however, does not have the same provision for students, and although the Welsh government promise support for students

# BACKGROUND

enrolling up until 2020, there is no guarantee of its continuation after. Besides delivering a huge debt to newly qualified practitioners, it also effectively excludes an enormous cohort of potential midwives from training: people who already have children, mortgages and other financial commitments, those with fantastic life experience who would be an asset to the profession and to the women we serve. At a time when Brexit threatens a mass exodus of NHS workers, and the privatization of healthcare is slowly eroding the health service, it is a common concern that our brilliant, challenging, long-standing profession that offers care and support for all women in the UK, regardless of circumstances, will be untenable in future years.

## **WHAT DO YOU HOPE FOR THE FUTURE OF MIDWIVES IN YOUR COMMUNITY OR REGION?**

The UK has some of the lowest breastfeeding rates in the world, serving as a stark reminder that we have much to do to support women in achieving their infant feeding goals. The Welsh government recently launched a '5 Year Action Plan for Breastfeeding', to try to significantly improve rates by enhancing service provision and closely monitoring trends. I fervently hope that these strategies are successful and we, midwives and maternity staff, are supported to facilitate its aims with an appropriately skilled workforce. Issues with staffing shortages are seemingly perennial across the health service and even if compliant with mandatory levels, as the women under our care present with increasingly complex needs, so does the amount of time and resources needed to ensure they have a safe pregnancy, delivery and greatest possible start into motherhood. As our role continues to expand in size and complexity, my hope for the future for midwives in Wales is that we are able to adapt to meet the challenges ahead of us. It is well known that women prefer and greatly benefit from having a named midwife - which may necessitate additional training and education in order to accept new responsibilities into our workload (e.g. contraception provision). I hope we are able to continue diversifying and redefining the role of the midwife, for the benefit of the women under our care.

## **WHAT IS A CAUSE OR ISSUE THAT YOU CARE ABOUT?**

Unrestricted access to safe, legal abortion is a vital cornerstone of women's healthcare and an area of health and social justice I feel very strongly about. The legislation of reproductive rights is repeatedly and continuously being used around the world to systematically oppress women, trapping them in poverty cycles, removing bodily autonomy, putting their safety at risk and forcing them to take dangerous chances with their own lives both physiologically, and by imposing an unnecessary threat of criminal prosecution. The successful Repeal campaign in Ireland and the very recent Northern Ireland move to relax laws are, in my opinion, long overdue but excellent steps in the right direction. However, across all the UK it remains a criminal offence for women to procure termination unless it is approved by two practicing doctors. The fact that such an important aspect of women's healthcare is enshrined in criminal law speaks volumes about the continue lack of respect toward women and suggests that it is something women should feel ashamed of - perpetuating it as a social taboo (when one could quite confidently estimate that everyone in the UK knows someone who has had one). The bottom line is about respect. We should respect women and respect the decision they make, regardless of their circumstances and without need for explanation or justification.

# 31 JULY 2019

## **WHAT WAS A DEFINING MOMENT OF YOUR WORK/PRACTICE IN THE LAST THREE MONTHS?**

Recently I received an email from a senior midwife with wonderful feedback she had heard when seeing one of the ladies in my caseload at the hospital. All positive feedback is lovely to have (I have never not cried at a 'thank you' card) but in particular, it was what the lady's own mother had said about my support for her daughter that really touched me. It was a defining moment as it was incredibly moving, made me proud of what I do and gave me a brilliant confidence boost at a time where I was supposed to be preparing to return to hospital midwifery. I love case loading work and the feedback gave me assurance that I am doing a good job. It made me realize that community work is where I want to be right now and following the email, I made a request to senior management that I be allowed to prolong my community stint for the foreseeable future. Happily, they have agreed.

## **WHAT WERE SOME CHALLENGES YOU FACED AS A MIDWIFE IN THE PAST THREE MONTHS?**

As my caseload has steadily increased, almost doubling since I took it over, it has been challenging on a practical level. I have enjoyed fostering good relationships with the women I look after, especially since many of them are similar or younger in age to myself. Our conversations have always flowed with ease and we have built trusting relationships. Since the clinics have been becoming increasingly full and occasionally overbooked with appointments, it has been more challenging to create opportunities to engage with them about the wider aspects of their wellbeing, which is something I have struggled with. As a junior midwife, I look to my community team colleagues with admiration at how they are able to juggle multiple caseloads seemingly with ease, and hope that I will too be as skilled, efficient and effective as my experience grows.

## **WHAT WERE SOME OF THE HIGHLIGHTS YOU EXPERIENCED IN YOUR PRACTICE/MIDWIFERY ROLE IN THE PAST THREE MONTHS?**

Highlights over the past few months have been plentiful as I feel settled working with my fantastic community team and colleagues from my caseload. I have felt confidence in my knowledge and abilities grow in leaps and bounds - it is a brilliant feeling when a colleague comes to you for advice or recommendation and you can answer with conviction. It's a moment of pride at being able to give them the information they need, and also to know they respect you as a practitioner. Similarly, I have had some wonderful student midwives working with me and surprised myself at being able to answer their questions and felt able to make a positive contribution to their education. Something I was terrified of 6 months ago and can now handle with minimal stress (perhaps moderate, but a definite improvement) that would therefore make the highlights list is being slotted into the Rota responsible for coordinating clinics, house calls, on calls and home births - so will on occasion be in charge of the entire team for the day.

# 31 JULY 2019

## **WHAT DO YOU FEEL YOU'VE ACHIEVED IN YOUR PRACTICE/MIDWIFERY ROLE IN THE PAST THREE MONTHS?**

During the past few months I have completed training as a Newborn Physical Infant Examination (NIPE) practitioner. The NIPE is a crucial screening process, usually performed by Pediatricians, General Practitioners and Community Health Physicians, and can now be performed by specifically trained midwives. The module greatly improved my clinical knowledge and understanding of neonatal medicine and will enable me to increase the support and continuity I can provide to women and their families in my community caseload. I also recently accepted a substantive role with the specialist infant feeding team, spending one day a week providing breastfeeding support in the hospital and at a drop-in clinic. Breastfeeding support is an area of midwifery that is often cited as one where practitioners lack confidence, despite having the skills, myself included. Joining the team has been a fantastic learning opportunity and I have learnt so much from my wonderful colleagues about wider feeding issues and how to help women overcome hurdles they face.

## **WHAT DO YOU HOPE TO ACHIEVE IN THE UPCOMING THREE MONTHS IN YOUR PRACTICE/MIDWIFERY ROLE?**

That will mark the one-year anniversary of me becoming a community midwife. I am slowly beginning to discharge women and babies under my care who were the first bookings I did last Autumn. Seeing women all the way through their pregnancies is a privilege not afforded to you as a student, as placement times are so brief, so it's been slightly daunting but incredibly rewarding to be doing so as a qualified midwife. September will mark my official enrollment on a Masters Program in Advanced Practice that I will be completing while working full time. I begin with a research and data analysis module and have been very fortunate to secure partial funding. I will be attending lectures and completing academic work in my own time, which I envision to be challenging as we edge nearer the traditionally busy season for midwives.

# 19 JANUARY 2020

## **WHAT WAS A DEFINING MOMENT OF YOUR WORK/PRACTICE IN THE LAST THREE MONTHS?**

A defining moment that sticks out in my mind is that of a wonderful home birth I was recently present for. Another midwife and I were in attendance and witnessed what was a beautiful reminder of the innate strength within women. It was a magical evening, and my colleague's first ever home birth. It felt like the midwifery that our midwife foremothers practiced as we supported a woman to birth in the middle of the night, standing up in her kitchen, lit only by firelight. The awe and wonder in my colleague's eyes were matched only by the new parents looking at their infant daughter. As we were packing up our equipment she whispered "that was amazing! Are they always like this?!"

## **WHAT WERE SOME CHALLENGES YOU FACED AS A MIDWIFE IN THE PAST THREE MONTHS?**

The past few months have been challenging as I have settled into a schedule of full-time work and part-time studentship in a Master's program. Academic work has been focused on a research project, which has widened my critical and practical understanding of health improvement processes, whereas clinical midwifery has brought its own demands relating to workload and complex cases. Commitment to these two branches of midwifery has been difficult, tiring and made attaining the mythic 'work-life' balance ever more important whilst simultaneously elusive. It has highlighted how crucial it is to have a supportive home life when undertaking extra commitments, but also how it is vital to have time for myself, to unwind and de-stress, if I'm to be able to contribute in a meaningful way.

## **WHAT WERE SOME OF THE HIGHLIGHTS YOU EXPERIENCED IN YOUR PRACTICE/MIDWIFERY ROLE IN THE PAST THREE MONTHS?**

The highlights of my midwife role are easily the ladies I care for. Recently this has included some mothers carrying their 'rainbow' babies: babies following a pregnancy loss, so called to reflect the beauty of new life following a challenging, stormy time. These have been emotional journeys for the women and to have been privy to their trauma and care for them as they brought their rainbow babies into the world has been very moving. Pregnancy loss has always been a taboo subject within the wider public sphere. This is slowly changing with events like the global 'Wave of Light' candle ceremony held at the end of October's Baby Loss Awareness week, which provides an opportunity for families to talk about their experiences on social media and in their everyday lives. Being a midwife for a family during a rainbow pregnancy feels as though I am providing another opportunity for women to talk about and work through their bereavement in a safe, supportive space.

## **WHAT DO YOU FEEL YOU'VE ACHIEVED IN YOUR PRACTICE/MIDWIFERY ROLE IN THE PAST THREE MONTHS?**

Every day brings its own issues and situations that we, as clinicians, continuously learn from, and my confidence and knowledge grows with each new experience, however small. I feel settled into working life as a junior midwife, giving worthwhile care to ladies in my caseload - which may be minor in the grand scheme of maternal healthcare, but to me feels a tremendous achievement.

# 19 JANUARY 2020

## WHAT DO YOU HOPE TO ACHIEVE IN THE UPCOMING THREE MONTHS IN YOUR PRACTICE/MIDWIFERY ROLE?

I hope to continue to be able to provide worthwhile care to the ladies in my caseload, to reach a healthier work-life balance, and to begin preparing for the Year of the Nurse and Midwife celebrations alongside my Cardiff University Collaborating Centre for Midwifery Development colleagues. 2020 is going to be a very busy year for our CC as we are moving close to the official WHO EURO launch of the 'Midwifery Assessment Tool for Education' (MATE), on the International Day of the Midwife. Currently, we are drafting the proposal for Cardiff University's re-designation as a CC, the terms of which will be confirmed later this year, hopefully including plans to implement MATE within the Eastern European region.

# SINCE COVID-19

## HOW HAS LIFE AND PRACTICE HAS CHANGED SINCE COVID-19?

As COVID-19 has spread across Western Europe, U.K. maternity services have rapidly evolved to cope. Services are stripped back to the most necessary; virtual clinics have replaced face-to-face appointments and the care I trained to deliver has drastically changed. The process has been jarring. No longer can I spend long appointments chatting about coping strategies in early labor or methods to harvest colostrum, instead I direct to online resources and encourage self-education; continuity has been shelved in favor of centralizing care, to combat staff shortages; smiling to alleviate anxieties or encourage disclosures is now hidden behind my PPE mask.

Never before had I realized how important touch is within the midwife-mother relationship, and the move to virtual or telephone appointments has compounded the already 'Cinderella' nature of postnatal care. All are anxious that things will be missed, but there is nothing to be done but the best we can under these unique circumstances. We will continue to be there for each other and for the women we care for, all the while our own lives are on hold. My own wedding has been cancelled, but there is no benefit to lamenting what cannot be. This is our reality and we are facing it, one day at a time.



# ERIN ZIGLER

## PHD, NP-PHC



**Region:** AMRO

**Country:** Canada

**Years of Experience as a NP-PHC:** 16 years

**Primary Role:** Primary care clinic with focus on transgender medicine; Assistant Professor at an academic institution

# BACKGROUND

## **WHAT WAS YOUR REASON FOR BECOMING A NURSE PRACTITIONER?**

Growing up in a small town I remember the nurse who worked in my local clinic. She was always there to help me feel better, give a hug or provide encouraging words. I always wanted to be like Nurse Mary. I wanted to help people feel better and provide them with comfort and encouragement. As I grew, the science of nursing became evident and I wanted to learn both the art and science of nursing.

## **WHAT DO YOU FEEL IS THE ROLE OF NURSING/NURSE PRACTITIONERS IN YOUR COMMUNITY OR REGION?**

In my community nurses work in a variety of healthcare settings. Providing acute care, primary care and public health. Nurses are often the first contact individuals have with the healthcare system. As an NP in my community I provide primary care to individuals of all ages. My area of focus is primary care for transgender individuals. I see my role being that of a nurse, advocate and ally for these individuals.

## **WHAT DO YOU FEEL ARE SOME CHALLENGES THAT NURSE PRACTITIONERS FACE IN YOUR COMMUNITY OR REGION?**

That NPs in my community still face dealing with the community and other healthcare practitioners understanding the NP role. NPs are consistently needing to advocate and explain their role.

## **WHAT DO YOU HOPE FOR THE FUTURE OF NURSE PRACTITIONERS IN YOUR COMMUNITY OR REGION?**

? The continued expansion of nurse and NP scope of practice. The expanding nurse scope will allow for improved patient care and access to healthcare services. Additionally, I hope for more nurses in my community to become engaged in improving healthcare access for Lesbian Gay Bisexual Transgender & Questioning (LGBTQ) individuals. Nurses can advocate for funding to cover medication and gender affirming surgeries, improve access to care and provide much needed support to this vulnerable population.

## **WHAT IS A CAUSE OR ISSUE THAT YOU CARE ABOUT?**

The focus of my clinical practice and research is the access to primary care services for transgender individuals. I feel lucky to have over 120 transgender individuals in my primary care practice and feel privileged to be able to help them on their journey towards their true self. Yet there continues to be barriers to accessing care for this population, including a lack of healthcare providers who are knowledgeable about transgender specific healthcare needs.

# 25 JULY 2019

## **WHAT WAS A DEFINING MOMENT OF YOUR WORK/PRACTICE IN THE LAST THREE MONTHS?**

In my clinical practice I work with 4 amazing nurses. We work independently with minimal opportunity to collaborate, share experiences or work together to improve patient care. Recently we got to work together as a nursing group to evaluate the programs and services we provide to improve care and collaboration within our team. It was a defining moment as I was really able to learn about each unique perspective these nurses bring to our patients.

## **WHAT WERE SOME CHALLENGES YOU FACED AS A NURSE PRACTITIONER IN THE PAST THREE MONTHS?**

Recent structural changes in my workplace. These changes involved moving to a new office and staffing changes. It was a significant adjustment for myself, my team and our patients. However, looking back, I now feel that my team worked well together to tackle these challenges.

## **WHAT WERE SOME OF THE HIGHLIGHTS YOU EXPERIENCED IN YOUR PRACTICE/NP ROLE IN THE PAST THREE MONTHS?**

Every day that I can help someone is a highlight. The biggest highlight was a patient telling me "thank you for helping me, you saved my life". This came from one of my transgender patients who for years was unable to access a primary care provider who would help her with her medical transition. Other highlights have included a prenatal visit with first time parents and seeing the joy when they heard the baby's heartbeat for the first time and helping a patient meet their target weight.

## **WHAT DO YOU FEEL YOU'VE ACHIEVED IN YOUR PRACTICE/NP ROLE IN THE PAST THREE MONTHS?**

Defending my PhD. It was the biggest challenge I have ever undertaken. I am very proud of my dissertation and the potential impact it could have on improving the access to primary care services for transgender individuals in Ontario.

## **WHAT DO YOU HOPE TO ACHIEVE IN THE UPCOMING THREE MONTHS IN YOUR PRACTICE/MIDWIFERY ROLE?**

In the next 3 months my goal is to work with the 2 other NPs in my practice to help them develop comfort and competency in providing primary care to transgender individuals. By them taking on this role our team will be able to increase the number of individuals we provide care for, signally improving access to healthcare for this vulnerable population.

# 8 DECEMBER 2019

## **WHAT WAS A DEFINING MOMENT OF YOUR WORK/PRACTICE IN THE LAST THREE MONTHS?**

One month ago, I had a follow up with a patient that I have been seeing for a few years. They have been on hormone therapy for about 3 years now and doing well. At this visit they came specifically to thank me for all the support and encouragement I have provided to them over the last few years. It was touching that they took time to specially thank me. It made my day to see my patient so happy and living their true self and I consider it an honor and privilege to be part of that.

## **WHAT WERE SOME CHALLENGES YOU FACED AS A NURSE PRACTITIONER IN THE PAST THREE MONTHS?**

Funding for my position in the community. In Ontario, ministry funding has been challenged by the current government. It's worrisome to think that inter-professional team funding may be cut or compromised.

## **WHAT WERE SOME OF THE HIGHLIGHTS YOU EXPERIENCED IN YOUR PRACTICE/NP ROLE IN THE PAST THREE MONTHS?**

Leading some staff development and training on transgender health and presenting my research at a large international conference.

## **WHAT DO YOU FEEL YOU'VE ACHIEVED IN YOUR PRACTICE/NP ROLE IN THE PAST THREE MONTHS?**

I have done some work towards increasing nursing knowledge about transgender healthcare through my teaching and conference presentations.

## **WHAT DO YOU HOPE TO ACHIEVE IN THE UPCOMING THREE MONTHS IN YOUR PRACTICE/MIDWIFERY ROLE?**

I hope to continue my conference presentation work. I am currently writing an article for submission for peer review on the role of nurses providing primary care services to transgender individuals.

# SINCE COVID-19

## HOW HAS LIFE AND PRACTICE HAS CHANGED SINCE COVID-19?

My practice as an NP is shifted to virtual telemedicine appointments for the majority of patients. Although in the past I have had telephone appointments with patients to review results or check in, I am now doing assessments and follow-up on telephone or virtual platforms. Despite some challenges my patients have been grateful for the opportunity to still have their appointments.

Teaching has changed; the university has shifted to all online classes for the rest of the semester and final assessments for students has changed . It has been challenging to teach and continue to support my undergraduate and graduate students virtually. My graduate students are all practicing RNs with most working frontline in ICUs and ER during this pandemic. I am proud of the work that they are doing.

# NTOMBIFIKILE GLORIA MTSHALI RN, RM, BSC, MSC, PHD



**Region:** AFRO

**Country:** South Africa

**Years of Experience as a Nurse:** 30 years

**Primary Role:** Program coordinator and faculty  
in a University-based Nursing Department

# BACKGROUND

## **WHAT WAS YOUR REASON FOR GOING INTO NURSING?**

I had an interest in working with people, especially those who are vulnerable and in need of support.

## **WHAT DO YOU FEEL IS THE ROLE OF NURSING/MIDWIFERY IN YOUR COMMUNITY OR REGION?**

Nursing/midwifery is a profession that is central to the effectiveness of the health care system. The success of the health programs implemented by the Ministry of Health depends on the quantity and quality of available nurses and midwives. The nurse serves as the first line of contact at the community level and in the health care facilities. In our country nursing and midwifery services have a critical value in remote and rural areas as well as in comprehensive health care clinics and district hospitals. At these levels, the specialist nurses and midwives function independently providing specialized services to those patients/clients who have no access to the specialized care offered in regional and central hospitals. The specialist nurses and midwives manage patients at this level and refer accordingly, in line with the protocols and referral system. The health care systems in our region may not survive without nurses and midwives, especially in the context of universal health coverage and working towards achieving Sustainable Development Goals. In South Africa, they have made a significant contribution to the fight against HIV. The training of nurses on NIMART, in particular, has turned things around, with more patients initiated and sustained on the HIV management program.

## **WHAT DO YOU FEEL ARE SOME CHALLENGES THAT NURSES/MIDWIVES FACE IN YOUR COMMUNITY OR REGION?**

Overload with work due to the chronic shortage of nurses and midwives. The most affected nurses are those in remote and rural areas. Misallocation of nurses and midwives, not according to their specialization but according to where there is a shortage. Although this is understandable, the nurses feel that they are not utilizing their expertise in the right areas of specialization where they can make a significant contribution. Safety of nurses and midwives in the workplace is another area of concern. They are exposed to violence by the patients, the relatives and by peers, especially gender-related violence. Limited opportunities for continuing professional education due to limited resources.

## **WHAT DO YOU HOPE FOR THE FUTURE OF NURSING/MIDWIVES IN YOUR COMMUNITY OR REGION?**

I am hoping for clearly defined roles and responsibilities for specialist nurses in a system that is PHC oriented for universal health coverage. Health quantity and quality of nurses; strengthen community health nursing to strengthen health promotion and illness prevention activities, to ensure that people take charge of their health, and fewer people end up in hospitals with preventable conditions. Community health nursing has taken a back seat in the past few years, with more resources and incentives directed as specialized nursing-curative focus instead of health promotion focus.

# BACKGROUND

## WHAT IS A CAUSE OR ISSUE THAT YOU CARE ABOUT?

Issue of equitable access to health care irrespective of one's geographic location. The system is investing more resources in urban areas, including the distribution of nurses. Working conditions in remote and rural areas are not attractive enough to retain nurses where there is a great need. It is not necessarily about retention of nurses but it's about ensuring that those in remote areas have access to quality nursing and midwifery services.

# 8 AUGUST 2019

## **WHAT WAS A DEFINING MOMENT OF YOUR WORK/PRACTICE IN THE LAST THREE MONTHS?**

I am appointed in a Joint establishment position at the university, with an expectation that I also contribute to practice or health service delivery. Training of professional nurses working in Primary Health Care clinics on Multi-resistant Drug Tuberculosis (MDR TB) management as there is a high prevalence of MDR TB and HIV in the country. Also, the special training of midwives on ESMO due to the high maternal mortality rates. Our institution has partnered with the Ministry of Health and our facilities and resources are used for training. Working with homeless people on health promotion activities, engaging them in teaching activities as part of community engagement, and this made them feel that they still have value and may still contribute to the society.

Our institution introduced a targeted admission policy for students from remote and rural areas to contribute in addressing the problem of the skewed distribution of nursing and midwifery workforce, which affect these areas in particular. We have just completed tracking graduates who were admitted to the program. Although a number of students struggled due to limited academic skills, with the strong student support program about 80% completed the program and the evaluation conducted shows that at least 47% are currently working in rural and remote health care settings. We hope that in partnership with the Ministry of Health we will continue this program as there is a great need. This year we began placing of students in rural and remote health care settings with buy-in from most of the students.

## **WHAT WERE SOME CHALLENGES YOU FACED AS A NURSE/MIDWIFE IN THE PAST THREE MONTHS?**

High absenteeism of nursing students in hospital settings, especially public settings and this affects our relations with the clinical placement settings. We are trying to address this with the nurse leaders in the clinical settings. The attendance of the students placed in the private sector is good and they learn more in terms of quality care, but they struggle in terms of hands-on practice. They have limited access to care provision experiences as patients in private hospitals are managed by their private doctors, who decide who should do what. To address this we have introduced a system of rotating students to both public and private hospitals for a mix of experiences. We are hoping for positive feedback from the students and clinical settings at the end of the year.

## **WHAT WERE SOME OF THE HIGHLIGHTS YOU EXPERIENCED IN YOUR PRACTICE/NURSING OR MIDWIFERY ROLE IN THE PAST THREE MONTHS?**

Working with one of the mentees, we have introduced a structured short internship program for midwifery students to ensure that they exit with all the required midwifery skills. The program consolidates all the midwifery related learning from the first to the fourth year to ensure the production of competent midwives. In July this year mentors to the students underwent training on mentoring midwifery students to develop the required competencies. These mentors are now in the field with the midwifery students supporting them according to the learning contracts developed by each student. We are preparing the next generation of academics in our Department. We recruit back our undergraduate students who were top achievers to pursue postgraduate studies, and to serve as research supervisors to Honors in Nursing students, and also serve as clinical mentors for financial support. I have been mentoring two of these students and they have just completed their

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Ph.D. studies and will be graduating in September. They too will be graduating students from their research supervision process, which is exciting.

## **WHAT DO YOU FEEL YOU'VE ACHIEVED IN YOUR PRACTICE/NURSING OR MIDWIFERY ROLE IN THE PAST THREE MONTHS?**

Mentored young academics towards becoming the next generation of nurse researchers. The country is changing to competency-based nursing education programs. I have worked with the team in the school in designing and submitting undergraduate and postgraduate nursing programs for accreditation. We are awaiting feedback from the regulatory bodies.

## **WHAT DO YOU HOPE TO ACHIEVE IN THE UPCOMING THREE MONTHS IN YOUR PRACTICE/NURSING OR MIDWIFERY ROLE?**

Our team of educators from the College of Health Sciences has secured funding to pilot preparing students for a Collaborative approach to HIV management. The project is targeting final year students from nursing, medicine, and pharmacy. It will be using case studies that highlight the roles and responsibilities of different members of the team for holistic care. This cohort of students are allocated mentors who are experts in the field of HIV to support them in the clinical areas as they engage in practical work. On completion of training, the graduates who are willing to continue as part of the project will also serve as mentors to the next cohort of final year students and also contribute to teaching. This is our first project where students engage in a structured interprofessional program, to strengthen their skills of collaborating in care provision. More importantly, we hope that more patients will be retained in HIV therapy as they will no longer be expected to see each professional separately.

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## **WHAT WAS A DEFINING MOMENT OF YOUR WORK/PRACTICE IN THE LAST THREE MONTHS?**

Pilot testing Interprofessional Education (IPE) for Interprofessional Collaborative Practice (ICP) in HIV management. This pilot project involved final year nursing students from three nursing education institutions, medical students and pharmacy students. The students were taken through 16 case studies on HIV management. Observing students from different disciplines learning to work together as a team was the defining moment for me, and the students voicing the value of the exercise and learning. In their view, they had the first-hand experience of what should be happening in real practice settings not what they have been observing. They learned the importance of teamwork, and what it means to have the patient at the center of it all. There were some challenges, but the value of this exercise outweighed these. As a result, the College of Health Sciences in our institution is the process of integrating IPE as part of the curriculum, with 12 disciplines participating.

## **WHAT WERE SOME CHALLENGES YOU FACED AS A NURSE/MIDWIFE IN THE PAST THREE MONTHS?**

I am in an academic institution and we have a responsibility of supporting public nursing colleges as they prepare for being integrated into Higher Education by 2020. Currently, they are located under the Ministry of Health and their programs are not accredited by Higher Education, but the Nursing Council only. Preparing for this change has been a challenge, as it required new policies and frameworks to guide the process, auditing of the capacity of colleges to meet the Higher Education Accreditation status, adapting curriculums to ensure that they are aligned to the National Qualification Framework, and preparing for the accreditation visits. Some colleges will have to close as they do not meet the accreditation standards. Some nurse educators will lose their jobs as they do not have suitable qualifications and the community that was benefiting from their training will lose that opportunity. With consultations, and flexibility, as well as the option to move nurse educators around depending on their qualification, has made the process easier.

## **WHAT WERE SOME OF THE HIGHLIGHTS YOU EXPERIENCED IN YOUR PRACTICE/NURSING OR MIDWIFERY ROLE IN THE PAST THREE MONTHS?**

Graduating students from other countries who pursued postgraduate studies, who will be going back to their countries to make a difference. Graduating undergraduate nursing and midwifery students who have undergone some training in interprofessional collaborative practice. We will be following these graduates in the practice settings in 2020 to mentor them and to attach them to trained mentors in interprofessional collaborative practice, who were part of our IPE project described earlier.

## **WHAT DO YOU FEEL YOU'VE ACHIEVED IN YOUR PRACTICE/NURSING OR MIDWIFERY ROLE IN THE PAST THREE MONTHS?**

Introducing interprofessional education in our institution, preparing students for interprofessional collaborative practice. Building the capacity of midwifery educators in Lesotho Maluti Adventist College on innovating teaching and learning strategies. This is part of strengthening implementing the Midwifery Educators competencies that were published by WHO. The training went well and the feedback by the students was very positive.

# 2 JANUARY 2020

## WHAT DO YOU HOPE TO ACHIEVE IN THE UPCOMING THREE MONTHS IN YOUR PRACTICE/NURSING OR MIDWIFERY ROLE?

Influencing selected health care settings to adopt interprofessional collaborative practice. This will be achieved through working with the graduates who participated in IPE and mentors from the clinical settings who were trained through this project.

# SINCE COVID-19

## HOW HAS LIFE AND PRACTICE HAS CHANGED SINCE COVID-19?

In South Africa the COVID-19 pandemic has necessitated a national lockdown. The university was compelled to suspend all operations. The Interprofessional Education (IPE) for interprofessional collaborative practice (ICP) in HIV management project was entering the second phase of training health professionals who are in service. The first part of the project of training of final year nursing, medicine and pharmacy students was complete.

In response to COVID-19 the university launched a COVID-19 War Room, led by Professor Moshabela, Principal Investigator of the Strengthen Interprofessional Education (STRIPE) for HIV" project at the University of KwaZulu-Natal. The War room team has held COVID-19 training and information sharing sessions for faculty and students, and health professionals in the KwaZulu-Natal Province. These are available on YouTube for the wider dissemination.

The IPE for ICP project plan has been modified to include a COVID-19 module that is available to all the institutions participating in the PEPFAR funded STRIPE project. This module promotes interprofessional collaboration which is crucial in managing the pandemic. The module is shared widely online with health professionals in our province as part of strengthening the capacity on COVID-19 management. Another modification was the extension of the initial target group; the final year students, to include third year students due to the high likelihood that they will be managing COVID-19 affected patient, since the vaccine is not yet available.

With regards to the academic program, the university adopted a fully online teaching and learning strategy. This included the review of teaching and learning materials to suit the online learning platform, with lecture content broken into smaller more manageable chunks to limit data usage; identifying freely accessible learning materials to be accessed by the students, and offering online learning support to the faculty to strengthen their capacity on facilitating learning and conducting online learning assessments.

Using online learning platform in a developing country is an expensive exercise. WIFI connection is a challenge and data are expensive. The students especially those in remote and rural areas struggle with video streamlining and the downloading of materials. Although the majority of the students have laptops, navigating the online learning platform and materials in the absence of the teacher has been a challenge. To assist the students, the faculty has opted to use the WhatsApp platform for chats and forum discussions and an option for students to send the work through emails. This approach is yielding better results, with more students participating in learning activities. During this lockdown period, the faculty hold virtual meetings once a week for information sharing, updates, and to address issues and challenges. Currently, the faculty is connecting using their data, but since the lockdown period has been extended the university is in a process of supporting the faculty with data.

Clinical learning has been suspended to protect the students but there is a concern that the final year students may not meet the clinical learning requirements prescribed by the Nursing Council to graduate. With the online teaching and assessments, the final year students may meet the theory requirements but be held back by the clinical component to graduate. The WHOCC is therefore planning to engage the regulatory body to come up with an alternative solution.



# MIDWIFERY NETWORK UPDATE



Midwifery students from University of Chile learning through clinical simulation

# MIDWIFERY NETWORK UPDATE

Here are some of their thoughts:

**Dr. Karen Yates from the James Cook University WHO CC, Australia:**

"Midwives are ideally placed to provide continuity of care for women through pregnancy, labour and birth and the postnatal period. This continuity improves outcomes for mother and baby and increases satisfaction for both midwife and woman. These outcomes also benefit the community as a whole."

**Professor Jody Lori Director, University of Michigan WHO CC USA:**

"To achieve the Sustainable Development Goals we need more midwives trained to deliver family-centered care for positive sexual, reproductive, maternal, newborn and adolescent healthcare outcomes."

**Professor Lorena Binfa from the University of Chile WHO CC**

described the work she and her colleagues are undertaking in Latin America and Caribbean Countries to train midwives in "Competence Based Education, evaluation and clinical simulation contributing to improve midwifery care for the provision of high-quality maternal and newborn services."

**Grace Thomas, Cardiff University WHO CC, Wales, UK:** "We know that midwives can make a huge difference to the lives of women and babies. But we can't expect midwives to give good quality care unless they feel respected, valued and cared for themselves."

The WHO Year of the Nurse and the Midwife gives us the perfect opportunity to respect and value the vital work of midwives around the world.

In this WHO Year of the Nurse and Midwife, we are celebrating the wonderful contribution that midwives make to Universal Health Coverage, in particular to the health and wellbeing of women, newborns and families across the world.

The WHO Framework for Action: Strengthening Midwifery Education for Universal Health Coverage highlights the impact that high quality midwifery education can have on outcomes for women and their families, and makes the powerful argument that: "the best midwifery education is based on what women and newborns need, that interprofessional learning and teamwork is effective, and that the best outcomes come from a model of midwife-led continuity of care" (WHO, 2019 p3). The Framework shows how improvements in midwifery education have made a difference across all settings, including humanitarian and fragile environments.

The WHO CCs in the Midwifery Network lead various initiatives which contribute to these improvements. When we asked them about the importance of midwifery, either in their own country or globally, they focused on models of care and on education. In particular, they emphasised the importance of the relationship between midwife, the woman and her family, and the critical importance of quality education.



# **GLOBAL NETWORK PARTNERS**



The International Confederation of Midwives (ICM) supports, represents and works to strengthen professional associations of midwives throughout the world, to achieve common goals in the care of mothers and newborns.



Operated by nurses and leading nurses internationally, the International Council of Nurses (ICN) works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.



Jhpiego works to prevent the needless deaths of women and their families by developing strategies to help countries care for themselves by training competent health care workers, strengthening health systems and improving delivery of care.



Sigma aims to advance world health and celebrate nursing excellence in scholarship, leadership, and service.



AFREhealth is an interdisciplinary health professional forum which seeks to improve health care in Africa through research, education and capacity building. It seeks to build on the achievements of MEPI and NEPI, as well as the President's Emergency Plan for AIDS Relief (PEPFAR), the National Institutes of Health (NIH), and the Health Resources and Services Administration (HRSA).



# **A FINAL MESSAGE REGARDING COVID-19**

Dear esteemed colleagues,

On March 15 – just a few weeks after the COVID-19 pandemic was officially announced – I wrote the following to our student body at the Johns Hopkins School of Nursing:

***“These last weeks have confirmed my commitment to global health- each and every one of us live on this planet inextricably linked and dependent on each other's respect, tolerance and compassion. We need to ramp up our advocacy for the importance of our work.”***

Little did I know that six months later these words would ring even more true. Never did I think that the pandemic would remain so widespread and destructive, nor that the US would withdraw from the WHO over the COVID-19 response, nor that social and political unrest would permeate so many of our lives.

Especially as nurses and midwives, we are in for a long haul. We cannot take our eyes and hearts off the big picture - that we are part of a global community that is “inextricably linked and dependent on each other's respect, tolerance and compassion.” Never before have any of us worked harder or been more committed to our mission to deliver Health for All.

Here at the Secretariat, we have staff, faculty and students working on the front lines of COVID-19 in practice, research and education. Like all of you in the Global Network of WHO Collaborating Centers for Nursing and Midwifery, we are boldly facing the many challenges and changes that have arisen this year. For instance, we’re working tirelessly to ensure the integrity of our programs and the safe return of our students, faculty and staff. We’re also working hard to develop and implement systemic changes in our school culture, curriculum and tackling structural racism. We’re further ramping up our commitment to our community and we’re doing everything we can to support our international students.

None of these types of decisions are easy or without consequence. Each one requires strategy, strength and skillful leadership. However, as nurses and midwives, we are strong, capable, skilled, and bold network of leaders that will undoubtedly overcome these difficult times. This is why nursing and midwifery are the most trusted professions - it is because our work is not about us, but the individuals, families and communities we serve. We continue to fiercely fight for the collective good, and I could not be more proud to be a part of this incredible Global Network of nursing and midwifery leaders.

Undoubtedly, 2020 is truly the Year of the Nurse and Midwife. On behalf of everyone here at the Secretariat, many thanks to each of you for all of your hard, inspiring work.



**Patricia M. Davidson, PhD, MEd, RN, FAAN**  
**Co-Secretary General**

# CONTACT INFORMATION

GLOBAL NETWORK OF WHO COLLABORATING  
CENTERS FOR NURSING AND MIDWIFERY  
SECRETARIAT  
JOHNS HOPKINS SCHOOL OF NURSING

525 N WOLFE ST,  
BALTIMORE, MD, 21205 USA

SON-WHOCC@JHU.EDU

GLOBALNETWORKWHOCC.COM

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